Midlands Ultrasound & Medical Services (Mums) Ltd

Midlands Ultrasound & Medical Services (MUMS Limited

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?	Requires Improvement
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patient's individual needs and made it easy for people to give feedback. Patients could access the service when they needed it and did not have to wait too long for their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff generally assessed risks to patients and acted on them. However, policies seen did not reflect the practices within the service.
- The service generally managed medicines well but we found that not all drugs were stored in suitable lockable systems.
- The service planned care to meet the needs of local people and took account of patients' individual needs. However, it was not clear for people how to give feedback.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good	We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. • Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week. • 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. • People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. However: • Staff did not know how to apply safeguarding training however they understood how to protect patients from abuse and the service worked well

Summary of findings

with other agencies to do so. Staff generally assessed risks to patients and acted on them. However, policies seen did not reflect the practices within the service.

- The service usually managed medicines well but we found that not all drugs were stored in suitable lockable systems.
- The service planned care to meet the needs of local people and took account of patients' individual needs. However, it was not clear for people on how to give feedback.

Outpatients is a small proportion of activity at MUMS. The main service was Diagnostic imaging. Where arrangements were the same, we have reported findings in the Diagnostic imaging section.
We spoke with five members of staff, three patients and reviewed 10 sets of patient records. We also reviewed information from standard operating procedures and meeting minutes.

Diagnostic imaging

Good

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

Summary of findings

- The service planned care to meet the needs of local people, took account of patient's individual needs and made it easy for people to give feedback. Patients could access the service when they needed it and did not have to wait too long for their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- While staff had training on how to recognise and report abuse, they did not always know how to apply it.
- Emergency equipment was not kept in line with recommended guidance.
- Staff did not always make reasonable adjustments to help patients access services, with limited access to interpreting services and written information available in few languages. However, the service was inclusive and took an account of patient's individual needs and preferences.

The main service provided by Midlands Ultrasound and Medical Services (MUMS) was Diagnostic imaging. Where our findings on Diagnostic Imaging – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the Diagnostic Imaging section.
We spoke with five members of staff, three patients and reviewed eight sets of patient records. We also reviewed information from standard operating procedures and meeting minutes.

Summary of findings

Contents

Summary of this inspection

Background to Midlands Ultrasound & Medical Services (MUMS Limited

Midlands Ultrasound & Medical Services (MUMS) Limited is a consultant-led private clinic based in Solihull, West Midlands which has been in operation since 2003. The service provides a complete pregnancy and obstetric care package, during which they take on the responsibility of managing all medical and midwifery elements of pregnancy including taking relevant blood tests, ultrasound examinations, screening for conditions which might complicate the pregnancy as well as undertaking the private delivery of the baby in a hospital setting and postnatal care.

MUMS also offers private GP services and a range of diagnostic tests including testing for allergies, cancer, heart and health screens. Appointments with specialist consultants are available in specialities such as Ear, Nose and Throat (ENT), Cardiology, General Surgery, Urology and Pain Management. Gynaecology services including advice regarding ovarian cysts or endometriosis (a condition where tissue that behaves like the lining of the womb (endometrium) is found in other parts of the body).

The service uses the latest technology 3D and 4D ultrasound machines which can give the highest resolution images for use in obstetrics and gynaecology. A 3D ultrasound takes thousands of pictures or photos of the baby and provides a three-dimensional image of the baby while a 4D ultrasound test is a way of reproducing a moving image of the baby inside the womb.

Sexual health services including sexually transmitted infection (STI) screening, diagnosis, treatment and prevention as well as contraception services – including emergency contraception are provided by MUMS.

The service has had a registered manager in post since October 2010 and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Treatment of disease, disorder or injury

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 25 May 2021. During our inspection we saw that the warning notice for breaches of Regulation 17 Good governance and Regulation 19 Fit and Proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been complied with.

The service was previously inspected on 10 January 2020 using our comprehensive inspection methodology where we rated the service as inadequate overall. During the inspection we found breaches of the following Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 17: Good Governance
- Regulation 19: Fit and proper persons employed

Following the inspection in 2020, we issued a Warning Notice and placed them into special measures.

The main service provided by Midlands Ultrasound and Medical Services (MUMS) was diagnostic imaging. Where our findings on diagnostic imaging – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the diagnostic imaging service level.

Summary of this inspection

How we carried out this inspection

During the inspection we spoke to eight members of staff and six patients and reviewed 18 sets of patient records. We also reviewed information about the service including policies, meeting minutes and staff records.

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:

We told the service that it must take action to bring services into line with legal requirements.

- The service must ensure emergency equipment and medicines (for arrests and anaphylaxis) are stored and checked in line with the guidance from the Resuscitation Council UK. (Regulation 12(1)(2)(a)(f))

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure all clinical staff are trained in line with required competencies before lone clinical working. Staff new to the service had not yet received the all appropriate training. (Regulation 12)
- The service should ensure all transport services are through dedicated courier services to enable transfer of specimens to laboratories. (Regulation 12)
- The service should ensure safeguarding support and advice from a safeguarding lead. All staff should be were aware of their responsibilities to escalate their concerns to the safeguarding lead. (Regulation 13)
- The service should ensure that all reusable gel bottles are discarded, and single use gel sachets are used to prevent risk of contamination. (Regulation 12)
- The service should ensure that all staff are aware of the duty of candour regulation. (Regulation 20)
- The service should ensure they provide information for patients whose first language is not English and routinely provide translation services or sign language. (Regulation 9)
- The service should ensure they provide information on how to make a complaint. (Regulation 16)
- The service should consider including a review date for all policies.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Outpatients

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

Are Outpatients safe?

Requires Improvement

We rated it as requires improvement because:

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.

The mandatory training was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Staff were assigned to mandatory training modules appropriate to their role. The service had a mandatory training matrix that specified what training staff needed to complete and how frequently they needed to complete it.

Mandatory training was provided either face to face or through online learning. Mandatory training modules included safeguarding children and young people level 2, safeguarding adults' level 2, manual handling, information governance, infection control, health and safety and fire safety.

Safeguarding
Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, however they did not always know how to apply it.

Nursing staff received training specific for their role on how to recognise and report abuse.

Not all staff knew how to make a safeguarding referral and who to inform if they had concerns.

Good

Outpatients

Staff followed safe procedures for children visiting the service. All staff were aware of the requirement to ensure the safety of children visiting the service, and appropriate arrangements were in place to safeguard children and young people under the age of 18. Children were accompanied to appointments by a parent or guardian.

Consultants were required to provide evidence that they were up to date with their safeguarding training at the trust as part of their practising privileges.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The clinic layout was organised to enable patients and staff to adhere to social distancing in line with the government COVID-19 guidance. All visitors to the service were temperature checked on arrival, during our visit we saw that if a temperature was elevated it was escalated to the clinician involved. A conversation was then had with the patient who disclosed their recent lateral flow tests and vaccination status prior to any interaction. Clients visiting the clinic for clinical services and clients requiring COVID-19 tests were segregated at reception in to assigned areas, If the reception area became busy reception staff explained that they would request the clients remained in their car and would then be contacted for their appointment.

All staff wore appropriate personal protective equipment (PPE) in line with national guidance to prevent the transmission of COVID-19. Reception areas were cleaned following each patient interaction we observed. We saw staff cleaning their hands between each patient contact. All staff arms were bare below the elbow. Hand gel was available to staff, patients and visitors in each area of the department.

Handwashing facilities were available in all clinical areas with necessary cleaning and drying products.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. However, cleaning records did not indicate what and how cleaning had taken place. During our inspection we asked to see assurances that cleaning had taken place between patients. All completed cleaning room and equipment checks were documented on the patients individual computerised pathway.

The examination couches seen within the consulting and treatment rooms were clean, intact and made of wipeable materials. This meant the couches could easily be cleaned between patients. Disposable curtains were used in treatment rooms and were in date.

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 outpatient department had one GP consulting room, with three rooms available for clinical consultation, a waiting area, upstairs offices and staff rest area. The design of the environment followed national guidance and clear partitions were in use on reception in line with COVID-19 guidance.

Good

Outpatients

During our inspection we noted that there was no emergency call bell assistance in any of the clinical areas. Following our inspection, we were informed by the service that 'panic buttons' had been ordered and a date for installation had been arranged.

Staff managed general and clinical waste appropriately. Sharps disposals bins were correctly labelled and were not overfilled.

Staff disposed of clinical waste safely. Waste was separated and stored in different coloured bags to signify the different categories of waste. The clinical waste area was located within the location premises, the external clinical waste container was locked in accordance with waste management guidance. The disposal of the clinical waste container was removed regularly by a waste management company. This was in accordance with HTM 07-01 management and disposal of healthcare waste.

Assessing and responding to patient risk

Clinical staff updated risk assessments for each patient and removed or minimised risks. Staff could identify and generally act quickly upon patients at risk of deterioration however we found emergency equipment was not in line with recommended guidance.

Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention and where to access the emergency equipment.

Emergency medicines and oxygen were situated on-site, and there was a working defibrillator available. These were regularly checked on a weekly basis however we were not assured how the defibrillator equipment was checked, as there was no identification in relation to what had been checked, for example, battery checking / defibrillator switched on and working which is recognised as recommended practice. Following our inspection, the service updated their medical emergencies and anaphylaxis policy to include a defibrillator and emergency kit checklist.

The emergency bag contained items required for use within a life-threatening situation including anaphylaxis. The service had a written standard operating procedure of the processes involved including how to recognise an emergency, anaphylaxis flow charts and required medication. Medication specifically for paediatric use was not available such as specifically measured adrenaline injection systems e.g. Epi-pens, however the Resus Council UK guidance states that in healthcare settings, giving emergency medication from an ampoule by syringe and needle is preferred in an emergency to ensure the correct dose of medication is delivered.

The standard operating procedure listed – anaphylactic set components were available however there were no individual anaphylaxis sets within the emergency bag location. Medicines available were not consistent with the services, flowchart and recommendations for anaphylaxis. We spoke with the service following our inspection to ensure the anaphylaxis equipment reflected the service policy. The service policy was changed to reflect the flow chart present in the policy.

Emergency drugs stored within the premises were accessible for all staff, however we saw no evidence that emergency drugs had been checked to ensure they were in date and were also stored in an unsealed container. The Resuscitation Council UK guidance states emergency drug box must be clearly marked 'for emergency use 'and should be tamper evident. Following our inspection, the service implemented tamper evident seals on the emergency drug box.

On our previous inspection we noted that oxygen was not available on the premises, however oxygen was now available with clear signposts of where to find it. During this inspection we spoke with two members of staff and asked them if

they were aware of how the oxygen cylinder worked. The staff were new to the service and had not yet received the appropriate training and therefore were unsure as to how to switch the oxygen on correctly. Following our inspection, the service informed us that all staff had completed the oxygen training, however we saw this was not evident for all staff on the competency completion forms provided. The service had also created a checklist to assess staff knowledge and competency on oxygen handling.

Clinicians completed risk assessments for each patient upon arrival through the electronic record system. All patients were required to have a completed medical history questionnaire which included the patient's past medical history, known allergies, infection risks, details of medication they were taking and completed a discussion relating to the collection and processing of personal information - GDPR.

Patients who became medically unwell in outpatients were transferred to the local acute NHS Trust in line with the medical emergencies and anaphylaxis operating procedure.

There were appropriate arrangements for planning and monitoring the number and mix of staff needed. Effective diaries and rota systems were being used.

There was a comprehensive programme of regular meetings for staff to promote patient safety. This included dedicated weekly and monthly meetings for key functions to discuss and governance and for staff groups including reception and administrative staff.

The service used a dedicated courier service to transfer between sites and to deliver specimens to central laboratories. However, during our inspection, we identified that a non-member of staff was delivering specimens to a nearby laboratory which is not in line with recommended guidance.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance.

The manager could adjust staffing levels daily according to the needs of patients.

Medical staffing

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

For our detailed findings on staffing please see the Safe section in the Diagnostic imaging report.

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.

Good

Outpatients

Patient notes were comprehensive, and all staff could access them when required.

We reviewed 10 patient records and saw that they contained all the information needed to deliver safe care and treatment including tests and imaging results, relevant consent where needed, care and risk assessments, care plans, case notes and any specific concerns for example allergy's and previous concerns.

Patients that required any further treatment or urgent diagnostic referral were advised that their NHS GP would be contacted in order to make the referral. The service would provide a letter for the patient to give to their GP with relevant information from the consultation and would also send an email to their registered NHS GP. During our inspection we saw evidence that the service shared concerns with patients' GPs. Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medical history.

Medicines

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

Staff generally stored and managed medicines and prescribing documents in line with the provider's policy. The service has ensured that all necessary refrigerated drugs were now stored correctly in a locked fridge. Fridge temperature checks were checked daily.

The electronic record system allowed clinicians to generate prescriptions directly from the system. Prescriptions could be printed for the patient to collect their medication or shared directly with nominated pharmacies.

During our inspection we found that a steroid injection was not stored within a locked cupboard. However, the service mitigated this issue immediately after our inspection. All medicines are now stored within a locked cupboard.

Incidents

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

The service had no never events.

There was an open and transparent approach to safety and had systems in place for recording, reporting and learning from significant events and incidents. The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents happened, the service learned from them and reviewed their processes to implement improvements.

The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Good

Outpatients

Are Outpatients effective?

Inspected but not rated

We inspected but did not rate effective.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Patients' immediate and ongoing needs were fully assessed. This included their clinical needs, and their mental and physical wellbeing.

We saw evidence that clinicians had enough information to make or confirm diagnoses. We saw no evidence of discrimination when making care and treatment decisions.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Patient outcomes

Staff monitored the effectiveness of care and treatment. The service was in the process of using the findings to make improvements and achieved good outcomes for patients.

The service was in the process of carrying out clinical and non - clinical audits. We saw evidence that there were audits in ongoing that would improve outcomes for patients. There were systems in place for completing audits, collecting feedback and evidence of effective recording of information. Health and safety and infection control audits had been undertaken in the past six months.

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. Managers gave all new staff a full induction tailored to their role before they started work. However, we saw that not all of the necessary training had been completed during the induction of by clinical staff, before being allocated duties.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. We saw that staff had received training sessions to ensure their competence in specific duties for example – COVID-19 swabbing and the in the use of specialised gynaecological equipment.

Good

Outpatients

The provider understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were sufficiently maintained and were up to date. Staff were encouraged and given opportunities to develop. The service could demonstrate that staff had undertaken role-specific training and relevant updates including basic life support, infection control and safeguarding training.

Multidisciplinary working

Doctors healthcare professionals, nurses and administrative staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients care and administrative improvements. Patients received coordinated and person-centred care.

Staff communicated effectively with other services when appropriate, for example by sharing information with patients' NHS GPs in line with GMC guidance. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

Seven-day services

The GP and clinician services were available six days a week to support timely patient care.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas.

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

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 supported patients to make decisions by providing transparent and clear information about treatment options and the risks and benefits of these, as well as costs of treatments and services.

The service had a documented process for sharing information with patients' NHS GPs if required. The patient registration form included this information. All patients were asked for consent to share details of their consultation. The process for seeking appropriate consent was monitored, at our last inspection we found that staff did not always gain consent, however on review of patient records we did not find this to be the case.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

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

Are Outpatients caring?

Good

Outpatients

Good

We rated it as good because:

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Feedback from patients was consistently positive about the way staff treated them.

Patients said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They displayed an understanding and non-judgmental attitude to all patients.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Are Outpatients responsive?

Good

Outpatients

Good

We rated it as good because:

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.

Managers planned and organised services, so they met the changing needs of the local population.

The service offered appointments which were at least 30 minutes long and provided longer appointments where these were requested or needed.

The service understood the needs of their patients and improved services in response to those needs. For example, the service accommodated late evening bookings to clients who were unable to attend due to work restrictions.

The service provided individualised treatment and care plans which were designed in consultation with each patient in accordance with their needs.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had limited access to the reception area in line with government protocols.

The service had systems to help care for patients in need of additional support or specialist intervention.

Managers monitored and took action to minimise missed appointments. Administrative staff ensured that patients who did not attend appointments were contacted.

Meeting people's individual needs

The service was generally inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. However, the service did not have information leaflets available in languages spoken by patients whose first language was not English, there was also no available hearing loop for those patients with hearing loss.

While the service had access to a telephone interpretation service for use during appointments with non-English speaking patients, not all staff were aware this was available. Managers made sure staff and patients could get help from interpreters when needed.

Access and flow

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

Good

Outpatients

Services were offered on a private, fee-paying basis only, and therefore were accessible to people who chose to use them.

Patients had timely access to initial assessment, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately

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 did not clearly display information about how to raise a concern in patient areas, however following out inspection the service ensured posters with information of how to complain were available.

Managers investigated complaints and identified themes. There was a complaints policy which had been regularly reviewed and updated.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Outpatients well-led?

Good

We rated it as good because:

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. They supported staff to develop their skills and take on more senior roles.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Staff said they now felt valued and supported. The service had been through a challenging time following recent changes in management. Staff we spoke with felt that the change had initially been implemented in a prescriptive manner which caused some concerns amongst the staff however they understood that change was necessary, and all recent implementations had improved the service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

There was a clear vision and set of values. The service had a realistic strategy and supporting plans to achieve priorities.

Good

Outpatients

All staff were involved in the development of the strategy and plans.

The service monitored progress against delivery of the strategy.

Culture

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

Staff felt respected, supported and valued. The service focused on the needs of patients.

Managers acted on behaviour and performance consistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

There were processes for providing all staff with the development they need. This included appraisals and developmental opportunities. All staff received regular annual appraisals. Clinical and administrative staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Structures, processes and systems to support good governance and management were clearly set out. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Staff were clear on their roles and accountabilities.

Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

Good

Outpatients

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. Data or notifications were consistently submitted to external organisations as required.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement

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

Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

The service was transparent, collaborative and open with stakeholders about performance.

Learning, continuous improvement and innovation

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

There was a focus on continuous learning and improvement. The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Requires Improvement

Our rating of safe improved. We rated it as requires improvement because:

Mandatory training

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

Staff now received and kept up-to-date with their mandatory training. A new mandatory training policy had been written which detailed mandatory, statutory and role specific training requirements for each staff group. This also included the frequency of when training needed to be refreshed and a list of mandatory training to be completed by all staff within three months of joining MUMS. Records showed all staff had completed mandatory training required for their role, either with their substantive NHS employer or with MUMS.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training modules were appropriate for all roles and included key skills such as manual handling, infection prevention and control, health and safety, fire safety and general data protection regulation (GDPR). Clinical staff received training on how to use medical equipment, such as the ultrasound machines during their induction. Training was also offered by the manufacturer, both face to face and online.

Clinical staff completed training on recognising and responding to patients with mental health needs and learning disabilities.

Managers monitored mandatory training and alerted staff when they needed to update their training. A staff database was kept which showed the completion and expiry date for each training module, which was reviewed by managers on a monthly basis. Where mandatory training was completed through their NHS employer, staff were required to provide evidence to MUMS.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, however they did not always know how to apply it.

Good

Diagnostic imaging

The service had clear systems, processes and practices to safeguard adults, children and young people from avoidable harm, abuse and neglect that reflected legislation and local requirements. A new safeguarding policy had been written which included contact details for the local safeguarding team should staff need to make a referral and details on Fraser Guidelines and Gillick competences which all staff were aware of. A new general genital mutilation (FGM) policy had also been written for staff on how to identify and report FGM as per national guidance.

All staff now received training specific for their role on how to recognise and report abuse. Training records showed all staff had completed the appropriate level of training for safeguarding adults and children. All clinicians were trained to safeguarding level three, while the safeguarding lead was trained to level four. This was in line with intercollegiate guidance.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff attended a training session delivered by the local safeguarding midwife who was invited to present possible safeguarding scenarios, with some tailored to be service specific to MUMS. Staff said they were able to articulate signs of different types of abuse, and the types of concerns they would report or escalate better following this training.

However, not all staff knew how to make a safeguarding referral and who to inform if they had concerns. While staff could obtain safeguarding support and advice from the safeguarding lead and/or deputy if they were concerned, not all staff were aware of their responsibilities to escalate their concerns to the safeguarding lead. There had been no patient safeguarding referrals made between May 2020 and May 2021.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. However, information for patients was not available in different languages.

The service had a chaperone policy in place and staff said chaperones would be provided if requested.

Safety was promoted through recruitment procedures and employment checks. The service had processes in place to ensure that appropriate checks were undertaken as required. All staff records we reviewed had an up to date Disclosure and Barring Service (DBS) enhanced disclosure.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. All consultation rooms had hand gel and handwashing facilities and a supply of personal protective equipment (PPE), which included latex-free gloves and aprons. Hand gel dispensers were also available in non-clinical areas such as the main reception. General cleaning of the service was provided by an external cleaning company, while staff maintained cleaning of clinical areas and equipment. There were facilities for the disposal of clinical waste where appropriate, and the service had an agreement with a third-party disposal company. Cleaning supplies were available and stored securely.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Clinical areas were cleaned daily with cleaning schedules signed and dated now in place throughout the service. Monthly infection prevention and control (IPC) audits were completed to review compliance, and included checks of clinical and non-clinical areas, waste management and toilet facilities. Audits showed significant improvement in areas which were non-compliant with a reduction from 17 measures in September 2020 to four in May 2021.

However, staff used reusable bottles for ultrasound gel during examinations with no date of refill recorded or the date of opening on the bulk container. This was not in line with national guidance and is recognised as being associated with increased risk of contamination. Following our inspection, staff told us they would use sterile gel instead.

An annual risk assessment for Legionnaires disease had been completed and a water and pipework inspection had also been carried out which stated everything was in a good condition. The service carried out daily flushing as well as regular temperature checks.

Two new policies, IPC and PPE, had been written which set out clear escalation and reporting processes, with monthly audits discussed and reviewed at clinical governance meetings. Identified responsibilities for the management of infection risk was assigned to both clinical and non-clinical staff. There was also a nominated IPC lead for the service.

Between May 2020 and May 2021, there had been no incidences of healthcare acquired infections at the location.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore appropriate personal protective equipment in line with national guidance to prevent the transmission of COVID-19. Staff wore gloves for all contact, were bare below the elbows and routinely sanitised their hands using either hand gel or handwashing. Records showed all staff had received and completed mandatory IPC training.

Staff cleaned equipment after contact with the woman and made a record to show when it was last cleaned. Staff followed best practice guidance for the routine disinfection of ultrasound equipment. The ultrasound probes were decontaminated using two step disinfectant wipes between each woman and at the end of each day. Probe cleaning was recorded electronically in the woman's record, with general cleaning of the ultrasound machines recorded on daily cleaning schedules.

The service sent out a COVID-19 questionnaire to all patients before their appointments. Temperatures and changes in symptoms of anyone entering the service were checked at reception to monitor COVID-19 infections and reduce the spread within the service. Patients were instructed not to attend the service if they developed symptoms of COVID-19 and would be refused if they attempted to enter.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept patients safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The clinical environment and equipment were clean and free from dust. The ultrasound and consultation room layouts were clean, tidy and clutter free. The reception and waiting areas were also clear of clutter and contained a suitable number of chairs to meet patient's needs.

The service had enough suitable equipment to help them to safely care for patients Servicing and maintenance of the premises and equipment was carried out using a planned preventative maintenance (PPM) programme. All equipment was serviced annually or in line with manufacturer's guidelines. A new equipment register was in place and included key information such as service and portable appliance testing (PAT) dates. Staff acted on reports following the servicing of equipment to correct any issues.

Staff carried out safety checks before using specialist equipment. Emergency equipment such as the automated external defibrillator (AED) was checked on a weekly basis however we were not assured how the defibrillator

equipment was checked, as there was no identification in relation to what had been checked, for example, battery checking / defibrillator switched on and working which is recognised as in accordance with recommended practice. Following our inspection, the service updated their medical emergencies and anaphylaxis policy to include a defibrillator and emergency kit checklist. All single use stock was checked on a weekly basis including the expiry date.

Staff carried out daily safety checks of specialist equipment. The service had an equipment quality assurance (QA) programme in place, with clinicians involved in regular QA processes to ensure cleanliness and safety of ultrasound equipment. Equipment used by the service was serviced regularly as required and maintained by a recognised service company. Any issues identified could be escalated for repair.

Staff disposed of clinical waste safely. A new clinical waste policy had been written which detailed appropriate management and disposal processes. Clinical waste was stored securely and safely whilst waiting to be collected. There was correct segregation of clinical and non-clinical waste into different coloured bags. Sharps bins were labelled, the bins were not overfilled and were closed when not in use. This was in line with national guidance.

Patients could reach call bells, which were located in all clinical areas through the service.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and generally acted upon patients at risk of deterioration, however emergency equipment was not kept in line with recommended guidance.

Staff completed risk assessments for each patient on arrival into the patient's electronic record knew about and dealt with any specific risk issues. Patients were required to complete a medical history questionnaire which included known allergies, infection risk and details of current medication being taken. The service did not offer emergency tests or treatment. Staff encouraged patients to attend scans as part of their NHS maternity pathway and to bring their NHS pregnancy records when attending appointments at the service.

Staff shared key information to keep patients safe when handing over their care to others. If a possible anomaly or concern was detected, the service had processes to refer patients to their primary antenatal care providers; for example, their GP or local NHS trust. Patients were also given the option to be referred privately to a local private hospital. Clinicians would write a letter to their NHS GP and electronic copies of imaging reports were shared with other providers if required. Staff were aware of this process and for high-risk conditions or concerns, such as, placental abruption or an ectopic pregnancy they would immediately dial 999 for emergency assistance.

A new medical emergencies and anaphylaxis policy had been written which included details on how to recognise an emergency, anaphylaxis flow charts and required medication. However not all required items were available within the emergency bag as per the services policy. The anaphylaxis flow chart stated medications such as hydrocortisone should be available, however they were not present within the emergency bag. Following our inspection, the policy had been updated.

Emergency drugs were accessible to all staff and were checked on a weekly basis, however, were stored in an unsealed container. This was not in line with the Resuscitation Council UK guidance which states emergency drug boxes must be clearly marked 'for emergency use 'and should be tamper evident. Following our inspection, the service implemented tamper evident seals on the emergency drug box.

The service now had access to oxygen with clear signage of where to find it. While most staff had received training on how to operate and use the oxygen in an emergency, some staff said they had not yet received their training and were unsure as to how to switch the oxygen on correctly. Managers said staff we spoke to were new to the service and confirmed they had subsequently completed their training. Following our inspection, the service had created a checklist to assess staff knowledge and competency on oxygen handling.

Staff had access to a first aid box on site and there was always an administrative staff member trained in first aid on duty. Records showed staff had completed first aid at work training. All consultants were trained life support techniques.

Patients who became medically unwell were transferred to the local acute NHS Trust in line with the medical emergencies and anaphylaxis policy.

The service used a dedicated courier service to deliver specimens to central laboratories, however we identified that a non-member of staff was delivering specimens to a nearby laboratory which is not in line with recommended guidance.

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 gave staff a full induction.

The service had enough staff to keep patients safe. Patient care was consultant-led, with 14 consultants employed who regularly worked at the service but were not directly employed as they worked under practicing privileges. A new mandatory training policy had been written and training requirements for all roles had been identified. Staff files showed checks were performed and evidence of qualifications and experience was kept on record. Processes were now in place to ensure consultants had professional indemnity insurance, scope of practice, professional registration with the General Medical Council and evidence of revalidation or the right qualifications, skills, training and experience.

Managers calculated and reviewed the number and grade of staff needed for each shift. The manager could adjust staffing levels according to the needs of patients. The service was staffed daily, Monday to Saturday. Administrators were responsible for managing enquiries, appointment bookings, and helping to support patients and make them comfortable. The registered manager was responsible for the day-to-day running of the service. Five clinicians including consultants in obstetrics and gynaecology had practice privileges within the service, all of which held substantive posts in the NHS and had previous obstetrics and gynaecology experience. All staff were flexible dependent on the number of bookings and expected demand on the service with scans usually booked around the availability of clinicians.

The service had low vacancy and sickness rates. A large recruitment campaign had been run to support additional activity with three health care assistants (HCA), three GPs and six specialist consultants employed. The pool of staff available at the service was adequate to cover absenteeism, such as holidays and sickness cover. Managers did not use bank or agency staff.

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. The service used electronic patient records which included tests and imaging results, consent forms, care and risk assessments, care plans, consultation notes and

any specific concerns for example allergy's and previous concerns. Patients were required to complete a questionnaire after booking an appointment which included consent under GDPR, communication preferences, COVID-19 screening information and consent to share information with the patients GP. If not completed prior to attending the service, patients were required to complete manual copies which were later scanned into the patient's electronic record.

The service audited patient records to check the accuracy and completeness of data entered. Audits showed high compliance with record keeping standards, with actions taken and discussed at clinical governance meetings for continued improvement.

When patients transferred to a new team, there were no delays in staff accessing their records. Copies of imaging results and reports were provided to patients to take away following their appointment, along with a letter to their GP which detailed relevant information from the consultation. If patients required further treatment or diagnostic tests, clinicians would write a letter to their NHS GP along with a referral. Electronic copies of imaging reports were shared with other providers if required.

Records were stored securely. Patient records were stored electronically, with computer access password protected. Staff used individual log-ins to gain access to secure information. Throughout the service, care was taken to ensure that computer screens were not accessible or in view of unauthorised persons. Computers were locked when not in use. Staff received training on GDPR and information governance practices.

Medicines

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

Staff now followed systems and processes when safely prescribing, administering, recording and storing medicines. A new medicines management policy and a prescribing policy had been written which outlined suitable arrangements for the management of medicines and good practice prescribing. A process was now in place to record and manage the stock of medicines and all medicines held were accounted for with a running total of stock recorded and checked on a regular basis. There were no controlled drugs (CDs) kept or administered by the service.

Medication was given only by consultants with all private prescriptions documented and recorded on the patient's electronic record. The electronic record system allowed clinicians to generate prescriptions directly which could then be printed for the patient to collect their medication or shared directly with nominated pharmacies. Medicines were not given out on site to take home.

Staff generally stored and managed medicines and prescribing documents in line with the provider's policy. While medicines were mostly stored in a locked cupboard, we found an injection which was not stored securely. The service corrected this immediately and demonstrated it was now stored within a locked cupboard. Keys to the medicine cupboards were stored in accordance with national guidance and held by senior staff to prevent unauthorised staff from gaining access.

Staff now monitored and recorded temperatures of medicines stored in a locked fridge. Fridge temperature checks and recording was undertaken in line with the services medicines management and maintenance of clinical equipment policies.

Good

Diagnostic imaging

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff followed current national practice to check patients had the correct medicines. Antibiotic prescribing was in line with national guidance and staff followed good practice in prescribing. Information on prescribed medication was shared with the patient's GP if consent was given.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the provider policy. Two new policies had been written regarding incident reporting and raising significant events which set out clear processes for the investigation and management of incidents. Staff were aware of what constituted an incident, and the types of issues they should report and record as incidents. The service reported no serious incidents or never events.

Managers investigated incidents thoroughly and staff received feedback from investigation of incidents, both internal and external to the service. Investigations were documented using standardised templates with evidence of both clinical and non-clinical involvement in investigations. Reported incidents were discussed and shared at regular clinical governance meetings with lessons learned and improvement actions agreed. Areas for improvement were regularly reported as incidents and actions taken to prevent future reoccurrence.

However, not all staff understood their responsibilities to meet the duty of candour legal requirements and when this should be used. While they were open and transparent and gave patients and families a full explanation if and when things went wrong, not all staff were aware of the duty of candour regulation. Staff described a working environment in which any errors in a care or treatment were investigated and discussed with the patient and their relatives. Staff said they were open and honest with patients and applied this to all their interactions.

Are Diagnostic imaging effective?

Inspected but not rated

We inspected but did not rate effective.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service now had policies to support the delivery of care and treatment, most of which had been written in the last 12 months. They were version controlled and were in line with current legislation and national evidence-based guidance from professional organisations, such as the National Institute for Health and Care Excellence (NICE) and the British Medical Ultrasound Society (BMUS). However, policies did not include a review date.

Good

Diagnostic imaging

The service had an audit programme in place to provide assurance of the quality and safety of the service. Clinic and local compliance audits were regularly undertaken; for example, experience, cleanliness, ultrasound scan reports, equipment, and policies and procedures.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. The service was inclusive to all pregnant patients and we saw no evidence of any discrimination, including on grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation when making care and treatment decisions. Staff said that they would escalate any concerns and seek further guidance if necessary.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

Staff made sure patients had enough to eat and drink. While patients attending the service were not routinely provided with food or drinks, as they were only there for a short period, to improve the quality of the ultrasound image, some patients were asked to drink extra fluids on the lead up to their appointment. Patients who were having a gender scan were encouraged to attend their appointment with a full bladder. This information was given to patients when they contacted the service to book their appointment. Drinking water was available on site, however due to the nature of the service, food and drink was not routinely offered.

Pain relief

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

Patients were asked by staff if they were comfortable during their appointment, however no formal pain monitoring was undertaken as patients were generally in the service for short periods. Staff described how they would offer support to patients who reported being in pain by referring them to a consultant.

Patient outcomes

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

Managers and staff had started a programme of clinical and non-clinical audits. Managers used information from the audits to improve care and treatment. A new clinical audit policy had been written which outlined the procedures for carrying out a clinical audit and for comparing results against best practice guidance. The service had completed several clinical audits including a review of clinical activity and the effectiveness of early pregnancy scans. The service also carried out patient satisfaction surveys which were completed on a monthly basis.

The quality of diagnostic images was now regularly audited by the service and outcomes were shared with staff. This included peer reviews of clinicians work to improve standards and identify areas for improvement. The service also planned to employ a consultant, to review a random sample of scans monthly to provide external quality assurance and for learning and reflective purposes.

Managers shared and made sure staff understood information from the audits. The service held regular clinical governance meetings which also acted as team meetings. Audit results and patient outcomes were regularly discussed, and improvements agreed by attendees. Attendance was good for both clinical and non-clinical staff.

Good

Diagnostic imaging

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. The service had effective recruitment, training and performance review processes in place and the registered manger ensured staff were appropriately qualified and trained to deliver high quality care.

A new recruitment policy had been written which detailed eight standards of practice when recruiting staff, including carrying out 17 pre-employment checks. These included for example, references from current and previous employers, medical indemnity insurance evidence of training, and Disclosure and Barring Service (DBS) checks. There was a separate policy focused on the recruitment and further checks required for consultants employed under practicing privileges. Ongoing checks on consultants' practice was performed every six months. Records showed most staff had evidence of all required pre-employment checks.

The service operated a comprehensive mandatory and statutory training programme which ensured relevant knowledge and competence was maintained and updated throughout the lifespan of employment with the service. Records showed the service had identified mandatory training requirements for each role and evidence of completed training was included in their staff file.

The service had implemented a supervisory process for all staff to ensure they were competent in their roles. Records showed all staff had received a supervisory session and any areas for improvement had been raised and discussed with individuals. Peer reviews of clinician's work were also completed, and the service planned to employ a consultant, to review a random sample of scans monthly to provide external quality assurance and for learning and reflective purposes.

The provider did not have a formal process to ensure that staff whose primary employment was with the NHS complied with the working time directive to guarantee staff worked within the governed recommended hours. However, managers said that hours completed outside of service were included in their insurance information, which was reviewed, and that staff did not work at the service and at their NHS employer on the same day.

Managers gave all new staff a full induction tailored to their role before they started work. Staff were given a two week induction programme which included orientation to the service as well as completion of mandatory training and local competencies. Staff said they found the inductions helpful and were well supported. Induction checklists were completed for all new starters.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff received an annual appraisal. Recently employed staff would received an appraisal within six months of employment at the service. Records showed all staff had received an appraisal.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The service held regular clinical governance meetings which also acted as team meetings. These were minuted and we saw evidence they were well attended and occurred regularly. They provided opportunities to share information and discuss maters specific to the service.

Good

Diagnostic imaging

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff said their training and development needs were discussed at their annual appraisal as well as during their supervisory sessions and regular peer reviewed if appropriate. Staff were given the opportunity to attend training courses relevant to their role.

Managers identified poor staff performance promptly and supported staff to improve. Managers said staff would be supported if poor performance was identified and any specific tasks would be stopped until they were competent. No staff with performance issues were identified.

Multidisciplinary working

Doctors, nurses and other healthcare professionals 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 had strong links with the local NHS trust, nationwide pathology services and accreditation organisations. Staff worked closely with one another to deliver high quality patient care in a co-ordinated way. Staff from all roles told us they have good working relationships; everyone was approachable and there was good team work.

Patients gave consent for the service to share information with their GP when required. Copies of imaging results and reports were provided to patients to take away following their appointment, along with a letter to their GP which detailed relevant information from the consultation.

If a possible anomaly or concern was detected, the service had processes to refer patients to their primary antenatal care providers; for example, their GP or local NHS trust. Clinicians would also write a letter to their NHS GP and electronic copies of imaging reports were shared with other providers if required.

Staff held regular and effective multidisciplinary meetings to discuss clinical and operation matters. The service held regular clinical governance meetings These were minuted and we saw evidence they were well attended and occurred regularly. They provided opportunities to discuss individual patients and other clinical matters.

Seven-day services

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

The service was open six days a week, Monday to Saturday, with clinics which typically ran Monday 8am to 7.30pm, Tuesday to Friday 8am to 5pm and Saturday 8.30am to 3pm. This offered flexible service provision for patients to attend around work and family commitments. The service had capacity to extend service provision as and when the need arose. Consultants were on site during core opening times. Appointments were offered at short notice if there was availability.

Health promotion

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

The service promoted opportunities for healthy living. The service had relevant information promoting healthy lifestyles and support across the service.

Good

Diagnostic imaging

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 now gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Prior to attending the service patients were asked to consent to share their information with their GP. During consultations verbal consent was gained, for example consent to proceed with a scan. Specific consent forms were also available for more invasive procedures such as contraceptive coil insertion and cervical smear tests. Patients said they had been given clear information about the benefits and risks of their scan in a way they could understand and were given enough time to ask questions.

Staff clearly recorded consent in the patients' records. All forms of consent including verbal, paper based consent forms and online questionnaires were recorded in the patient's electronic record.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Two new policies, consent and assessment of mental capacity, had been written to support staff with patients experience ill health and those who lacked capacity to make decisions about their care. Staff understood their roles and responsibilities and told us there would be multi-disciplinary involved in reaching a best interest decision for patients.

Staff received and kept up to date with training in the Mental Capacity Act. Mandatory training on the Mental Capacity Act was included as part of staff's induction training, with refresher every three years. There was also role specific training on consent.

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

Are Diagnostic imaging caring?

Good

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Feedback from patient surveys run by the service was positive with staff described as caring and compassionate.

Staff followed policy to keep patient care and treatment confidential. Patients said their privacy and dignity was always maintained with privacy curtains used as appropriate. The service used mounted monitors so patients and their companions could easily view ultrasound images should patients opt use the privacy curtain.

Good

Diagnostic imaging

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients had a choice to be examined by another woman, and where this was not possible a female chaperon was always in attendance.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff were aware of how patient's behaviour may be affected by their health and showed compassion and understanding during their interactions.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Most patients said staff were helpful and were able to answer any questions they had. However, some patients felt rushed during their appointments and complained about the time allowed.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff provided emotional support to patients to minimise their distress. If available, patients were taken to an empty consultation room where they could be supported and made to feel comfortable before they left the service.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Consultants were the only staff who delivered bad news to patients, however a nurse sonographer provided counselling and out of hours aftercare remotely if required.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff provided emotional support whilst caring for patients and were allowed time to provide any emotional support that patients needed. Following a review, the service had re-written its policies and procedures if a miscarriage was identified to ensure patients were seen by the local early pregnancy assessment unit promptly and re-scanned. Costs associated with consultations at the service would be voided.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand. Patients said they were given the opportunity to ask questions and felt comfortable and reassured. Copies of scan images were given to patients to take away and staff gave a verbal description during the consultation.

Staff supported patients to make informed decisions about their care. Patients were satisfied with the care they received and the staff who provided it. They felt involved in their ongoing treatment and staff took the time to explain the procedure and what would happen during their scan.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. All patients who attended the service were sent a patient satisfaction survey via email. Patients were also encouraged to leave feedback on the service's social media pages.

Good

Diagnostic imaging

Patients gave positive feedback about the service. The service carried out monthly patient satisfaction surveys which included mostly positive feedback, but also some areas for improvement.

Are Diagnostic imaging responsive?

Good

Our rating of responsive improved. We rated it as good because:

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.

Managers planned and organised services, so they met the changing needs of the local population. The service provided a range of medical and midwifery services including taking relevant blood tests, ultrasound examinations (including wellbeing, viability, growth, presentation, and gender scans) screening for conditions which might complicate the pregnancy as well as undertaking the delivery of the baby in a hospital setting and postnatal care. The service had expanded in the last 12 months to include private GP services and diagnostic testing for allergies, cancer, health and cardiac health screens. Appointments with specialist consultants were also now available in specialities such as cardiology, urology and gynaecology.

Facilities and premises were appropriate for the services being delivered. Consultation rooms and patient bathrooms were located on the ground floor and were accessible to those using mobility aids. The consultation rooms were large with ample seating. The reception area could be access via a main entrance which was a short distance from the car park, which was adequate for both patients and staff.

The service had systems to help care for patients in need of additional support or specialist intervention. Patients who required additional support, for example those living with dementia or a learning disability, were able to bring a carer/ relative.

Managers ensured that patients who did not attend appointments were contacted. Administrative staff ensured that patients who did not attend appointments were contacted.

Meeting people's individual needs

Staff did not always make reasonable adjustments to help patients access services, with limited access to interpreting services and written information available in few languages. However, the service was inclusive and took an account of patient's individual needs and preferences.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. However, the service did not have information available for patients whose first language was not English or routinely provide translation services or sign language. Written information provided by the service and on their website could not be accessed in any language other than English. The service did not offer a 'read out loud system' to allow the visually impaired to gain information with ease. There was also no hearing loop for those patients with hearing loss.

Good

Diagnostic imaging

While the service had access to a telephone interpretation service for use during appointments with non-English speaking patients, not all staff were aware this was available. The service would utilise the services of the patient's companion or use the translation service on their mobile phone. Patients were also booked into clinics if appropriate with a clinician who spoke their language.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Reasonable adjustments were made by staff to ensure patients in these groups could access the care they needed and received scans in a timely and safe way. Patients were able to have early or late bookings to support their individual needs.

The service was located on the ground floor, with direct access from the street; and off-street parking was available. Accessible bathroom facilities were situated adjacent to the consultation rooms and waiting area. There was a reception area with ample seating for patients awaiting appointments, and their companions.

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure patients could access services when needed and received treatment promptly. The service reviewed capacity and demand on a daily and weekly basis to ensure there were able to meet the demands of patients. All patients self-referred to the service and were able to book appointments online or via telephone. The service was usually able to offer an appointment with a clinician within 24 hours, with no waiting list or backlog for appointments. The service was open six days a week, Monday to Saturday, with clinics which typically ran Monday 8am to 7.30pm, Tuesday to Friday 8am to 5pm and Saturday 8.30am to 3pm. The service had capacity to extend service provision as and when the need arose. Patients said they did not have to wait long for an appointment and were always given a choice of day and time.

Managers and staff worked to make sure patients did not stay longer than they needed to. Appointments generally ran to time; reception staff would advise patients of any delays as the waited. Patients said they did not have to wait and were seen within a timely fashion.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. The service monitored and reviewed the rate of non-attendance on a monthly basis. Administrative staff ensured that patients who did not attend appointments were contacted.

Learning from complaints and concerns

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. However, patients were not always given the opportunity to give feedback and raise concerns about care received.

Patients, relatives and carers did not always know how to complain or raise concerns. Patients said they were unsure how to make a complaint and had not received information on how to do so. However, patients said they would email or phone the service if they had any concerns.

Good

Diagnostic imaging

The service clearly displayed information about how to raise a concern in patient areas. New posters were displayed in patient areas with information on how to make a complaint. However while information on how to make a complaint was available on the service's website, it was not very noticeable and may be easily missed. The service was subscribed with the Independent Sector Complaints Adjudication Services (ISCAS), which provides independent adjudication on complaints for ISCAS subscribers. Information on how to make a complaint to ISCAS was provided in patient areas.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. A new complaints policy had been written which outlined a standardised approach to recording and responding to complaints and the approach for staff to taken when handling complaints. All complaints, whether written or verbal were recorded, and written complaints were acknowledged in writing within two working days of receipt. Complaints should be normally resolved within 20 days, after that a letter would be sent to explain the delay.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service had received 12 complaints between May 2020 and May 2021. Records showed that complaints were acknowledged and responded to and patients were provided with formal feedback as per the policy. There were no common themes identified.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. All complaints were recorded as significant events and thoroughly investigated. Following investigation, complaints were shared at clinical governance meetings and areas for improvement discussed and agreed with staff.

Are Diagnostic imaging well-led?

Good

Our rating of well-led improved. We rated it as good because:

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.

Leaders had the right skills and abilities to run the service providing high-quality sustainable care. They had a good awareness of challenges to the quality and sustainability of the service.

The service was led by the registered manager and the clinical lead and business owner, who staff said were both approachable. Across the service, staff could approach managers with any concerns or queries. The service had been through a challenging period following a change in leadership. Staff said that while the pace and scale of the changes required had caused concerns, they understood that the changes were necessary and had led to improvements across the service. Staff said they felt supported, respected and valued.

The registered manager was employed on a full-time basis and was always available. The clinical lead and owner of the business worked within the NHS and was available during their routine consultation sessions and when not at their local hospital. Staff knew the management arrangements and felt well supported.

Good

Diagnostic imaging

Vision and Strategy

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

The service had a vision and strategy for achieving priorities to deliver high quality sustainable care. This included the expansion of the types of services offered such as appointments with a private GP and specialist consultants in in specialities such as cardiology, urology and gynaecology. Staff were aware of and understood the vision, values and strategy. All staff were involved in the development of the strategy and plans, and the service monitored progress against delivery of the strategy.

Culture

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

Staff were positive and proud to work at the service and managers promoted a positive culture that supported and valued staff. Staff described the culture as being open and honest and felt they were listened to by senior managers.

The service focused on the needs of patients and staff worked together as a team to achieve the best outcomes for patients. All staff were welcoming, friendly and helpful, and were polite and professional with all patients and families. Staff gave patients honest information about the treatment and potential benefits or improvements they may experience. If something went wrong, staff handled it in a sensitive and open way.

Staff understood the importance of raising and recording incidents, and leaders 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 were given protected time for professional development and evaluation of their clinical work.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service now had governance systems that ensured there were structures and processes of accountability in all areas to support the delivery of high quality services.

All policies had been reviewed and rewritten between May 2020 and May 2021. New polices had been developed where gaps had been identified and all staff had read and recorded to say they had read all new and updated policies. Polices mostly reflected current guidance and legislation. While staff knew where and how to locate policies, some said they would find it difficult to find them quickly, for example safeguarding, due to the way they were stored electronically. Managers said they had asked their IT provider to make improvements to ensure ease of access such as proving search functionality.

Good

Diagnostic imaging

An audit programme was now in place to provide assurance of the quality and safety of the service. Clinic and local compliance audits were regularly undertaken; for example, experience, cleanliness, ultrasound scan reports, equipment, and policies and procedures. Feedback was collected and service changes were routinely discussed and reviewed.

The service now held monthly clinical governance meetings which also acted as team meetings. These were minuted and we saw evidence they were well attended by both clinical and non-clinical staff. The meetings were used to discuss complaints, incidents, audits, risks or to share information. The registered manager had overall responsibility for governance and quality monitoring which included investigating incidents and responding to complaints.

Effective recruitment, training and performance review processes were now in place and the registered manger ensured staff were appropriately qualified and trained to deliver high quality care. Training needs of staff were identified through annual appraisals which most staff had received.

The service now had effective governance systems to ensure consultants underwent appropriate recruitment checks in order to grant practicing privileges. The registered manager had responsibility for reviewing staff practicing privileges, which included ensuring all necessary documentation such current Disclosure and Barring Service (DBS) enhanced disclosure, most recent appraisal and professional referees had been received.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service now had clear and effective processes in place for identifying, recording and managing risks. There was now a risk register to identify the severity and likelihood of risks causing harm to patients or staff. The risk register also included and controls or mitigations taken to reduce the risk. The risk register, along with any incidents were discussed at the monthly clinical governance meeting and updated if any scores had changed or actions taken. Risk assessments were routinely carried out to identify risks and control measures, for example in relation to Covid-19 and fire safety.

The service had now written policies to support the service's risk monitoring including a risk management policy, health and safety policy and incident reporting policy.

The service now had processes to monitor performance and an audit programme to provide assurance of quality and safety of care being delivered. The quality of diagnostic images was now regularly audited by the service and outcomes were shared with staff. This included peer reviews of clinicians work to improve standards and identify areas for improvement. The service also planned to employ a consultant, to review a random sample of scans monthly to provide external quality assurance and for learning and reflective purposes. Results of feedback and complaints were captured and used to drive improvements and sure they provided an effective service.

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. Data or notifications were consistently submitted to external organisations as required.

Good

Diagnostic imaging

The service now had key performance measures and routinely captured information to monitor the effectiveness of the service. Audits were now regularly completed, and patient outcomes monitored with the information used to improve service delivery and make changes in practice.

The service now had a process to capture patient complaints and feedback, which it used to make improvements. For example, a recent complaint included a patient who did not feel the service were very sympathetic following a miscarriage. The service contacted the patient and have made improvements including rewriting policies, increasing the time for early pregnancy scans, implemented miscarriage aftercare processes and no longer charging for the scan.

A new confidentially and record keeping policy had been written and staff had received training on GDPR and information governance practices. Patient records were stored electronically, with computer access password protected. Staff used individual log-ins to gain access to secure information. Throughout the service, care was taken to ensure that computer screens were not accessible or in view of unauthorised persons.

The service had not had any notifiable incidents which needed to be reported to external organisations. The registered manager understood their responsibilities for submitting statutory notifications to the Care Quality Commission (CQC) as required.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

Staff were engaged and involved in discussions about planned development for the service, which were regularly discussed at monthly clinical governance meetings, which also acted as team meetings. Staff said managers were approachable and felt comfortable to raise any concerns with them. Information was shared via email, verbally during staff huddles and during meetings.

The service produced a monthly newsletter for the public. This included information about new consultants, services provided, and changes made. The service also had a new and up-to-date website which gave information about the services and procedures offered.

Feedback from patients and families who attended the service was regularly sought which was used to improve the service. Patients were actively encouraged to provide feedback and could do via the service's social media pages. The service also now collected patient satisfaction and experience information via an electronic survey which was sent monthly to all patients who had attended. Survey results showed high response rates and positive outcomes to all questions asked. Results of patient satisfaction and experience were discussed and shared at clinical governance meetings, with changes made as a result of suggestions made by patients.

The service was responsive to enquires from the CQC regarding compliance and information required in the continued monitoring of the service.

Learning, continuous improvement and innovation

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

There was a focus on continuous improvement and quality. The service made use of internal and external reviews of incidents and complaints. Managers were responsive to concerns raised and performance issues and sought to learn

from then and improve services. There were now processes for staff to improve the service by sharing learning from things that went well, and things that went wrong. This included regular team meetings and staff gave examples of improvements or changes made following feedback or staff suggestions. Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

The service had made significant improvements between May 2020 and May 2021 to address previous concerns which included monitoring staff training compliance, implementing effective recruitment and selection processes and running an audit programme.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Emergency equipment and medicines (for arrests and anaphylaxis) were not stored and checked in line with the guidance from the Resuscitation Council UK.