

Peninsula Ultrasound

Quality Report

Pengelly Way
Threemilestone
Truro
TR3 6DP

Tel: 01872 555755

Website: www.peninsulaultrasound.org.uk

Date of inspection visit: 23, 24, 26 April 2019

Date of publication: 04/07/2019

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

Peninsula Ultrasound is operated by Peninsula Ultrasound Limited, from the registered location at Threemilestone in Truro. The service also has a number of satellite clinics across Cornwall and Devon. The satellite clinics are those which operate from premises, such as GP surgeries, in areas throughout Cornwall.

The service provides ultrasound diagnostic services for adults over the age of 18. We visited the Threemilestone clinic and those in Newquay, St Austell and Kingkerswell.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 23, 24 and 26 April 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Summary of findings

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We rated it as **Good** overall.

We rated safe, effective, caring and responsive as good.

We found the following areas of good practice:

- The service had systems and practices to protect patients and protect them from harm.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe and to provide the right care and treatment.
- There were systems and processes to manage infection risks and staff were provided with information on the control of infection.
- The environment and equipment used to deliver the service was fit for purpose and kept patients safe.
- Patient medical records were maintained, up to date and stored securely. Staff had access to the relevant information they required to deliver a safe service.
- There was an effective system for reporting incidents and staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses. Appropriate action was taken following a reported incident.
- Care and treatment was delivered in line with national best practice guidance and legislation.
- Staff worked well together and with external clinicians to understand and meet patient's needs.
- Staff assessed whether patients had the capacity to make particular decisions whenever this was necessary.
- Patients were treated with dignity, respect and kindness during all interactions with staff. Patients were provided with information to help them understand their diagnostic test. Patients were positive about the care and treatment they received.
- The needs of the patients were met through the organisation and delivery of the service. This included individual needs and personal preferences.

- The service responded to and learnt from any complaints received.
- The managers had the skills, knowledge and integrity to lead and manage the service effectively.
- There was a clearly developed vision and set of values within the service which staff were aware of and complied with. The service was person centred, open and inclusive.

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

- Staff were not provided with full information on how to report any potential or actual safeguarding concerns.
- Staff did not consistently comply with the infection control procedures regarding the bare below the elbows policy adopted by the service.
- Staff appraisals were not carried out which meant there was a risk that the provider was not aware of the training needs and development requirements of the staff.
- Not all patients were provided with full information or had not retained the information they required to prepare for their ultrasound appropriately.
- It was not clear how the service would arrange interpretation and translation services for patients whose first language was not English.
- There were governance frameworks to support the delivery of good quality care. However these were not fully developed to provide full assurances that the service was performing well and areas of improvement would be addressed.
- The recruitment process was not sufficiently robust to ensure staff were suitable to work within the service.

Following this inspection, we told the provider that it must take action to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice. Details are at the end of the report.

Nigel Acheson

Summary of findings

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

The service provided diagnostic and imaging services through the provision of ultrasound scanning for adults in Devon and Cornwall.

We rated this service as good because it was safe, effective, caring and responsive, although leadership requires improvement.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Peninsula Ultrasound	7
Our inspection team	7
Information about Peninsula Ultrasound	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Outstanding practice	26
Areas for improvement	26
Action we have told the provider to take	27

Good 

Location name here

Services we looked at:

Diagnostic imaging

Summary of this inspection

Background to Peninsula Ultrasound

Peninsula Ultrasound is operated by Peninsula Ultrasound Limited. The service opened in 2012. It is a diagnostic ultrasound service in Truro, Cornwall. The service primarily serves the communities across Devon and Cornwall for adults over the age of 18.

The service has had a registered manager in post since 2012.

Peninsula Ultrasound Limited is registered to provide the regulated activity:

- Diagnostic and screening procedures

Our inspection team

The team that inspected the service comprised a CQC lead inspector and two other CQC inspectors. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

Information about Peninsula Ultrasound

Peninsula Ultrasound Limited provides a service across Cornwall and Devon in clinics which are mainly held within GP services. The service is commissioned through the local Clinical Commissioning Groups for NHS patients and private patients are also provided with a service.

During the inspection, we visited clinics held at Threemilestone, Kingkerswell and Newquay. We spoke with 12 staff including sonographers, clinical assistants, administrative staff and senior managers. We spoke with seven patients. During our inspection, we reviewed 10 sets of patient records and seven staff personnel files.

Track record on safety in the 12 months previous to the inspection

- 0 Never events
- Clinical incidents one no harm, 0 low harm, 0 moderate harm, 0 severe harm, 0 death
- 0 serious injuries
- Seven complaints

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as Good because:

- Staff received effective mandatory training in the safety systems, process and practices. This included infection control, hand washing, coronary pulmonary resuscitation (CPR), safeguarding, equality and diversity, information governance and data protection.
- There were systems, processes and practices to keep patients safe identified, put into place and communicated to staff.
- However, the policy and procedure to safeguard adults from abuse did not fully reflect the contact details for external organisations who would be involved in suspected abuse.
- The service managed the control and prevention of infection well. Where the service was responsible, staff were trained and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises.

All areas we visited during our inspection were clean, tidy and hygienic in appearance. The patient survey carried out in January 2019 found that out of 140 respondents who were asked about cleanliness at the

- clinic they attended, 124 said it was excellent, 15 very good and one good.
- Staff were clear about their responsibilities regarding premises and equipment. They used equipment correctly to meet statutory requirements and supported people to stay safe. The design, maintenance and use of facilities and premises prevented patients from avoidable harm.
- The sonographer and clinical assistant carried out checks prior to the patient undergoing an ultrasound. This included checks on the identity of the patient, the reason for attendance at the clinic and information regarding any allergies.
- There were always enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe and that they could respond to unforeseen events. Staff worked flexibly to cover all planned clinics. The service did not employ any medical staff.
- There were always enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe and

Good



Summary of this inspection

that they could respond to unforeseen events. The service regularly reviewed staffing levels and adapted them to people's changing needs. The records we reviewed during the inspection were of good quality and stored securely.

- The service did not dispense or administer medicines.
- There was an effective system in place for reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses. When something went wrong, there was an appropriate thorough review or investigation that involved all relevant staff, partner organisations and people who used the service. Lessons were learnt and communicated widely to support improvement.
- However, the service had not formalised a procedure to ensure staff recognised and responded to the risk of a patient becoming unwell.

Are services effective?

We do not rate effective. However:

- Care and support was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This was monitored to ensure consistency of practice.
- There were no nutritional services provided for patients, although staff were able to provide drinking water for patients if required.
- Patients did not require pain control as part of their diagnostic service.
- Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities and on a continual basis.
- Staff worked well with each other and with external clinicians and organisations to provide a seamless service to patients.
- The service ran clinics on each day of the week bar Sundays. This enabled patients a choice of days, times and locations.
- Patients were provided with information regarding the ultrasound process and any preparation they had to make prior to the appointment by telephone.
- Staff assessed whether patients had the capacity to make particular decisions whenever this was necessary.
- However, there was no process for the provision of regular appraisals and supervision sessions. This meant the service may not have been aware of the training needs and development requirements for their dispersed workforce.

Summary of this inspection

- Patients did not receive information regarding their diagnostic test in writing which could lead them to misinterpret or be unaware of specific information relating to their ultrasound appointment.

Are services caring?

We rated caring as Good because:

- People were treated with dignity, respect and kindness during all interactions with staff. Their relationships with staff were positive.
- Staff were kind, caring and welcoming.
- The service made sure that staff had the time, information and support they need to provide care and support in a compassionate and person-centred way.
- Staff provided support throughout the patient's procedure, provided patients with ongoing information as to what they were doing and why and provided a brief summary at the end.
- The service provided sufficient time for staff to develop trusting relationships with people, their families, friends and other carers.
- Staff communicated in a way which patients understood what was happening to them. Clear instruction was provided to the patient throughout the procedure.

Good



Are services responsive?

We rated responsive as Good because:

- Patient's needs were met through the way services were organised and delivered.
- The service provided was accessible and were mainly held in GP surgeries. These locations were on an established bus route and there was public car parking available.
- People's needs were identified, including needs on the grounds of protected equality characteristics, and their choices and preferences and how these were met. These activities were regularly reviewed and drove service development.
- The service provided timely access to patients for their ultrasound appointment. Patients were able to choose which clinic they wished to attend. The service had not exceeded their target of 2% of patients who did not attend for their appointment in the last year.
- The service used the learning from complaints and concerns as an opportunity for improvement. Staff could give examples of how they incorporated learning into daily practice. The service had received seven complaints in the last year, all of which had been responded to appropriately.

Good



Summary of this inspection

Are services well-led?

We rated well-led as Requires improvement because:

- Leaders had the skills, knowledge, experience and integrity to manage the service. The registered manager had attended and external management course to update and develop their skills.
- The provider had a clear vision and a set of values with quality and safety as their top priority. Staff were aware of the vision and values of the service and demonstrated the values in their work.
- The service had a positive culture that was person-centred, open, inclusive and empowering. The managers and staff had a well-developed understanding of how they prioritised safe, high-quality, compassionate care. Staff were positive about working for the service and felt valued and listened to by their managers.
- Electronic patient records were kept secure to prevent unauthorised access to data. Authorised staff demonstrated they could be easily accessed when required.





However;

- While there were governance frameworks to support the delivery of good quality care these were not fully developed to provide full assurances that the service was performing well and areas of improvement would be addressed. The recruitment process was not robust to ensuring the staff members were suitable for working within the service.
- There were no risk assessments for individual clinics and there was no risk register for the service. This did not ensure that identified risks were mitigated against.
- Staff were not held regularly, lacked structure and were not formally minuted. This did not ensure that the provider regularly engaged with staff and meant staff did not have a regular, formal means to raise issues or concerns with the provider.

Requires improvement



Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

Information about the service

Summary of findings

The service provided diagnostic and imaging services through the provision of ultrasound scanning for adults in Devon and Cornwall.

We rated this service as good because it was safe, effective, caring and responsive, although leadership requires improvement.

Diagnostic imaging

Are diagnostic imaging services safe?

Good 

We rated safe as **good**.

Mandatory training

Staff received effective mandatory training in the safety systems, process and practices.

- Staff were required to complete mandatory training. This included infection control, handwashing, coronary pulmonary resuscitation (CPR), safeguarding, equality and diversity, information governance and data protection.
- All training was delivered at face to face sessions, often following staff meetings to enable most staff to attend. Staff were positive regarding the training sessions. They informed us the last staff meeting was approximately three months ago and the training session held was regarding CPR.
- A training matrix was maintained which identified when each staff member had completed their mandatory training. However, this did not identify when the next update training was required. The registered manager was confident that all staff were up to date with their training.

Safeguarding

There were systems, processes and practices to keep patients safe identified, put into place and communicated to staff.

- The policy and procedure to safeguard adults from abuse did not fully reflect the contact details for external organisations who would be involved in suspected abuse. All staff were provided with level one safeguarding children and adults training. They had access to the organisation's safeguarding lead who was trained to level three. The service did not provide care and treatment to people under the age of 18, but trained staff to level one in case patients arrived with their children. This would enable staff to recognise any safeguarding concerns.
- Staff had access to the organisations safeguarding policy and procedure. This included information on

the definition of safeguarding, the level of training they were required to complete and the procedures for staff to follow should they identify any potential safeguarding issues. Additional information was available to support staff in recognising children experiencing neglect from their parents or carers, emotional abuse, sexual abuse, child sex exploitation and recognising and reporting female genital mutilation. There was limited information relating to safeguarding adults as the information was mainly referring to children. This information included the contact details for appropriate reporting of suspected safeguarding issues in Cornwall. However, the organisation had not updated the information available to include the external contacts for Devon since undertaking commissioned services in the county.

- We spoke with four members of staff regarding the safeguarding procedures within the service. They were confident of their role and the action they would take to ensure patients were safe. Staff told us they would discuss and refer safeguarding concerns to the business manager or registered manager, or directly to the council if necessary.

Cleanliness, infection control and hygiene

The service managed the control and prevention of infection well. Where the service was responsible, staff were trained and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises.

- All areas we visited during our inspection were clean, tidy and hygienic in appearance. The patient survey carried out in January 2019 found that out of 140 respondents who were asked about cleanliness at the clinic they attended, 124 said it was excellent, 15 very good and one good.
- There was an infection control policy available for staff electronically. The policy covered the role and responsibility of the staff which included handwashing and other aspects of hygiene. These included being bare below the elbows, the removal of jewellery in clinical areas, the use of personal protective equipment and equipment decontamination. The policy also covered how infection control processes

Diagnostic imaging

would be audited and the governance around this. Telephone numbers of infection control departments at local hospitals for staff to get further advice if required were also available in the policy.

- There was a cleaning schedule for the areas used by the service at Threemilestone Surgery. Staff cleaned the equipment they used before and after each patient. The cleaning of the clinic rooms at all sites was carried out by the surgery staff. There was no written service level agreement for this, but the registered manager stated this had been verbally agreed when the clinics were set up.
- The infection control and cleaning policies and procedures were followed by staff during each clinic to prevent the spread of infection. We saw staff used disposable covers for the ultrasound scanning equipment which came into contact with the patient. Antibacterial wipes were used before and after use of any equipment with each patient. The examination couch was protected by disposable paper covers which were changed between each patient and the table wiped with the antibacterial wipes.
- Staff had access to hand washing facilities to prevent the spread of infection. We observed staff washing their hands before and after treating patients. Staff had access to personal protective equipment such as gloves and aprons and would use these if required.
- Staff, with the exception of one member of staff, followed the infection control policy requirements of being bare below the elbow. We observed one member of staff in a clinical area caring for patients wearing long sleeves and a watch.
- The service did not generate clinical waste as no interventional procedures were carried out, therefore all waste was disposed of in the bins supplied by the surgery as general domestic waste. The service had discussed this with and sought guidance from the infection control team at the local acute trust when setting up the service to ensure this was the correct practice to follow.

Environment and equipment

Staff were clear about their responsibilities regarding premises and equipment. They used

equipment correctly to meet statutory requirements and supported people to stay safe. The design, maintenance and use of facilities and premises prevented patients from avoidable harm.

- The clinics were mainly held in rooms within GP surgeries. The clinics all had disabled access and car parking either on site or close by.
- The service had a total of eleven scanning machines, eight of which were mobile and three static (fixed in a room). The numbers of mobile scanning machines available meant that should there be an unexpected fault with a machine, a replacement could be made available in a short period of time. Scanning equipment was serviced and maintained in line with the manufacturers guidelines and was carried out each year by the company the equipment was purchased from.
- Portable appliance testing to ensure all electrical equipment was safe to use was carried out annually.
- Patients attended the clinic and reported to the receptionist on duty in the doctor's surgery. When the doctor's surgery was closed the staff frequently checked patients in the waiting room to ensure their wellbeing. When undergoing a scanning procedure, the patients were not left alone and so could alert staff to any assistance they required.

Assessing and responding to patient risk

The service had not formalised a procedure to ensure staff recognised and responded to the risk of a patient becoming unwell.

- There was no policy or procedure to assist staff in recognising the deteriorating patient or the action to take should this situation arise. Staff we spoke with commented that they could administer emergency first aid as they were provided with this training. Staff also told us they would either seek support from the GP practice staff should a patient become unwell or call the emergency ambulance service.
- The sonographer and clinical assistant carried out checks prior to the patient having an ultrasound. This included checks on the identity of the patient, the reason for attendance at the clinic and information regarding any allergies. Staff had access to non-latex

Diagnostic imaging

sheaths for covering the probe and non-latex gloves should a patient have a latex allergy. The electronic recording system used did not enable staff to progress with the procedure until this process was completed. This reduced the risk of the wrong diagnostic test being carried out.

- Staff provided examples of the action they would take should there be any concern regarding the referral and the patient information. We were told they may contact the referring clinician to check the initial request or seek permission for carrying out an additional scan. Staff recorded what diagnostic test had been requested and also recorded what the patient believed to be the reason for their visit. This reduced the risk of the wrong diagnostic test being carried out.
- Urgent reporting on the outcome of the scan was carried out where the sonographer observed an unexpected finding. This was alerted to the administrative team or business manager who would be able to contact the referring clinician promptly regarding the patient. The electronic system enabled staff to identify unexpected findings and flag that the GP required the information urgently. This ensured the patient received appropriate treatment in a timely way. There was a written protocol for staff to follow regarding this process which was available electronically.
- Staff provided us with an example of when concerns had been raised about one patient who was very anxious about their scan results. The staff had escalated their concerns to the registered manager and business manager who had contacted the patient's GP urgently. This had resulted in the patient being seen by their GP immediately and their scan results discussed with them.

Staffing

There were always enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe and that they could respond to unforeseen events.

- During periods of staff absence such as annual leave or sickness, the registered manager, as a registered sonographer, provided cover. Staff worked flexibly across clinics to provide additional cover when necessary.
- Additional support from a consultant at the local acute trust was available for second opinions and guidance when necessary.

Medical staffing

- The service did not employ any medical staff. All reporting consultants worked for local NHS trusts.

Records

Service records and other relevant sources were regularly and systematically reviewed to check for consistency, safety-related themes and trends. These were consistently audited and discussed with staff and other stakeholders to reduce related risks.

- We reviewed nine electronic patient records during our inspection.
- Patient records were of good quality and stored securely. Referrals and the scan report were stored electronically. The electronic system could only be accessed by authorised members of staff who had a password.
- Referral forms differed between the different referral surgeries, however the information collected provided a clear description and rationale for the diagnostic image requested. Referral forms contained the patient's details and the name and contact details of the referrer. The site for the diagnostic image was identified along with a rationale for this. The forms also included the level of priority of the scan requested and any special requirements which the service may need to be aware of prior to the scan.
- Diagnostic reports completed by the sonographers were comprehensive and complete. Each report contained the unique number of the machine taking the image along with the date the image was taken. A clinical history/rationale was included along with a report of the scan. Each report also included the name of the sonographer and their registration number for the Health Care Professionals Council. This registration is voluntary for sonographers.

Diagnostic imaging

Medicines

- The service did not dispense or administer medicines.

Incidents

There was an effective system in place for reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses. When something went wrong, there was an appropriate thorough review or investigation that involved all relevant staff, partner organisations and people who used the service. Lessons were learnt and communicated widely to support improvement.

- There was an incident reporting policy available for staff electronically. The policy set out the responsibilities of the staff and the procedure for reporting an incident. Staff were required to report incidents to the business manager and complete an electronic incident report. The policy also covered the responsibility of the business manager in relation to investigating incidents.
- There had only been one reported incident since April 2018. The incident log provided detail of the date, time, location and detailed description of the incident, staff present, immediate action taken and following the incident. This related to a patient becoming unwell following their procedure. The incident log identified no further action was required and that staff had acted appropriately.
- From March 2015, all independent healthcare providers were required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. Staff were aware of the duty of candour regulation (to be open and honest) ensuring patients received a timely apology when there had been a defined notifiable safety incident.

Are diagnostic imaging services effective?

We did not rate effective.

Evidence-based care and treatment

Care and support was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This was monitored to ensure consistency of practice.

- Policies and procedures provided to staff were accessible electronically and paper copies were also available. All had been reviewed within the past two years with the exception of the policy relating to electronic mail and the complaints procedure which was last reviewed in 2016.
- Policies and procedures were reviewed and updated in line with current national and local guidelines.
- The service was not registered with any local or national accreditation schemes and did not take part in any local or national audits.

Nutrition and hydration

- There were no nutritional services provided for patients who attended for ultrasound scans. Staff were able to provide drinking water to patients if they requested this or if they felt unwell during the scan. One patient who completed the 2019 patient survey commented that they would have liked access to a drinking fountain or water, as they felt using the staff kitchen or patient toilets was not acceptable.

Pain relief

- Patients were asked by staff if they were comfortable during their appointment, however no formal pain level monitoring was undertaken as procedures undertaken were pain free.

Patient outcomes

Information about the outcomes of patient's care and treatment was not routinely collected and monitored.

Diagnostic imaging

The requirement of the contract with the CCG was in relation to time frames of patient appointments and the prompt delivery of reports to the referring clinician, as oppose to actual patient outcomes. This is reported upon in the responsive section of this report.

Competent staff

Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities and on a continual basis.

- All staff were required to complete induction training when they commenced work with the organisation. The induction records showed this was an organisational induction process and covered areas such as terms and conditions of employment, policies and procedures and training in the use of the electronic computer systems. Staff were required to sign a template to show they had completed the induction which was confirmed by a signature from the member of staff delivering the induction. Clinical assistants spent time shadowing other clinical assistants to get a better understanding for the role and what was expected from them.
- Supervision / one to one sessions between staff and their manager did not take place regularly, only when requested by the registered manager or the sonographers. Group supervision and discussions took place at staff meetings where a variety of subjects were discussed. The registered manager and staff confirmed that the staff meetings did not take place regularly but the frequency was planned to increase.
- At each staff meeting the sonographers and clinical assistants were provided with training sessions appropriate to their roles. Staff made positive comments about the training they received at the staff meetings and said they were able to suggest training topics to be delivered.
- Discussions of complex cases supported the sonographers to develop their knowledge and skills. Although irregular and infrequent, there was a session at the staff meeting for the sonographers to discuss with their peers and the lead sonographer any complex cases which they may have seen. This provided an opportunity for all staff to provide peer support and learn from their peers.

- Staff were able to attend relevant training provided by external organisations. For example, one sonographer told us they had attended training at the local acute trust and were supported by the registered manager to do so. Although staff were encouraged to participate in additional training to develop their knowledge and skills, staff told us this was self-driven. Individual staff members identified additional training courses which they wanted to attend. They were confident to request to attend external training courses. Staff also told us that where possible, the manager also tried to support them financially with additional training.
- Yearly appraisals were not carried out for staff working at the service. This meant the service may not have been aware of the training needs and development requirements for their dispersed workforce. Appraisals had not been completed due to work pressures, and also due to them previously being seen by staff as a negative. This had not been looked into by the service leads as to the reasons why, and how this could be improved for the appraisal process to be seen as supportive and positive for staff.
- The registered manager met with the sonographers and clinical assistants informally and spoke on the telephone with them to discuss any issues or concerns staff had. These conversations were not minuted or recorded to provide evidence around the conversation and any associated action taken.

Multidisciplinary working

Staff worked collaboratively across services to understand and meet patient's needs.

- Sonographers and clinical assistants worked well together when running clinics. It was clear they were all familiar with their role and responsibilities throughout the procedure taking place. The way of working enabled a seamless service to be provided for patients.
- We observed the service communicated well with GP practices and clinicians at the local acute trust to obtain further information regarding patients and provide feedback after scans had taken place.

Seven-day services

Diagnostic imaging

The service provided clinics six days a week in a number of locations. The service had capacity on average for 290 patients per week across 18 clinics in Cornwall. In Devon the capacity was lower with on average eight clinics a week with capacity to see approximately 160 patients.

Health promotion

The service ensured that people received information about their care and support options relating to the service provided.

- The service provided information by telephone regarding the planned procedure at the time of booking to help patients to understand the procedure for the ultrasound scan.
- During our inspection we observed sonographers explained the procedure and information regarding the next steps in the patients care and treatment pathway clearly.
- We saw the waiting areas in the doctor's surgeries provided other health promotion information leaflets and posters on subjects such as smoking cessation services and information on living with cancer which were available for patients.

Consent and Mental Capacity Act

Staff assessed whether patients had the capacity to make particular decisions whenever this was necessary.

- There was a consent policy and procedure which explained the role and responsibilities of the staff in ensuring appropriate consent was obtained prior to clinical procedures being carried out.
- Verbal consent for all procedures was undertaken at the service which staff were required to evidence had been obtained in their records.
- Staff stated they would not carry out the scanning if they believed the patient did not have capacity to understand the process and the potential findings from the diagnostic scan. In this instance they would liaise with the referring clinician.
- If patients attended the appointment with another person, the staff spoke with the patient on their own to ensure they were happy with the other person being present during their appointment.

Are diagnostic imaging services caring?

Good 

We rated caring as **good**.

Compassionate care

People were treated with dignity, respect and kindness during all interactions with staff. Their relationships with staff were positive.

- Comments from patients who used the service were positive. We reviewed comments from a patient survey completed in January 2019. Comments included "excellent service", "kindest and most gentle internal scan I ever had and I've had quite a few", "all the staff were welcoming", "brilliant service, excellent staff" and "the service could not be improved".
- Staff treated patients with compassion and put them at ease from the outset of their appointment. Staff were calm and courteous towards patients, guiding them through what they needed to at each stage of the appointment. Staff also engaged in day to day conversation with patients to make them feel at ease.
- All interactions we observed between staff and patients were positive. Staff demonstrated a kind and caring approach to all patients who attended the clinic. The took the time to introduce themselves to the patient and did not try to rush the patient at any stage during the appointment.
- Patients were treated with dignity and respect. The patient survey completed in January 2019 found that 137 patients out of 140 respondents said they were given privacy needed and three saying to some extent.
- Patients were able to get ready and to get dressed following their procedure behind a privacy curtain. Staff offered to help patients if they required and also advised them to call for help if they needed it. Where there was a male sonographer conducting a transvaginal scan, they left the room while the patient prepared themselves with the assistance of the female clinical assistant. This was in order to promote the dignity of the patient.

Emotional support

Diagnostic imaging

The service made sure that staff had the time, information and support they need to provide care and support in a compassionate and person centred way.

- Staff provided support throughout the patient's procedure, provided patients with ongoing information as to what they were doing and why and provided a brief summary at the end. Keeping patients informed helped to ease any anxiety or stress regarding the procedure.
- Staff spoke clearly about the emotional needs of the patients attending the service. Staff understood that some patients were anxious when they came for their procedure. Staff gave us examples of patients who had been very anxious. In cases like this, the staff were guided by the patient as to the pace they wanted to go. They understood they needed to provide clear information at every stage of the procedure and also offered patients the opportunity to take some time outside of the procedure room if they felt the need to. Staff told us they wanted to get the most of put of the appointment for the patient and worked with them to overcome their anxieties to be able to do this.
- The patient survey carried out in January 2019 found that 137 patients out of 140 respondees said they had been given the time and attention they needed with three who said they had to some extent.

Understanding and involvement of patients and those close to them

The service provided sufficient time for staff to develop trusting relationships with people, their families, friends and other carers.

- Staff communicated in a way which patients understood what was happening to them. Clear instruction was provided to the patient throughout the procedure.
- Comments from the patient survey carried out in January 2019 included, "staff were friendly and informative" and "staff were helpful and I felt at ease." From this same survey, out of 140 respondents, 45 said they had received excellent information prior to appointment, 44 experienced very good information

prior to the appointment, 30 good, 14 fair and to poor. When asked if the procedure and next steps were explained at their appointment, 135 said they were, with five responding they were to some extent.

- The service told us that at the time of booking the appointment, patients were advised of any important information in relation to their scan, such as arriving with a full bladder. Three out of the ten patients we spoke with and observed their appointment, had not arrived with a full bladder and two said they were not informed of this prior to their appointment. We discussed this with the staff who said it is a recurring problem but whilst frustrating would not mean the procedure could not go ahead.
- We observed the sonographer explain to patients what they were seeing on the ultrasound machine. One patient in the survey carried out in January 2019 commented, "it would be helpful to let the patient see the screen and explain what they were looking at". Other comments were positive and included "staff really informative, procedure was effortless and never felt judged", and "the staff explained clearly about what was happening".
- Initial findings from the scan were provided to patient while at appointment together with instructions with what to do next and when their GP would be expected to have the written report.

Are diagnostic imaging services responsive?

Good 

We rated responsive as **requires improvement**.

Service delivery to meet the needs of local people

Patient's needs were met through the way services were organised and delivered.

- Information about the needs of the local population was used to inform how services were planned and delivered. The service provided ultrasound scanning for a local clinical commissioning group (CCG). The service was provided through contractual agreements.

Diagnostic imaging

- The service provided was accessible and clinics were mainly held in GP surgeries. These locations were on established bus routes and there was public car parking available, although in some areas, parking charges applied or on street parking was available close by. Patients were provided with the opportunity to choose a clinic in a location suitable to them.
- The facilities and premises were appropriate for the services that were planned and delivered. There was sufficient comfortable seating and disabled access toilets.
- All appointments were confirmed prior to patient's appointment, by telephone. This helped reduce the number of do not attend (DNA's) and provided an opportunity for the patient to ask any questions they may have. Should a patient not be verbally contacted prior to their appointment, for example where a message had been left for the patient on an answer machine, the patient was asked to call the service to confirm their intention to attend the appointment.
- The patient survey carried out in January 2019 identified that 139 people were satisfied with the options for the clinic location. Only one person felt they did not have a choice of location to attend for their ultrasound scan.
- The service ensured two appointments were kept free at each clinic until 48 hours prior to the clinic start time. This was to enable emergency appointments to be offered when necessary. If these were not used, they were filled from a waiting list of patients.
- Patients were provided with appointments which were twenty minutes long. This provided enough time to carry out one scan thoroughly. However, staff commented that at times, the referring clinician required two scans to be carried out. To support the patient and reduce anxiety the sonographers agreed they would try to complete both scans at the one appointment. However, if this was not always possible, a full explanation was given to the patient and another appointment was booked immediately. This meant the patient did not have to go back to the booking service process.

Meeting people's individual needs

People's needs were identified, including needs on the grounds of protected equality characteristics, and their choices and preferences and how these were met. These activities were regularly reviewed and drove service development.

- The service was not able to provide diagnostic scanning to patients who required assistance with moving and handling. The staff were not provided with moving and handling training and were clear that they would not undertake this should a patient arrive for an appointment who required this assistance. However, staff did tell us that in the past they had completed a scan for a patient while they remained seated in their wheelchair. On other occasions, staff from the GP practice had assisted patients onto the couch for their scan.
- Where possible, clinics accommodated patients who arrived late to avoid them having to return for another appointment. During the inspection we visited a site where a patient had arrived around an hour late for their appointment. To avoid further disruption for the patient, the team were still able to see the patient despite this putting them slightly behind. The clinical assistant made the following patients aware the clinic was running late to ensure they were kept informed.
- Patients were advised they could access chaperones who would support them through their clinic appointment. The service had a policy and procedure to advise staff on the action to take as a chaperone.
- Patients were not provided with written information in accessible formats before appointments. There were no appointment letters sent to patients as all information was given verbally at the time of making the appointment. Staff said this was due to resources and the additional time it would take for this process to be actioned. However, staff added that if a patient was unable to write down the information they could send a text message to the patient providing relevant information.
- Staff did not have access to a translation and interpretation service. Staff we spoke with said they would request assistance from family members or friends of the patient if there were difficulties with translation. This would not protect the confidentiality of the patient's personal and confidential information.

Diagnostic imaging

However, the provider told us a translation service is used and paid for by Peninsula Ultrasound. This was arranged before the appointment if the service had been requested on the GP referral form. It was clear that staff we spoke with were not aware of this.

Access and flow

Patients had timely access to diagnostic imaging scanning.

- A patient referral management service (RMS) run by an external provider shared information regarding the service with patients who had been referred through the NHS, usually by their GP, for an ultrasound. The system was different in Devon and Cornwall.
- In Cornwall, patients were provided with the choice of attending the acute trust or Peninsula Ultrasound by the RMS. When a patient chose Peninsula, the RMS accessed Peninsula's electronic system and logged the patient details. The administrative staff then rang the patient offering them a choice of clinic and dates.
- The system in Devon varied in that the DRSS (Devon referral service) could not access Peninsula Ultrasound's electronic booking system. Therefore, once a patient requested their treatment at a Peninsula Ultrasound clinic, their details were passed to the service, together with their preference for clinic location. The administrative team then rang the patient to book their appointment.
- We listened to the booking team making appointments for patients who had telephoned the service for this purpose. Appointments were provided in a timely way with the longest wait being three weeks. Patients were provided with the choice of where they wished to attend their appointment and earlier appointments were often available at other clinics.
- Administrative staff checked the clinic lists one or two days in advance and any free appointments were filled by contacting patients who were on the waiting or cancellation list. We observed this process when a patient telephoned the service to cancel their appointment. We saw how the administrative staff immediately offered this appointment to a patient who was on the cancellation list.

- The service had a 'did not attend' target rate of 2% and data showed this was not exceeded. The service was reviewing their systems to update the messaging aspect of the electronic system to enable them to send a reminder text to patients regarding their appointments.
- Patients we spoke with said "I waited 2-3 weeks for my appointment, they phoned me and listened to the times I could do and booked me in" and "my appointment was booked for four weeks but only took two weeks as I was offered a cancellation".
- The patient survey carried out in January 2019 found that out of 140 patients surveyed, 30 received an appointment within seven days, 54 within two weeks, 25 within three weeks and 19 had a four week or more wait. Patients were asked if the appointment time met their expectations, of which 123 patients agreed it did. However, 14 patients said they would have preferred a shorter wait.

Learning from complaints and concerns

The service used the learning from complaints and concerns as an opportunity for improvement. Staff could give examples of how they incorporated learning into daily practice.

- The service had a complaints policy. The policy included the aim of the complaints procedure and the role and responsibilities of staff. This policy and procedure had not been reviewed since 2016.
- The policy required that an acknowledgement was sent to patients within 10 working days. The service was compliant with this requirement for the four complaints we reviewed. There was also a requirement for complaints to be responded to within 28 days. The service was compliant with this for three out of the four complaints we reviewed. The one complaint not compliant with this requirement was delayed due to the service needing to wait for further information from another service.
- There had been seven complaints made to the service since April 2018 and the time of our inspection. Of these seven complaints, six were about the manner and attitude of staff and one was regarding links with the local hospital.

Diagnostic imaging

- We reviewed four responses to complaints. All complaints had been acknowledged either the same day or the following day. All of the responses provided an apology and an explanation of the action the service had taken to manage and rectify the concerns raised.
- The service had also received seven compliments from patients attending the clinic between October 2018 and the time of our inspection.

Are diagnostic imaging services well-led?

Requires improvement 

We rated well led as **requires improvement**.

Leadership

Leaders had the skills, knowledge, experience and integrity to manage the service.

- The service was led by the registered manager who was one of the original founders of the company and was supported by the business manager. The registered manager kept their leadership skills up to date and had attended a week-long management course aimed at chief executive officers and managing directors run by a university.
- Staff felt able to raise concerns and issues and were confident they would be listened to and that action would be taken to rectify the issue. Staff told us at one particular clinic, they had noticed a high number of patients who had not attended their clinic appointment. They had recognised on the system that the information provided to patients about the location was not clear and that this had led to confusion arising, and patients missing their appointments due to going to the incorrect location. The information on the system was changed to provide better clarity for the administrative staff when providing patients with information about their appointment. Following this, staff noticed the numbers of patients not attending their appointment fall.

Vision and strategy

The provider had a clear vision and a set of values with quality and safety as their top priority.

- The mission for the service was to deliver the highest quality diagnostic services for patients in the region, closer to home, rapid and integrated with the local health community. The vision was for the service to be the best example of an independent NHS provider within the county. The vision was to be characterised by the service providing a patient centred service delivered with compassion, to hire, train, and retrain the right people, provide a sustainable business model and by collaborating and networking with the NHS community for the benefit of the region.
- The values for the organisation included respecting everyone, embracing change, recognising success and working together. Staff demonstrated the values of the service in all aspects of their role.
- Staff were aware of the future vision for the service. Staff we spoke with were aware of the rapidly expanding service, particularly into Devon. They were also aware of a longer-term vision to increase the service in terms of diagnostic modalities available while remaining patient focussed. The registered manager stated that the increase in numbers and availability of portable scanning machines, meant patients had additional choices of location for their convenience.
- The vision and strategy was discussed at staff meetings and information shared with staff regarding the developing service. For example, changes regarding the expansion of the service and the opening of new sites.

Culture

The service had a positive culture that was person-centred, open, inclusive and empowering. The managers and staff had a well-developed understanding of how they prioritised safe, high-quality, compassionate care.

- Staff spoke positively of the culture of the service and the support that the team had for one and other.
- Staff spoke highly of the registered manager and the business manager telling us that support was available whenever they needed it. They told us they

Diagnostic imaging

could telephone or use their electronic system to send messages to the leaders, who responded immediately. Staff described the team and their colleagues as 'a family.' We were provided of examples of when the managers had supported staff with stressful situations and they had needed flexible working arrangements.

Governance

There were governance frameworks to support the delivery of good quality care. However, these were not fully developed to provide full assurances that the service was performing well and areas of improvement would be addressed.

- The service had a governance committee which consisted of the registered manager, the business manager and a practicing consultant from the acute trust. The committee had oversight of the audits and observed practices carried out in the service.
- A monthly clinical audit was completed each month by a radiologist which was presented to the governance committee each quarter. We reviewed the last two audits for ultrasound reporting for December 2018 to February 2019 and February to April 2019. Issues identified included technical aspects of the scans, language and terminology used in the reporting and a clinical review of the scan and associated reports. Recommendations from the audit reports were repeated in both February and April 2019. These included quality control of record keeping ensuring accurate patient's records and delivery of the report in a timely fashion, proof reading the report prior to verifying to check to spelling mistakes, avoidance of over diagnosis when scans are not quite normal and avoidance of diagnosing specific pathology when the imaging findings are not diagnostic. It was not clear of the action taken to address these issues as there was no written action plan with associated actions or timescales recorded.
- The service was assured that staff worked within the policies and procedures by carrying out observations of the clinics and patient care and treatment. Each observation was recorded and positive comments and areas for improvement recorded. One issue had been identified at a particular clinic where it was considered the clinic was disjointed as the clinical assistant was working in a separate area. There was no record of

how this was to be or had been addressed. The registered manager reviewed a number of ultrasound scans which had taken place each day to check and have assurance that appropriate checks had been carried out prior to scans taking place.

- There was a recruitment process followed when employing new staff. We reviewed personnel records for three sonographers, three clinical assistants and one administrator. These showed that a detailed application form was completed which provided previous employment history and an enhanced check with the Disclosure and Barring service was carried out to ensure the applicant was suitable to work within the service. However, six of the staff files we reviewed only contained one written reference and one had no written references on file. The registered manager and business manager told us that they often obtained verbal references prior to the staff member commencing work but these had not been recorded.

Managing risks, issues and performance

Management systems could identify and manage risks to the quality of the service. The service used the information to drive improvement within the service.

- The sonographers were all registered with the Health Care Professional Council. This ensured their clinical professional development was up to date and they were safe to practice. The service maintained a record to ensure that all the sonographers employed were registered appropriately.
- The service had indemnity insurance in place which was part of the NHS insurance which provided cover for all NHS patients. On the rare occasions that private patients were provided with an ultrasound scan the sonographers held their own indemnity insurance.
- Risk assessments undertaken which were generic and covered all clinics. This did not identify any individual risks for each site in which clinics were held. New sites were risk assessed but this was not reflected in an individual risk assessment for each site.
- When risks were identified action was taken to mitigate against the risk. For example, there had been an occasion when a lone working sonographer had

Diagnostic imaging

been challenged by a patient at the end of a clinic list. The service ensured that staff did not work alone and should a member of staff not attend their clinic or have to leave early, another member of staff replaced them promptly.

- There was no formal risk register or similar document which identified risks and the action taken to reduce the risk reoccurring and who was responsible for taking such action. The registered and business manager provided us with information on how risks, such as the lack of appraisal, supervision, major incidents and the registered manager being unable to work would and could be managed, however these had not been formalised.
- There was no formal business continuity plan in place to ensure the running of the business and the action staff would take in the event of a major incident. However, staff were able to discuss with us the action that had been taken to ensure the running of the service and the arrangements made when there had been an electricity power cut.

Managing information

Electronic patient records were kept secure to prevent unauthorised access to data. Authorised staff demonstrated they could be easily accessed when required.

- The service had a policy outlining confidentiality and data protection regarding patient information. The service used the Caldicott principals to ensure patient information was managed and stored safely. This was available to staff electronically.
- Staff had access to additional information to enable them to provide a more thorough report for the referrer. Staff were able to access the reports of previous ultrasound images for patients under the service. Staff could also access previous reports where patients had received an ultrasound scan from their local hospital trust. However, at the time of our inspection, this was not always possible from all locations. This was an issue which was ongoing and being rectified by the registered manager and business manager. Despite being unable to access all previous scans, this did not impact on the ability of the

sonographer to report on the image. The patients previous scan would be highlighted on the report to make the GP aware so they could make a direct comparison of the scans.

- We observed the sonographers completed their report on the scanned images and in most cases these were sent electronically to the referring clinician on the day of the patients appointment. Where the sonographer required a second opinion, they highlighted the patient details to a colleague or the registered manager prior to completing and sending the report.
- Images were backed up and stored to the ultrasound machine in case there was a problem with the image not being sent. Staff were able to retrieve patient's images from the machine if the images had not been received by the GP surgery along with the report. This meant that if there was a problem there would be no delay in patients receiving their results from their GP or the need to return to the service for another scan. During our visit to the service we observed an administrator sharing a report which had been completed six months earlier with a GP practice. They informed the GP that they were also able to share the images if this was required.
- The service shared and access information and scan reports with the NHS, GPs and the referring clinician. Patients were able to refuse for their information to be shared and the service would comply with their wishes. However, patients were not routinely asked if they permitted their information to be shared.
- A contract was in place with the local acute trust which outlined the privileges and responsibilities for the sharing of data and the patients confidential and personal information. Staff were required to sign a confidentiality declaration which addressed both patient and business information.
- Staff accessed computers using smart cards which were personal to each member of staff. When not in use, computers were locked.

Engagement

The service involved people, their family, friends and other supporters in a meaningful way. Support and resources were available to enable staff to develop and be heard.

Diagnostic imaging

- Staff meetings were not held regularly, lacked structure and were not formally minuted. There was no set timeframe between meetings with the last four meetings being November 2017, March 2018, September 2018 and November 2018. There was no rolling agenda discussed at the meetings. Instead, meetings consisted of important information which needed to be feedback to the staff. Any presentation given at the staff meeting was available electronically if staff were unable to attend the meeting.
- There had been no staff survey to seek the views of the staff regarding the service.
- There were no patient focus groups as the scans were usually one off short diagnostic scans.
- A patient survey had taken place in January 2019 during which 140 patients from the Devon clinics had responded. A further survey was planned to take place in May 2019 for patients attending the Cornwall clinics. The survey results showed patients were generally satisfied with the service they had been provided with.

Learning, continuous improvement and innovation

There was a strong focus on continuous learning at all levels of the organisation. Leaders, managers and staff considered information about the service's performance and how it could be used to make improvements.

- Staff meetings were used as an opportunity to discuss any incidents or practice issues which had occurred. This ensured that staff who attended the meetings were made aware of any changes in the practice following a reported incident. However, as the meetings were not minuted any staff who could not attend the meeting may not be made aware of important information or developments.
- We were told by the staff that reminders regarding best practice were provided to them either by email, at staff meetings or in daily discussions. For example, staff were reminded regarding the use of abbreviations and to use plain English when reporting on the ultrasound.
- The electronic system in use enabled the service enabled the GP and the local acute trust to review scans and associated reports which reduced the risk of results being missed or delayed and patients requiring additional scans.

Outstanding practice and areas for improvement

Outstanding practice

- The service had direct access to electronic patient information held by the GP and the acute trust. community services, including GPs. This meant that hospital staff and the GP could access the scan and report immediately after the appointment.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that a robust recruitment process is taken prior to appointing new staff to ensure they are suitable for the position appointed.

Action the provider **SHOULD** take to improve

- The provider should ensure staff had full information relating to safeguarding adults and the external contacts for reporting safeguarding issues.
- The provider should ensure staff were provided with information on recognising the deteriorating patient and the action they should take in this instance.
- The provider should ensure staff were provided with the opportunities to formally discuss their work and training and development needs.
- The provider should ensure patients were fully appraised and informed in a meaningful way of any preparation they were required to carry out prior to their ultrasound.

- The provider should ensure that all patients were provided with information in a language they could understand and in a way which respected and promoted their confidentiality.
- The provider should ensure that governance processes were clear, and actions identified were addressed and recorded.
- The provider should ensure policies and procedures were up to date.
- The provider should ensure that all risks were identified, and action taken to reduce identified risks.
- The provider should enable a process for staff to provide feedback on the service to help drive improvement.

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The recruitment process should be robust and two written references be obtained for each member of staff. Where verbal references are used these should be recorded.</p>