Warrington Community Ultrasound Service

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Warrington Community Ultrasound Service is operated by Kleyn Healthcare. The service provides ultrasound scanning diagnostic tests across several locations in the North West of England.

The service uses clinic facilities arranged through service level agreements with several host GP organisations in Warrington and Manchester. They have one registered location at The Medi Centre, 1 Tanners Lane, Warrington, WA2 7LY. This location is where the services are managed from.

Summary of findings

We inspected the service under our independent single speciality diagnostic imaging framework and using our comprehensive inspection methodology. We carried out an unannounced inspection on 22 January 2019.

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

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

We rated it as good overall. This was the first time we had inspected this service under our new methodology.

We found good practice in relation to diagnostic imaging:

- There were effective systems in place to keep people safe from avoidable harm. Staffing was sufficient to provide a safe and effective service. Risks to patients were identified and assessed appropriately, this was supported by effective safety processes.
- Equipment was maintained and serviced appropriately and the environment was visibly clean. Staff were compliant with infection prevention and control practices. Staff were trained and understood what to do if a safeguarding concern issue was identified.
- The service had good levels of compliance with mandatory training. Records were up to date and appropriate and were kept safe from unauthorised access. Incidents were reported, investigated and learning was implemented.
- The service used evidence based processes and best practice and these followed recognised protocols. The service monitored and audited their performance to identify if it met contract commitments and best practice. Scans were timely, effective and reported on the same day. Staff were skilled and competent in their fields and kept up to date with their professional practice. The service worked well with internal and external colleagues and partnership working was good. Staff understood their obligations regarding patient consent and the Mental Capacity Act.
- Staff demonstrated a caring and respectful approach to their patients. Interactions between staff and patients were professional and courteous. Staff were compassionate and supported the emotional needs of patients and provided reassurance. Staff communicated well providing good explanations in a way patients could understand and ensured patients' questions were answered. Patients' information was kept safe and was treated confidentially.
- The service was planned with the needs of patients, and stakeholders in mind. The facilities and environments in which patients were seen were suitable for the intended use. Appointments were available during the evening and weekends and at locations suited to patients' needs. Appointments were available at short notice and the referral to scan times and scan to reporting times were brief. The service catered for patients' individual needs. There were few complaints but the service acted upon feedback from patients, staff and incidents.
- The service was aligned to the vision of the organisation. The service had a strategy to develop and expand services and a vision of how they could remain competitive and sustainable and the service of choice based on knowing what the sector wanted.
- Managers were competent and passionate about the service and led by example. Staff understood the vision and values of the organisation and were committed to their work. The culture was positive and staff demonstrated pride in the service provided.
- Good governance structures were in place to enable managers to run the service effectively and efficiently. The service used performance data and their knowledge of the sector, to improve the experiences of patients and to continue to expand the services provided. Risks were identified, assessed and mitigated. Information was utilised and managed well and data was kept secure. Engagement with patients, stakeholders and partners was effective.

We also found an area for improvement;

- The service did not meet the recommendations of the Intercollegiate Guidance on the levels of training required for staff involved in the care of children young persons under 18 years of age.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Summary of findings

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Good

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Services we looked at
Diagnostic imaging.

Summary of this inspection

Background to Warrington Community Ultrasound Service

Warrington Community Ultrasound Service is operated by Kleyn Healthcare. The service opened in 2005. It is a private provider of community ultrasound scans in Warrington and Greater Manchester and primarily serves those local communities. It runs clinics providing ultrasound diagnostic scans from GP surgery locations in those areas.

We inspected this service on 22 January 2019 and this was the first time it had been inspected using the new methodology.

Our inspection team

The team that inspected the service comprised of Amanda Lear CQC lead inspector and another CQC inspector. The inspection team was overseen by Judith Connor, Head of Hospitals Inspections in the North West of England.

Information about Warrington Community Ultrasound Service

Warrington Community Ultrasound Service is a community ultrasound diagnostic imaging service which undertakes non-obstetric ultrasound scans on patients to diagnose disease, disorder and injury. The service has a fixed base at The Medi Centre, 1 Tanners Lane Warrington but provides satellite services at various locations across Warrington and Greater Manchester.

The premises used for their satellite clinics are provided by other organisations through service level agreements and the ultrasound scanning equipment is owned by Kleyn Healthcare.

The service is registered to provide the following regulated activities:

- Diagnostic Imaging.

During the inspection, we visited the management offices, the clinical rooms and waiting areas at the Medi Centre and the clinical room and waiting areas at Folly Lane, Medical Centre. We spoke with four staff including two managers, one sonographer and one clinical aide. We spoke with four patients and we reviewed eight patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the first time the service was inspected under the CQC new methodology. We found that the service was good for safe, caring, responsive and well led. We currently do not rate the effective domain. The service was found to be good overall.

Activity (April 2017 to March 2018)

- The service undertook 10,580 scans during the previous financial year. This consisted of 4,224 from the Warrington Contract and 6,358 from the Manchester contract.

The service had 24 staff, but not all were employed directly, these included three employed and three sessional sonographers, two managers, ten administration staff and five clinical aides.

Track record on safety;

- No never events
- No serious incidents or deaths
- No incidences of healthcare acquired Methicillin-resistant Staphylococcus aureus.

Summary of this inspection

- No incidences of healthcare acquired Methicillin-sensitive staphylococcus aureus.
- No incidences of healthcare acquired Clostridium difficile.
- No incidences of healthcare acquired Escherichia coli.
- One complaint.

Services accredited by a national body:

- The service was working towards the Imaging Services Accreditation Scheme.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as 'Good' because:

- There were effective systems in place to keep people safe from avoidable harm.
- Staffing was sufficient to keep people safe.
- There were effective safety processes in place; potential risks to patients were identified and assessed, with mitigation put in place as necessary.
- Equipment was maintained and serviced appropriately and the environment was visibly clean.
- Staff were compliant with infection prevention and control practices.
- Staff were trained and understood what to do if a safeguarding concern issue was identified.
- The service had good levels of compliance with mandatory training.
- Records were up to date and complete and kept safe from unauthorised access.
- Incidents were reported, investigated and learning was implemented.

However;

- Staff were not trained to level 2 in safeguarding children and young persons in line with intercollegiate guidance.

Are services effective?

We inspected but did not rate effective but found:

- The service used evidence based processes and best practice, this followed recognised protocols.
- The service monitored and audited their performance to identify if it met contract commitments and best practice.
- Scans were timely, effective and reported on in good time.
- Staff were skilled and competent in their fields and kept up to date with their professional practice.
- The service worked well with internal and external colleagues and partnership working was good.
- Staff understood their obligations regarding patient consent and the Mental Capacity Act.

Are services caring?

Good

We rated caring as 'Good' because:

Summary of this inspection

- Staff demonstrated a caring and respectful approach to their patients.
- Interactions between staff and patients were professional and courteous.
- Staff were compassionate and supported the emotional needs of patients and provided reassurance.
- Staff communicated well providing good explanations in a way patients could understand, they ensured patients' questions were answered.
- Patients' information was kept safe and was treated confidentially.

Are services responsive?

Good

We rated responsive as 'Good' because:

- The service was planned with the needs of service users, customers and stakeholders in mind.
- The facilities and environments in which patients were seen were suitable for the intended use.
- Appointments were available during the evening and weekends and at locations suited to patients' needs.
- Appointments were available at short notice and the referral to scan times and scan to reporting times were brief.
- The service catered for patients' individual needs.
- The service had few complaints but acted upon feedback from patients, staff and incidents.

Are services well-led?

Good

We rated well-led as 'Good' because:

- The service had a mission statement, strategy and business plan for the operation of the service that detailed how they would remain competitive and sustainable and how they intended to develop and expand the service.
- The service had enthusiastic, capable and competent managers who led the service well.
- The culture was positive and staff demonstrated pride in their work and the service they provided.
- The service used performance data and their knowledge of the sector, to improve the experiences of patients and to continue to expand the services provided.
- Governance structures were effective. Risks were identified, assessed and mitigated.
- Information was utilised and managed well. Data was kept secure and accessible and was used to inform management activity.

Summary of this inspection

- The service engaged well with patients, stakeholders and partners.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Notes

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

Our rating of safe; this was the first time we had inspected and rated this service.

We rated it as **good.**

Mandatory training

- The service provided training to ensure that staff were skilled to safely undertake their roles. There was a mandatory training policy in place based on a training needs analysis which determined which training staff had to undertake based on their roles and responsibilities.
- Staff were required to undertake a range of general and role specific mandatory training modules in line with the policy and the mandatory training schedule. This set out the frequency that each module was to be repeated. The majority of these were online training.
- Training that was deemed mandatory included basic life support, safeguarding, fire safety, equality and diversity, infection control, information governance and health and safety.
- The service recorded 88.5% overall compliance with mandatory training. This ranged from 100% compliance with basic life support to 50% compliance with sepsis training.
- Bank and sessional staff were also monitored for their compliance with mandatory training compliance and were included in the above compliance figures.

Safeguarding

- Safeguarding vulnerable adults and children and young people was included in the service mandatory training programme. Ninety six percent of staff had completed the safeguarding mandatory training.
- Staff who scanned young people aged 16 and 17 year olds had received training that including children and young person's safeguarding, but was this was not in line with the intercollegiate guidance on training levels for those persons undertaking scans on children. The guidance stipulates that staff should be training to level 2 in safeguarding for children and young persons. Staff did however have access to a member of staff trained to level three in children's and vulnerable adults safeguarding via the telephone or email. They could seek guidance and advice if required. Following the inspection the service advised they had taken steps to ensure the inclusion of the relevant training into the mandatory training package for staff.
- There was a safeguarding policy in place which were accessible to staff. Staff we spoke with could explain what they would do if they had a concern about a patient or their family member and they understood the correct process to follow. One staff member described an occasion where they had safeguarding concerns. They detailed the action taken which followed the organisation's policy and best practice.

Cleanliness, infection control and hygiene

- During our inspection we observed that the clinics used appeared visibly clean and tidy and free from clutter.
- The cleaning of the clinical rooms and waiting areas was the responsibility the host GP organisations in which the clinics were located. These were detailed in service level agreements. There were processes in place to escalate issues with cleanliness and the environment and these would be rectified quickly.

- Infection control audits were undertaken regularly, these highlighted areas for improvement if identified which were shared with those deemed responsible.
- Kleyn staff were responsible for the cleaning of the equipment between patients and for ensuring the paper roll was changed on couches. During our inspection we saw staff comply with infection prevention and control practices and cleansed their hands appropriately between every episode of direct contact and care. We saw that equipment was cleaned after each patient use.
- An infection prevention and control policy was in place and we found staff were aware of this policy. Staff also received mandatory training in this subject. Compliance with this training was 92 percent.
- The service had no healthcare related infections between September 2017 to October 2018.

Environment and equipment

- The service used the facilities provided by the host GP organisations with whom they had service level agreements. This included the clinical rooms, the reception and waiting areas and the patient toilets.
- During our inspection we found that the areas used were comfortable and appropriate and provided a suitable environment for patients.
- The design and layout of the facilities was sufficient to keep people safe. Doors to clinical rooms could be locked to prevent unauthorised access and maintain the privacy and dignity of patients.
- The environment and equipment belonged to the host GP organisations and these were maintained and serviced by the partner organisation and covered by the service level agreement. The Kleyn staff completed a log each day which documented any issues with the equipment or environment and what action was taken.
- Equipment owned by Kleyn such as the ultrasound scanners was serviced and maintained in line with manufacturers guidance. Records were kept detailing servicing and maintenance events.
- The service had a service level agreement in place with the host GP organisation who had responsibility for managing the buildings in which the clinics were held. We were advised that any issues with the physical environment were reported to and dealt with in a timely way.
- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort different types of waste and these were labelled appropriately. Waste was handled and disposed of by the host GP organisation, this was covered by the service level agreements that were in place.
- The service followed the emergency procedures of the host GP organisation. Staff received an induction on the location of emergency equipment. This was checked and maintained by the host GP organisation.

Assessing and responding to patient risk

- 100% of staff had undergone basic life support training so could respond to emergency situations.
- The service had access to the emergency equipment belonging to the host GP organisation. Staff working in the clinical environments provided by the host GP organisations were familiar with the location of such emergency equipment and the procedures to follow in the location they were working.
- Risk assessments were carried out by the referring organisation to determine if the patient was fit for the planned scan. They also determined if they were able to access the clinic facilities. Patients with significant mobility issues may not have been suitable for their scan in the facilities used, such as those requiring a hoist to access the couch.
- All referrals into the service were triaged by senior clinicians to ensure the referral was appropriate and that the needs of the patient could be met in the clinical environment used. If it was deemed an unsuitable referral the referring organisation would be advised as such.
- When patients attended the clinic on the day of their scan, the sonographer reviewed the patient's referral information and completed a dynamic risk assessment of the practicality of the scan at that time. If the sonographer deemed there to be an unnecessary risk to the patient then it would not be carried out. This happened only very rarely and information was reported back to the referring organisation with details.
- Although the service was not used for urgent scans in the NHS cancer pathway, there were occasions when significant pathology may be uncovered. In these cases, the service followed Royal College of Radiologists guidance. The protocols in place ensured the patient's GP was notified of the findings within four hours and GP acknowledgment of the result was obtained.

Staffing

Good

Diagnostic imaging

- The service employed one full-time sonographer, two on a zero hours contract and three sessional sonographers. This provided flexibility for both the organisation and the sonographers themselves and could be adapted to suit the demands at the time.
- There were sufficient sonographers to maintain an efficient and timely service and to maintain the patient safety during clinics.
- Sonographers had a clinical aide present during clinic sessions. This enabled a chaperone to be present and was sufficient to maintain patient safety.
- The service employed five clinical aides; one full-time, three part-time and one zero hours contract. These staff undertook an induction and training package and were involved in assisting patients, administrative duties, equipment management, infection prevention and control and supporting the sonographers.
- The service did not employ any medical staff, however they had access to medical advice from the medical director who was also general medical practitioner and two board directors who were consultant radiologists.
- The service also employed ten administrative staff; three full-time and seven part-time. They were responsible for managing clinic lists, arranging appointments and general administration of the service.

Records

- Referrals received could be electronic or by fax in some cases. Faxes were scanned onto the electronic system by administration staff. All referral documents were available for access by staff and would be printed out at the host GP organisation clinical room for reference during the scan. The physical copies were then shredded on site before leaving the host GP organisation premises.
- The initial referral was assessed for quality and triaged by sonographers as suitable. Further information was requested from the referrer if required.
- Patients scan reports were completed immediately after the scan by the sonographer and saved electronically on the computer system. These were returned to the referrer the same day.
- All scan referral forms, scan images and completed reports were saved securely on the computer system and were archived for future reference.
- Images were made available if requested by other parties involved in the clinical care of patients through an image exchange portal system. The service employed an advisor who dealt with all requests for images within two working days.
- Patients personal data and information was kept secure and only staff had access to that information. Staff received training on information governance and records management as part of their mandatory training programme. Compliance with this training was 100 percent.
- The quality of images and reports were peer reviewed at clinical governance meetings. Any discrepancies in images were highlighted to the member of staff for their learning.
- During our inspection we viewed a sample of records and reports and we found to be complete and appropriate.

Medicines

- The service did not use any medicines.

Incidents

- The service had an incident reporting policy in place which was aligned to national guidance.
- The service reported no never events and no serious incidents in the year September 2017 to October 2018.
- The service did not have any incidents that led to moderate or serious patient harm during the period September 2017 to October 2018.
- The service also reported incidents which although they did not lead to patient harm may have caused disruption to the service provided. During the period September 2017 to October 2018 they reported two incidents of this nature. These were regarding administration errors and process errors. We reviewed the investigation reports concerning these incidents and found them to have been conducted in a comprehensive, thorough and candid way.
- We saw that reflection, learning and changes were made in response to things that went wrong. The service provided evidence of changes made and improvements made on the basis of near misses and incidents. For example, the service identified an issue with storage of reports on the computer system.

Changes were made to ensure this did not reoccur and this led to a formal training package for clinical aides. This change reduced the likelihood of such an event happening again.

- Staff stated there was a no blame culture in the service and were encouraged to report incidents. They were familiar with the process and the types of incidents to report.
- The service had a duty of candour policy in place and staff were familiar with this. This policy was in line with duty of candour best practice. We saw an example of the duty of candour being used following an incident involving a mix up in patient records. We saw that the patient was spoken to and the mistake was discussed with them openly and an apology given. We also saw that changes were implemented to reduce the chances that this may happen again.

Are diagnostic imaging services effective?

This was the first time we had inspected this service, we do not give a rating for effective.

Evidence-based care

- The service provided treatment in line with Royal Colleges guidance, National Institute for Health and Care Excellence and evidence based practice guidance as appropriate. Sonographers followed evidence based protocols for scanning of individual areas or parts of the body.
- The clinical lead and lead sonographer were responsible for assessing if changes to guidance impacted on the scope of practice. These changes and potential impact were discussed at clinical governance meetings. We saw evidence of changes implemented based on changes in recommendations and best practice adopted for example; if a varicocele was diagnosed during a scan, then it is best practice to extend the examination to also perform a renal scan.
- The service had a comprehensive performance dashboard in place, this monitored referral numbers, waiting times, infection prevention and control, scan and report quality.
- There was a comprehensive annual audit programme in place to assess a range of performance measures including those identifying compliance with key guidance and best practice.

Nutrition and hydration

- Patients had access to drinks machines, water fountains and snacks in the waiting areas which were managed by the host GP organisation.

Pain relief

- Staff were alert to the pain experienced by patients. They tried to make patients as comfortable as possible during their time in the clinic and being scanned.
- If patients were uncomfortable or in pain during their scans, they were assisted by the sonographer to achieve a less painful position. If necessary their scan could be abandoned or postponed if they were unable to continue.
- Pain relief was not administered due to the nature of the service provided. They did not deliver treatment, they provided scans only.

Patient outcomes

- The service recorded the time taken between referral and when patients were booked for a scan and the time from referral and attending for a scan. Their target was 20 days and the service was able to meet this target. The only occasions when this target was not achieved was based on patient choice and availability of the patient to attend the appointments offered.
- Local analysis was undertaken to assess the effectiveness of the referral and scanning pathway, this involved the analysis of data and discussions with stakeholders.
- Audits of the quality of the images were undertaken at clinical governance meetings. Any issues were fed back to individual practitioners for learning and improvement.

Competent staff

- Staff had the right skills and training to undertake the scans they were undertaking. This was closely monitored on a local level and by the clinical lead and lead sonographer.
- Staff had the opportunity to attend relevant courses to enhance the professional development and this was supported by the organisation and managers.

Good

Diagnostic imaging

- New staff undertook a comprehensive induction and training programme. New staff were also mentored and supported to gain competence.
- There were a range of additional electronic training packages to supplement the mandatory training packages for staff, which some staff had used. These were optional but encouraged depending on roles and responsibility. These included dementia awareness, carer awareness and bullying and harassment.
- Sonographers scanning and reporting performance was monitored through peer review and issues were discussed in a supportive environment. Sonographers also fed back any perceived issues with scanning to enhance and learning or improvements in individual performance. The service undertook 100% double reporting for all new sonographers for a minimum of one month following their appointment. This was until they were assessed and their competency signed of by the clinical director who was a consultant radiologist. Following this 10% of all scans were peer reviewed.
- Staff had regular one to one meetings with their manager and an annual performance appraisal review. One hundred percent of employed sonographers and clinical aides had received a review in the 12 months from September 2017 to October 2018. However only 50% of the administration staff had received an annual appraisal. This was due to the turnover of these staff who had not yet been in post long enough to have received one.

Multidisciplinary working

- The team worked well with their host GP organisations, from GP receptionists to practice managers. This provided a seamless pathway for patients.
- The service had good relationships with GPs who referred their patients to the service. They met with and communicated regularly with GPs to gain feedback on the service provided and to ensure they were providing a service they were happy with.
- The sonographers and clinical aides worked well together during clinic sessions and provided an effective service for patients.
- Managers and a range of different staff worked well together to provide a good service to patients and external stakeholders.

Seven-day services

- The service operated a range of clinical appointments from 8am to 8pm Monday to Friday. They also provided appointments on Saturdays.
- Appointments were flexible to meet the needs of patients, they were also available at short notice.

Health promotion

- Information leaflets were provided for patients on what the scan would entail and what was expected of them.

Consent and Mental Capacity Act

- The staff we spoke with were aware of the need for consent from patients undergoing a scan. Sonographers gained verbal consent for scan from their patients. We saw evidence of this on inspection.
- Staff had received training on mental capacity and were aware of the needs of patients living with dementia, learning disabilities and cognitive impairments. Staff were aware of the procedures to follow if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions.

Are diagnostic imaging services caring?

Good

Our rating of caring; this was the first time we had inspected and rated this service.

We rated it as **good.**

Compassionate care

- Staff demonstrated a friendly and kind attitude towards their patients. They put patients at ease and provided reassurance throughout their time in the clinic. This was evident from the interactions we witnessed on inspection and the feedback provided by patients.
- Staff introduced themselves and explained their role and went on to fully describe what would happen next during the scan and afterwards. Staff provided feedback to patients through the scanning process and described what they were doing and what they had seen.
- Staff ensured that patients privacy and dignity was maintained during their time in the clinic. Curtains were closed and door were locked to prevent unauthorised or accidental access to the clinic room.

Good

Diagnostic imaging

Emotional support

- Staff supported people through their scans, ensuring they were well informed and knew what to expect. They spoke with a sensitive and understanding manner.
- Staff provided reassurance and support for nervous and anxious patients. They demonstrated a calming and reassuring demeanour to reduce anxiety and fully explained the process involved.

Understanding and involvement of patients and those close to them

- The details of the scan and what would happen was fully explained to patients and their relatives. They were afforded the opportunity to ask questions and stated they were given time to have these answered by staff.
- The sonographer talked the patient through the procedure and explained what they were seeing and what they were looking at. They kept the patient fully informed and involved at all times.

Are diagnostic imaging services responsive?

Good

Our rating of responsive; this was the first time we had inspected and rated this service.

We rated it as **good.**

Service delivery to meet the needs of local people

- The service was planned and designed to meet the needs of the patients referred from referring organisations. These were NHS funded patients.
- The service consulted partner organisations and patient groups to determine what they wanted from the service and ensured their requirements were being met. They also met with clinical commissioning groups to ensure the contract was being delivered upon.
- The service was born out of an understanding and a knowledge of the diagnostic needs of GP organisations. It was set up on this basis and filled the need and desire for accessible community based ultrasound scans referred directly by GPs.
- This service was well received and had expanded its remit and now served communities in Greater Manchester and Lincolnshire.
- There service was provided in pleasant facilities, in convenient community based locations which suited the needs of patients. The service provided a wide choice of evening and Saturday appointments to accommodate the needs of patients who were unable to attend during office hours or weekdays.
- Most of the clinics were held in GP surgeries which had free and accessible car parking at the location. Patients found this a positive aspect of using this service.

Meeting people's individual needs

- The facilities where clinics were held such as host GP organisations' health centres had accessible access.
- Staff had received training in equality and diversity and were expected to demonstrate these values throughout their work.
- Interpreters were available through a telephone interpretation service. If interpreters were required in person, these were arranged by the referring GP.
- Host GP organisations had hearing loop systems available on site.
- Nervous, anxious or phobic patients had the opportunity to have a look around the clinical areas unit prior to their appointments, so they could familiarise themselves with the environment to decrease apprehension. Staff described a situation where a patient living with a learning disability visited the clinic on several occasions before their scan was conducted. They were given the opportunity of holding the probe and looking at the environment and facilities prior to agreeing to the scan. Patients could have someone with them during the scan to support them.

Access and flow

- Patients were referred to the service by the GPs. This was done electronically, but some were done by fax as certain GPs preferred fax referrals. The referrals were triaged by senior clinicians to ensure they were appropriate, contained all relevant information and could be accommodated by the service. Some appointments could be made online by patients via the 'choose and book' system. In other cases, administration staff would agree appointments with patients by telephone and put patients onto designated lists by date, time and location.

Good

Diagnostic imaging

- The service was committed to ensuring all patients were scanned within 20 days of their referral into the service. Between April 2018 to September 2018, the service achieved 100% compliance with these targets.
- The service was committed to ensuring all scan reports were reported on and returned to the referrer within one day of the scan being undertaken. Between April 2018 to September 2018, the service achieved 100% compliance with these targets.
- The service monitored when patients did not attend their appointments. They undertook initiatives to reduce the numbers of patients who did not attend for their appointments by offering a choice of dates and locations to suit patients and providing mobile text reminders to patients. The service met their target that less than five percent of patients did not attend their appointments and were seeking to improve this further.
- Waiting times in the clinics themselves were short, it was reported that there were very few delays and appointment times were closely adhered to. This was supported by what we saw on our inspection and the feedback from patients. The service reported that between April 2018 to September 2018, the service saw 100% of patients within 30 minutes of their appointment time.

Learning from complaints and concerns

- The service had a 'Complaints Policy and Procedure' in place. This was in date and accessible to staff.
- The service reported that they received one complaints during the period September 2017 to October 2018. This involved the cancellation of a scan. We reviewed details of the complaint, the investigation and the response and found the serviced followed their policy and procedure and the complaint was investigated and dealt with in an appropriate manner. An apology was given to the complainant.
- The service followed the NHS guidance and best practice for handling and responding to complaints. The policy specified that all formal complaints must be acknowledged within three working days by letter.
- Concerns, complaints and lessons learned were discussed in clinical governance and clinical team meetings and were shared with all staff.
- Advice on how to complain was available on the providers website and leaflets were provided at clinic sessions.

Are diagnostic imaging services well-led?

Good

Our rating of well-led; this was the first time we had inspected and rated this service.

We rated it as **good.**

Leadership

- The registered manager was an experienced and competent manager with experience in primary care and had managed the service since its inception in 2005.
- Managers appeared capable and knowledgeable in leading the service. They were enthusiastic about the service provided and were keen to improve the quality and service provided. They were also focussed on expanding the service and developing new contracts.
- The managers demonstrated good leadership skills by driving forward service development, they had continually expanded the service into different geographical locations but were also focussed on quality and offering a good service to customers, stakeholders and patients.
- Managers were visible and approachable. They were also available for advice and support on a daily basis by telephone for staff.
- Staff we spoke with found managers to be supportive, inclusive and effective in their roles. They spoke positively about the management of the service.

Vision and strategy

- The service had a mission statement, this was; "To provide excellence in community based healthcare through transforming the patients journey and improving outcomes". They also had a vision statement which was "Delivering high quality, patient-centred care transforming the patient experience for patients from all walks of life. Kleyn provides services for both NHS patients as well as private patients in its current sites as well as within its state of the art integrated care centres for community based specialty services being built".
- The service had a business plan in place. This revolved around four interlinked business priorities; performance through people; providing a quality service, growing and marketing the business and ensuring efficiency, effectiveness and sustainability.

- Staff in the service were invested in and were committed to this vision. They understood the part they played in achieving the aims of the service and how their actions impacted on achieving the vision.
- Managers in the service had a strategy for the future, they wanted to continue to expand the service, secure more contracts and move into new geographical areas with their services. They recognised the risk of competition and were focussed on ensuring they provided a service of choice for partners and stakeholders. They planned to recruit a member of staff to concentrate on business development.

Culture

- The staff we spoke with were very positive and happy in their role and stated the service was a good place to work. Staff reported good flexibility in their working practices and could undertake clinics which suited their personal circumstances.
- Staff reported they felt supported, respected and valued for their work and received good job satisfaction. Staff stated they felt empowered to make suggestions, make changes and improvements and this was actively encouraged.
- Staff demonstrated pride and positivity in their work and the service they delivered to patients and their GP customers.
- There was a good reporting culture and staff described a 'no blame' culture. There was evidence that positive outcomes followed incidents being reported such as learning outcomes and changes being implemented in response to incidents.
- Good communication in the service was reported this was seen from key managers and the wider management team. Staff stated they were kept informed by various means, such as newsletters, team meetings and emails.
- Staff stated there were good opportunities for development and learning. They also stated they were supported to pursue development opportunities which were relevant to the service.
- They stated teamwork was good both within the organisation and with external partners and stakeholders. They felt this enhanced a seamless experience for patients.
- Equality and diversity was promoted within the service, training was provided and inclusive, non-discriminatory practices were promoted.

Governance

- Governance meetings were undertaken by managers on a regular basis and minutes were recorded from these meetings. There was evidence of discussions regarding incidents, complaints, policies, performance and updates from sub committees with actions allocated to individuals with appropriate timescales included.
- The service had system of local governance, this was achieved through team meetings, monitoring and analysis of performance, discussion of local incidents or complaints and issues of note. Clinical governance was undertaken at monthly clinical governance meetings.
- Staff were clear about their roles, what was expected of them and for what and to whom they were accountable.

Managing risks, issues and performance

- The service held a risk register, this was used to identify, grade and track risks to the service and organisation. Risks were monitored by managers and reviewed through governance processes. The risk register had details of those responsible, review dates and what was being done to mitigate risks.
- The service identified risks to the service and acted to gain assurance that risks were managed and mitigated. They used an incident reporting system or 'significant adverse events' reporting system to enable them to understand risk to the service. For example, they identified an issue with the competence and training of clinical aides following an issue with electronic storage of records. They implemented an induction and training package to improve competence and reduce the risk to the service.
- The service had a performance dashboard which was maintained and monitored by managers. This enabled them to track performance and identify areas for improvement. This was shared with stakeholders and partners to evidence performance. The performance dashboard indicated performance on referral to scan times, report turnaround times, 'did not attend rates', patient engagement scores, incidents, complaints and mandatory training levels. This showed they met all their performance targets.
- The quality of images and reports were peer reviewed at clinical governance meetings. Any discrepancies in images were highlighted to the member of staff for their learning.

Good

Diagnostic imaging

- There was local discussion and communication on risks and performance during clinical governance meetings. During this meeting there was also discussion about issues, complex or interesting cases and a peer review of scans and reports. There was also discussion around sonographers professional practice and developing issues.

Managing information

- The service had access to the Kleyn electronic computer systems and could log on to the computer systems from the host GP organisation's locations. They could access policies and open source reference material from various sources.
- Managers could access relevant and key performance records, such as performance dashboards easily and this enabled them to readily measure and monitor performance of the service and individual staff performance.
- Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data.
- Information from scans was stored securely in electronic form and archived for future use.

Engagement

- Patient satisfaction surveys were handed to all patients following their scan. The response rate was very high response as almost every patient filled one in. The surveys could be completed in the scan room itself or the waiting area and patients were offered assistance to complete the forms if necessary. The feedback provided was overwhelmingly positive.
- Staff surveys were conducted yearly, this gauged employees experience of work in the organisation and their satisfaction and wellbeing. Results were analysed and fed back to staff as a presentation outlining each aspect of the survey. The corporate staff engagement score met the target benchmark.
- The service participated in quarterly engagement meetings with clinical commissioning groups to discuss their contract, their performance and any developments or issues in the service.
- The service engaged with their partners and GP surgeries to understand the service they required, how this was performing and how services could be improved.
- Meetings were held regularly, these included team meetings and managers meetings, these had an agenda and minutes were recorded.

Learning, continuous improvement and innovation

- Staff were able to provide examples of improvements and changes made to processes based on patient feedback, incidents and staff suggestions, such as the use and destruction of paper records after use, the introduction of a formal training package for clinical aides and the use of additional security questions for patients on attending for scans.
- Managers and staff were open to new initiatives and considered ways of working for the benefit of efficiency and customer and patient experience.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that the service meets the requirements of the Intercollegiate Guidance on levels of training in the safeguarding of children and young persons for relevant staff.