

Harley Street Imaging Group Ltd

Harley Street Ultrasound

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Summary of findings

Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. All staff were committed to improving services continually.

However:

- Recruitment checks such as disclosure and barring service (DBS) were not carried out for some staff before they commenced working at the service.
- Not all staff completed safeguarding children and adults training specific to their role.

Summary of findings

Our judgements about each of the main services

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



Summary of findings

Contents

Summary of this inspection

Background to Harley Street Ultrasound

Page

5

Information about Harley Street Ultrasound

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to Harley Street Ultrasound

Harley Street Ultrasound provides mainly diagnostic imaging services such as ultrasounds, but also provides ultrasound guided breast biopsies and musculoskeletal injections. The service provides various ultrasound scans such as obstetric, breasts, musculoskeletal, pelvic, neck, thyroids and lumps and bumps. The service is located on the third floor with two scanning rooms, a reporting room and a waiting area. The service is provided by a group of consultants, including radiologists, and a sonographer. The sonographer undertakes anomaly scans, 4D scans and early pregnancy scans. Patients are mainly self-referral with other referrals from GPs.

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

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

How we carried out this inspection

We carried out this unannounced inspection using our comprehensive inspection methodology on 27 June 2022.

During the inspection visit, the inspection team:

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

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

Areas for improvement

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

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

- The provider must ensure that all staff complete safeguarding children and adults training specific to their role. 13 (2)
- The service must ensure that appropriate recruitment checks are completed for all staff including appropriate checks through the Disclosure and Barring Service (DBS) and references. Regulation 19 (1) (a) (2) (3) (a) (b)

Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good 

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

Mandatory training

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

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

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements included courses covering paediatric life support, basic life support, infection control, health and safety, fire safety, manual handling and equality and diversity.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers monitored mandatory training and staff received alerts when training needed to be refreshed. Staff we spoke with told us they received reminders to complete mandatory training and they were also reminded at staff meetings. Staff we spoke with told us they had enough time to complete their mandatory training.

Consultants completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff knew how to recognise and report abuse. However, not all staff completed training specific to their role.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme. Staff told us they had received safeguarding training. Some clinical staff received safeguarding children and adults to level two (71%). However, there were five consultants who completed safeguarding children and adults to level one, which was not in line with published guidance. Following our inspection,

Diagnostic imaging

the service sent us confirmation of level two training. The consultant radiologist providing scans to children received safeguarding children training to level three. Administrative staff received safeguarding children and adults training to level two. The service had a safeguard lead trained to level four who was able to support staff in escalating their concerns and supporting referral processes to the relevant local authorities.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding vulnerable adults policy, with flow charts for the escalation of concerns was available.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff understood the importance of supporting equality and diversity and ensuring care and treatment were provided in accordance with the Act. Staff gave examples which demonstrated their understanding and showed how they had considered the needs of patients with protected characteristics.

The service had an up-to-date chaperone policy and staff said chaperones were provided.

There were no safeguarding incidents in the previous 12 months.

Cleanliness, infection control and hygiene

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

The service generally performed well for cleanliness. Staff cleaned the ultrasound machine after every use and at the end of each session. Staff were able explain the steps they followed to clean the machine after a scan, and this supported good infection prevention and control. Staff cleaned and decontaminated ultrasound probes in line with the service's policy. The policy for decontamination of ultrasound probes followed the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA) medical device procedure for the decontamination of reusable ultrasound probes. Equipment we viewed were visibly clean and dust-free and there was a daily cleaning check list. We reviewed a sample of daily cleaning checklist and found they were fully completed.

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

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

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

Diagnostic imaging

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 design of the environment followed national guidance. The service had undertaken fire and Legionella risk assessments and developed action plans to mitigate any risks identified. There was a fire evacuation procedure and staff were informed of this procedure during their induction. All staff completed training in fire safety and knew how to respond in the event of a fire. The service had fire safety equipment which was checked regularly. Electrical equipment had been safety tested.

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

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

Due to the nature of the service they did not require a resuscitation trolley.

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

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

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

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

Staff knew about and dealt with any specific risk issues. Staff asked patients about their medical history and allergies prior to the scan. Staff said there was a referral procedure for escalating medical emergencies, such as ectopic or failed pregnancies. Staff explained the steps they would take if a woman needed emergency healthcare.

Staff told us most of the referrals were self-referrals and the others were from general practitioners. Staff explained how any unexpected or significant findings from image reports were escalated to the referrer. An urgent email was sent to the referrer and this was followed up with a telephone call. The manager told us consultant radiologists could seek a second opinion for any unexpected findings through a peer review with another colleague within the service.

Diagnostic imaging

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

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix

The service had enough staff to keep patients safe. The service had a sonographer, four health care assistants (HCAs), and three administrative staff.

There were sufficient numbers of staff to cover sickness absence at short notice if required. The service used a bank HCA and a sonographer who were familiar with the service.

The manager could adjust staffing levels daily according to the needs of patients. Rotas were done in advance with short notice changes as required in accordance with staff. The service had a low turnover rate.

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

Medical staffing

The service had enough medical staff to keep patients safe. There were 12 consultant doctors working under practicing privileges. The service provided various ultrasound scans such as obstetric, breasts, musculoskeletal, pelvic, neck, thyroids and lumps and bumps.

Assessments of applications for practising privileges, from doctors and allied health professionals, were carried out by the management team. The service monitored compliance with the practicing privileges policy.

The service had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs and the procedures list for the day.

Records

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

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

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

Patients self-referred by secure email, telephone or online booking. Clinical staff then triaged the referral to confirm whether the referral was appropriate.

Diagnostic imaging

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Very few medicines were stocked and those available were stored and prescribed appropriately in line with the provider's policy. The consultants used local anaesthetic to perform biopsies, and injections to treat musculoskeletal complaints. Medicines were stored in a locked cupboard which was only accessible to staff. There were no controlled medicines kept or administered in the service.

Incidents

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

Staff knew what incidents to report and how to report them. The service had an up-to-date incident reporting policy. The service had an open incident reporting culture and staff were able to tell us what incidents they would report and how they would report them. They told us the service was very proactive in encouraging staff to record incidents on the incident reporting form. Staff said they were encouraged to report 'near miss' situations.

The manager was responsible for conducting investigations into all incidents. There were no reported incident in the previous 12 months.

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

Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service adhered to guidelines from National Institute for Health and Care Excellence (NICE), British Medical Ultrasound Society (BMUS) and The Royal College of Radiologist (RCR). The service had standard operating (SOP) procedures for obstetric and non-obstetric which meant scans were standardised.

The service had three directors and they were all responsible for clinical policy updates. The managers said the policies were reviewed to ensure they were consistent with national guidelines and they were then ratified by all three directors. Managers reviewed policies annually or when national guidance advised a change in practice. Policies we saw version controlled which included the date of the last review and the next review date.

Diagnostic imaging

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs

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

Pain relief

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

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

Patient outcomes

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

The service participated in relevant national clinical audits. The service completed a peer review audit of a sample of clinical breast, testicular and pelvic images between November and December 2021 to check for observational or interpretation errors, communication and patient outcome. The service identified missed discussions with patients around self-examination as an area for improvement.

The imaging reports were assessed to see if they were clear and precise. This was in line with the British Medical Ultrasound Society's (BMUs) guidance, which recommends peer review audits are completed using the ultrasound image and written report. A summary was generated from each audit report and the results were discussed with the clinician.

The service monitored report turnaround times. The manager told us reports were generally provided on the same day following completion of the scan.

Competent staff

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

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

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

Diagnostic imaging

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

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients. The service maintained good working relationships with general practitioners and other local independent health services.

Where patients were referred clinicians worked closely with referrers to ensure patients received a prompt diagnosis and treatment pathway. If concerns were identified, patients were urgently escalated back to their referrer or advised them to attend an urgent and emergency department or book an appointment with a midwife if it was an obstetric scan.

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

Seven-day services

Key services were available to support timely patient care.

The service was open Monday to Friday from 10am – 6pm and Saturday 10am – 4pm.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

There were health promotion leaflets available such as healthy eating, alcohol and liver disease, gall stones, testicular cancer, miscarriage and emotional support.

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

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

Diagnostic imaging

Staff knew to assess for Gillick competence when working with young people. Gillick competence is a term used in medical law to decide whether a child under 16 years of age can consent to his or her own medical treatment, without the need for parental consent.

Staff clearly recorded consent in the patients' records. Records showed that the service used consent forms for scans and there was a section on the form where a patient could decline the scan. Consent forms were used for children's scans, transvaginal scans, musculoskeletal injections and biopsies. The service used an electronic consent form for pelvic scans, and this was sent to patients before to their appointment. We saw examples of completed consent forms.

Are Diagnostic imaging caring?

Good 

We have not previously inspected this service. 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. The service collected feedback from patients through a patient satisfaction survey.

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

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

Patients said staff treated them well, with kindness and were very helpful and reassuring. Staff answered patient enquiries and interacted with patients in a friendly and sensitive manner. During our inspection we spoke to three patients and relatives who said staff treated them in a caring manner.

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

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

The service asked each patient to complete a patient satisfaction survey and the results were positive. In the 2021 patient survey 96% of patients rated their overall experience as five star and said they would recommend the service. The service reviewed and analysed feedback from online platforms and responded to patients who had a negative experience. The service implemented changes based on patient feedback, for example, improving the communication on the price of different packages and the explanation of results

Emotional support

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

Diagnostic imaging

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

Patients were complimentary of all aspects of care they received from booking the appointment to completing the scan. Patients said, “great rapport, very caring”, “staff put me at ease, very informative”, “wonderful treatment and very impressed”.

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

Understanding and involvement of patients and those close to them

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

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

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

Staff supported patients to make informed decisions about their care. Staff discussed the cost of the procedure when patients booked their appointments. Staff explained other relevant terms and conditions in a way the patients could understand.

Are Diagnostic imaging responsive?

We have not previously inspected this service. 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.

The services are flexible, provide informed choice and ensure continuity of care. Managers planned and organised services, so they met the changing needs of the people who use the service. The service was open six days a week, including later evenings, and offered appointments at a time to meet the needs of the patient group. The service did not operate a waiting list and most scans were booked within 48 hours. Staff said that all patients were seen promptly, and patients rarely had to wait for an appointment. Patients we spoke with confirmed being able to access the service in a timely manner. Patients said they were impressed with how quickly and easily the appointment was arranged.

Diagnostic imaging

Facilities and premises were appropriate for the services being delivered. The facilities were designed to ensure a seamless patient flow. There were two scanning rooms with privacy screens, a reporting room and waiting area. There were height adjustable couches and other equipment to meet the needs of patients.

Managers monitored and took action to minimise cancelled appointments. The service monitored cancelled appointments which were 11% of all appointments. Managers ensured that patients who did not attend appointments were contacted. The service offered patients the flexibility of rescheduling appointments at time that was convenient to them. There was a 'did not attend' policy and staff said a risk assessment would be completed for patients who missed an appointment. Staff assessed if there were any significant risk and they would contact the patient and referrer if there were any concerns. Staff said they would determine if there were any safeguarding concerns.

The service used technology innovatively to support treatment and care. Staff had access to staff to have access to a modern encrypted communications and file sharing platform including voice, video, text and files, on any device. Staff used this platform for secure discussion about specific cases.

Meeting people's individual needs

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

All staff completed an equality and diversity course as part of their mandatory training. The service had an up-to-date discrimination prevention policy that was compliant with the Equality Act (2010) and ensured staff delivered care without prejudice to protected characteristics. There was a clear care and treatment ethos based on individualised care. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

The service was located on the third floor and not wheelchair accessible and did not have wheelchair accessible facilities. The manager said patients would be provided with details of an alternative facility who is able to offer this service.

The service did not have access to interpreters or signers. When asked staff did not know the name of the service to contact for interpreters or signers. Following our inspection, the service sent us a policy which included information on signers and interpreters.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Patients had timely access to appointments and there was no waiting list for scans. Staff were proactive in offering earlier appointments where cancellations or clinician availability enabled this.

Technology was used to support timely access to appointments and facilitate patient choice. The service enabled patient to book their appointments online.

Diagnostic imaging

During our inspection, when patients arrived for their appointment, they did not wait more than a few minutes for their scan. Patients said they did not experience any delays when booking their appointments or having the scan.

The scan report was generally prepared immediately after the scan and emailed to the referrer within 24 hours.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the service. The complaint policy explained the three stages of the complaint process including local resolution and independent external adjudication. Complaints were acknowledged within two days, investigated and responded to within 20 days. If the service could not resolve the complaint the final process would be referral to an independent adjudicator.

Staff knew how to acknowledge complaints. Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. From June 2021 to May 2022 the service received four complaints which were reported and investigated in line with the service's procedure. The service could demonstrate where improvements were made as a result of learning from complaints. For example, the service improved communication after a patient's scan report was delayed.

Are Diagnostic imaging well-led?

Requires Improvement 

We have not previously inspected this service. We rated well-led as requires improvement.

Leadership

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

The service had three directors who were radiologists and one of the directors was the registered manager. All the directors agreed the strategic direction of the service, its financial operations and governance arrangements. The registered manager was responsible for the day to day running of the service including staff management.

The directors had the clinical expertise to manage the service. The manager demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable and that they felt supported by managers.

Diagnostic imaging

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 service's vision was to provide patients with direct access to the highest standards in medical imaging and interpretation by medically qualified experts, to empower our patients in their medical journey. The service strived to deliver best quality care for patients, give them rapid access, thorough and accurate results based on current medical evidence and guidance.

The manager said the services managerial ethos was to actively listen to feedback, acknowledge patients with dignity and respect, implement positive changes efficiently and effectively, provide feedback of changes to patients and staff to foster a culture of a responsive organisation, maintain confidentiality, explain with transparency any limitations and availability of alternative options.

The strategy was inclusivity and transparency in service development, encouraging a culture of innovation and collaboration, recruitment of experts and patient focused individuals and patient education.

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

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff spoke highly of the working environment and felt supported in their job roles. Staff told us they felt supported, respected and valued. We observed good team working amongst staff and staff said it was a great place to work. Staff enjoyed working at the service and they were enthusiastic about the care and services they provided.

Staff understood the importance of raising and recording incidents, and managers promoted an open culture and encouraged staff to discuss and raise incidents where appropriate. Staff were confident they could raise concerns safely without fear of punishment.

There were processes for providing all staff with the development they need, including regular annual appraisals and development opportunities. Staff said they had enough time for professional development and evaluation of their clinical work.

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

Governance

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

There was a system for maintaining policies and procedures ensuring they were up to date, version controlled and met national guidance. The manager said any changes or updates to policies were shared through a secure electronic platform, discussed with staff individually and at staff meetings.

Diagnostic imaging

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

There were regular governance meetings where staff discussed improving patient care and safety, performance, risks, audits patient experience and complaints. There were regular staff meetings where the service discussed staffing arrangements, infection control, new products and policy updates. We reviewed a selection of governance and staff meeting minutes and found that they were clearly documented with information, updates and actions.

The service did not comply with its recruitment policy or identify the potential risks of employing staff without completing adequate checks. Checks such as occupational health clearance, references and qualification and professional registration had been undertaken.

The manager did not ensure all recruitment checks such as disclosure and barring service (DBS) were carried out before staff commenced working at the service. DBS checks had been undertaken for the healthcare assistants (HCA) and administrative staff. However, records showed the service accepted DBS checks carried out by another provider for the consultants, rather than undertaking their own checks. Additionally, staff were registered with the DBS update service, but managers had not reviewed this information. There were six consultants who were registered with the DBS update service and six consultants who did not have a DBS completed by the service. Following our inspection, the service sent confirmation that these checks had been undertaken.

Management of risk, issues and performance

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

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

There was a risk register which identified and mitigated risks such as the impact of the COVID -19 pandemic on patients cancelling appointments, staffing, damage to the ultrasound probes and information technology failures .

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

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

Information Management

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

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

Diagnostic imaging

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

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

Engagement

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

The service's website included information for patients, the location and directions and how to contact the service. Patients could contact the service through an online form on the website.

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

Staff said they would be comfortable suggesting improvements to the service and sharing thoughts on service delivery. For example, the healthcare assistant suggested implementing a new stock ordering system and the service adopted it.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff demonstrate a commitment to the process of continuous improvement in relation to both patient and staff welfare. Systems, processes and organisational values provided an effective foundation for the review of practice. The service used established methodologies to deliver quality improvement and innovation including a 'learning lessons' framework which was aimed at developing and maintaining a positive culture in learning from incidents and complaints.

Staff at all levels were supported and encouraged to access learning and development opportunities for their personal and professional development.