

# Diagnostic Ultrasound Services

## Quality Report

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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 |  |

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Oxted Health Centre is an independent ultrasound service operated by Diagnostic Ultrasound Services. The service was registered with the CQC in 2011 and provides ultrasound services to children, young people and adults.

It was last inspected in 2013 under the previous CQC inspection methodology and met the standards that it was assessed against.

We inspected this service using our comprehensive inspection methodology. We conducted a short notice announced inspection on 2 October 2018 due to the services varying operating hours.

We rated the service as good overall.

Our key findings were as follows:

- Patients received care in a clean and suitably maintained environment. Staff were aware of and applied infection prevention and control guidelines.
- Staff had the right qualifications, skills, knowledge and experience to undertake their roles and responsibilities. They had access to developmental training and were supported by service leaders.
- There was some flexibility in appointment times to meet the needs of patients who were working or had other responsibilities.
- There were few complaints and we noted that those received were addressed in a timely manner and discussed at the multidisciplinary meetings.
- Patients had timely access to appointments of their choice and staff were flexible in their approach, which ensured patients' needs were met.
- There were processes to ensure safety checks and maintenance of equipment was completed in line with manufacturers' guidelines.
- We observed staff taking time to interact with people who used the service in a respectful and considerate manner.
- One-hundred per cent of staff were up to date with mandatory training and had received an appraisal in the last 12 months.
- Processes ensured safeguarding risk assessments were undertaken through the relevant channels. Each clinical commissioning group had a specific pathway and these were displayed for staff to follow.
- Staff told us they felt well supported by their colleagues and leaders of the service.
- Records were stored to maintain patient confidentiality at all times. Reports were legible and contained relevant information.
- The service sought the views of staff, patients and stakeholders to drive improvement within the service.
- Policies and procedures were reviewed yearly and there was clear oversight in relation to the management and development of policies and procedures.

We found areas of outstanding practice within the service:

- Staff encouraged patients to complete a comprehensive anonymised patient satisfactory survey. The service reported a 98% response rate in the last 12 months. The survey included questions relating to disability and religious beliefs for the service gain a sound understanding of the population it served and to drive changes.

# Summary of findings

However, the service should:

- Evidence regular monitoring of hand hygiene audits.

**Dr Nigel Acheson**

**Deputy Chief Inspector of Hospitals (South East)**

# Summary of findings

## Our judgements about each of the main services

| Service                   | Rating                                                                                        | Summary of each main service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diagnostic imaging</b> | <b>Good</b>  | <p>Overall, the care provided by the service was safe, effective, caring, responsive and well led.</p> <p>The environment ultrasound services were provided in was safe and safety checks were completed and recorded.</p> <p>Staff were caring, compassionate and we observed positive interaction between staff and patients. Patient feedback was consistently positive.</p> <p>Ultrasound imaging was carried out by trained and experienced sonographers. The service followed national guidelines and practices.</p> <p>The service was responsive to patient's needs. Patients could choose appointments that suited them. One hundred per cent of reports were written and sent to the referrer within 24 hours of the scan being completed.</p> <p>There was a clear vision and strategy and staff were positive about the leadership of the service.</p> |

# Summary of findings

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Good 

# Oxted Health Centre

## Services we looked at

Diagnostic imaging

# Summary of this inspection

## Background to Diagnostic Ultrasound Services

Oxted Health Centre is an independent service operated by Diagnostic Ultrasound Services. It's located within Oxted Health Centre GP practice in Oxted, Surrey and primarily serves the communities of Surrey, West Kent and West Sussex. The service shares the waiting area with the GP practice and has a designated ultrasound scanning room.

The service provides a range of adult and paediatric diagnostic ultrasound examinations for NHS and private patients which include but are not limited to musculoskeletal, vascular, transvaginal and pregnancy scans. The service shares facilities with a GP practice which includes the waiting room.

## Our inspection team

The team that inspected the service comprised of a CQC lead inspector and a second CQC inspector. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

## Information about Diagnostic Ultrasound Services

The service provides diagnostic imaging and is registered to provide the following regulated activities:

- Diagnostic and screening procedures

Diagnostic Ultrasound Services is an Any Qualified Provider (AQP) service which undertakes ultrasound examinations to diagnose disease, disorder and injury. All clinical staff are subcontracted by the service. The service operates Monday to Friday excluding Wednesday from 8.30am to 5pm.

During the inspection, we visited the ultrasound scanning room and waiting room. We spoke with seven staff including; the director, administrative staff, sonographers, the safeguarding lead and medical director. We spoke with one patient and reviewed the patient satisfaction survey. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, and the most recent inspection took place in March 2013, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (September 2017 to August 2018)

The service undertook 11,311 scans and saw 11,325 patients during this time period. Most patients were NHS funded.

Track record on safety

- No never events, serious injuries or deaths.
- No clinical incidents
- No incidences of healthcare acquired  
Meticillin-resistant *Staphylococcus aureus* (MRSA),  
Meticillin-sensitive *Staphylococcus aureus* (MSSA),  
*Clostridium difficile* (C.diff) or E-Coli
- Five complaints

**Services provided under service level agreement:**

- Cleaning services
- Clinical staffing provisions
- Clinical and or non-clinical waste removal
- Maintenance of medical equipment

# 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    |



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|            |                                                                                          |
|------------|------------------------------------------------------------------------------------------|
| Safe       | Good  |
| Effective  |                                                                                          |
| Caring     | Good  |
| Responsive | Good  |
| Well-led   | Good  |

## Are outpatients and diagnostic imaging services safe?

Good 

### Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Diagnostic Ultrasound Services provided us with training information relating to mandatory and subjects staff were expected to attend or complete. Mandatory training included health & safety, information governance, fire safety, equality & diversity, safeguarding adults level one and two, general data protection regulation, infection control level 2, basic life support, moving and handling and ultrasound protocols.
- Mandatory training compliance was 100% as of October 2018. Compliance was monitored by the director. Staff confirmed they were given protected learning time to complete this training.

### Safeguarding

- Staff understood their responsibilities to protect patients from abuse and the service worked well with other agencies to do so.
- The mandatory training programme included safeguarding adults and children training. This training met national guidance and staff were trained to the right level. Records showed that all clinical and administrative staff had completed level 1 and level 2 adult and children safeguarding training. The director was level 3 safeguarding trained and was available to

support staff. In the absence of the director, staff had access to the GP practice's safeguarding lead, who was a GP and safeguarding level 3 trained. Staff said they always had access to a level three safeguarding trained clinician.

- Staff had access to the safeguarding policies adopted from the multi-agency Surrey safeguarding adults board (SSAB), Surrey safeguarding children's board and the NHS East Surrey CCG adult and children safeguarding policy. Policies and guidelines were available on the service's shared drive. We reviewed the policies and observed they were in date. The policies were in line with the intercollegiate document Safeguarding children and young people: roles and competences for healthcare staff and safeguarding vulnerable people in the NHS accountability and assurance framework.
- The service provided ultrasound scanning for several local clinical commissioning groups covering different geographical areas. There were different safeguarding pathways for different counties. Safeguarding flow charts for the various pathways were displayed in the scanning room, the administrative office and printed in folders for staff to follow if they had any concerns about the safety of a patient. The flow charts included who to contact and their contact information. Staff said if they were unsure they reported any safeguarding concerns to the director who escalated these to the necessary local authority safeguarding teams.
- The service had a female genital mutilation (FGM) policy and an FGM flowchart was displayed in the ultrasound room. Staff we spoke with were aware of the Department of Health female genital mutilation

# Diagnostic imaging

and safeguarding guidance for professionals (March 2016). However, the service did not provide training in accordance with this. Staff did tell us if they were concerned about any patients they would follow the FGM flowchart to refer the case to the local safeguarding team.

## Cleanliness, infection control and hygiene

- The service had processes to control infection risk. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. All staff had completed the infection control level 2 course as part of the mandatory training programme.
- Oxted Health Centre had an infection prevention and control (IPC) policy, which provided staff with guidance and IPC procedures to follow to minimise infection risk. The policy was in date and had a review date. Cleanliness and hygiene standards were maintained and embedded within the service. The scanning room and waiting room were visibly clean and tidy. Clinical staff were responsible for the cleaning of scanning room and equipment. Daily cleaning records showed that cleaning of the ultrasound room and equipment had been completed daily in accordance with the IPC policy.
- We observed that equipment was cleaned between patients and feedback from patients confirmed that equipment used appeared clean.
- An infection control nurse from a local clinical commissioning group conducted the annual infection control audit. The last audit was completed in December 2017. This included but was not limited to clinical practices and equipment, handwashing and waste disposal. The service scored 94% overall in the audit. The service was proactive in addressing any areas of low compliance and we saw an action plan and timescales for actions to be completed.
- Hand hygiene was part of the mandatory training programme and records showed 100% of staff were compliant. A hand hygiene audit was completed every six months which included a hand inspection after hand washing. This was to identify areas of the hands staff were not effectively washing. We reviewed results of the most recent audit. The service performed well and achieved a score of 97%. However, there was no evidence of continuous monitoring of compliance with the hand hygiene audit throughout the year.
- Hand-sanitising gel was available throughout the service. The sinks had elbow operated taps This was in accordance with the Health Building Note 00-09: Infection control in the built environment. We observed staff using the handwashing stations throughout the clinic. Staff did not wear a uniform, however we observed that they adhered to good hand hygiene practices and were bare below the elbow.
- Staff had access to ample supply of personal protective equipment including latex free gloves. A patient we spoke with confirmed that the sonographer wore gloves during their examination.
- An annual legionnaire test was conducted and we saw the documentation which showed the necessary checks had been made. Staff completed water temperature checks and taps were run monthly as part of the test. Legionella is a water-borne bacterium that can be harmful to people's health. The water tests for legionnaires disease complied with the Control of Substances Hazardous to Health Regulations 1989; Section 3(2) of the Health and Safety at Work Act 1974.
- 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 correctly. A waste management audit was conducted as part of the annual infection control audit. Results showed 100% compliance.
- There was a paper curtain in the scanning room and it was dated showing that it was hung up on 23/06/18. Curtains were replaced every six months or when noticeably dirty or stained in line with the IPC policy.

## Environment and equipment

- The maintenance of the environment and use of equipment kept people safe.
- There was a spacious waiting room shared with the GP practice, with adequate and comfortable seating for both patients and relatives.

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- The service had systems and processes to monitor the servicing and electrical testing requirements of equipment. We observed that all equipment servicing and electrical testing details were monitored and records kept in a maintenance folder.
- We reviewed records of clinical staff completing daily quality assurance checks. The checks were to evaluate the safety and performance of ultrasound equipment ensuring that the information obtained in a clinical ultrasound procedure is accurate and clinical practices are safe. The director conducted monthly audits to check which pieces of equipment would need servicing or testing in the near future to prevent any disruption to the service.
- The service had one ultrasound scanner located in a designated clinic room. The room was spacious and had good lighting which when dimmed allowed ultrasound scans to be clearly seen.
- Staff had access to all equipment and supplies they needed to provide a good service. The scanning room was well stocked with items needed for ultrasound such as gels, gloves and probe covers. Supplies were kept in a lockable cupboard. There was a checklist to check stock levels attached to the cupboard door. We were told if stock was low, staff would inform the director who was responsible for ordering additional stock.
- The service had access to the GP practice's emergency equipment which included a defibrillator. The equipment was maintained by staff from the GP practice. Staff we spoke with were aware of where the equipment was located and had been trained to use it in the event of a patient emergency. There were no additional emergency equipment checks conducted by the service.
- Fire safety training was included in mandatory training and staff completed this every two years. Training records showed that 100% of staff were compliant with training. Fire alarms were tested weekly. We observed fire exit signage throughout the premises. There were fire extinguishers throughout the service which had been serviced by an external company within the last 12 months. All fire exits and doors were kept clear and unobstructed.

## Assessing and responding to patient risk

- The service considered and took actions to lessen patient risk.
- There was a policy for the management of a deteriorating patient, which was last reviewed in April 2018. Staff told us in the event of a medical emergency such as cardiac arrest, they were to press the panic button on the desktop computer which alerted all doctors in the building that immediate assistance was required. Staff explained there was always a GP available however, on the rare occasion a GP was unavailable staff called 999 and began CPR if necessary. All staff had completed basic life support training in the last 12 months as part of the mandatory training programme.
- Clinical staff used a red, amber and green rating system when reporting ultrasound findings that were serious but not immediately life threatening. Reports which were not urgent but required action to be taken by the referring clinician were rated amber. Urgent reports such as suspected cancers were rated red. Staff were aware of what actions to take to immediately highlight the urgency. This included sending the images and report electronically to the referring clinician. Sonographers said they would call the surgery the patient was referred from to inform them of the report and that it was to be faxed. We reviewed five ultrasound reports at random and noted that they all had a green rating.
- The Society of Radiographers "Pause and Check" poster was displayed in scanning room. Referrer error was identified as one of the main causes of incidents in diagnostic imaging. Pause and Check consisted of the three-point demographic checks to correctly identify the patient, as well as checking with the patient the site/side to be imaged, the existence of previous imaging and for the operator to ensure that the correct imaging modality is used. The service had reported no wrong site or side scans.

## Staffing

- The service had enough staff with the right qualifications, skills, training to provide the right care and treatment.

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- The service subcontracted ultrasound services to six sonographers including the director. Each sonographer worked specific days that were formally agreed with Diagnostic Ultrasound Services. Staff were flexible with their working hours, so clinics were extended if required.
- There were no current sonographer or administrative vacancies and the service did not use bank or agency staff.
- The director told us sickness rates were relatively low. Information provided by the service demonstrated that in the three months before the inspection, there were no episodes of sickness amongst both staff groups.
- Sonographers were supported by two consultant radiologists however, they did not routinely have direct contact with patients. Staff confirmed that the consultant radiologists were available for medical or imaging advice via telephone or email if they were not present on site. GPs from the practice also provided support. Staff said there was a duty GP each day who they could consult when necessary.

## Records

- The service ensured peoples care records were completed and managed in a way that kept them safe.
- Most patient referrals were made electronically, however the service also accepted referrals delivered via secure fax and paper referrals. Administrative staff checked all referrals to identify whether the patient had previously attended the service to avoid making duplicate patient records. Records of patients who had attended the service before were updated if necessary.
- Sonographers said they could access both paper and electronic copies of the patient referral forms. Administrative staff printed a copy of the referral form and added it to the relevant sonographer's clinic list. All paper copies of referrals were kept in a locked filing cabinet and the room was kept locked when staff left the room. We noted that paper copies of referrals were shredded within 24 hours of the scan taking place.
- We reviewed five sets of patient records and saw they were in line with Standards for Reporting and Interpretation of Imaging Investigation set by the Royal College of Radiologists. Records were

accurately completed with procedure findings, recommendations, name of the referring GP, sonographer who undertook the scan and date of the scan. Reports were completed immediately after the scan ensuring they were accurately recorded and sent to the referring GP in a timely manner.

- Report and images were stored on a radiology information system. The centre's IT manager backed up records daily, with weekly backups carried out by the system's support team.

## Medicines

- The service did not use any controlled drugs or medicines.

## Incidents

- The service had an electronic reporting system to record safety incidents and near misses. Staff told us they had access to the reporting system and knew how to complete the form. The service encouraged staff to report incidents to learn from and prevent the occurrence of incidents.
- From August 2017 to August 2018 the service reported no never events and no serious incident. Incidents or near misses were discussed at the team meetings and at informal meeting each week. Staff said incidents that had occurred at other sites were discussed at meetings so staff could identify risks early on and prevent them from occurring.

## Are outpatients and diagnostic imaging services effective?

### Evidence-based care and treatment

- Care and treatment was delivered in line with current legislation and nationally recognised guidance. The service had policies and guidelines readily available on their intranet and policy folders in the scanning room and administrative room. Staff said it was easy to access the policies and we were shown how to find them on the intranet. Some policies were shared with the GP practice. Policies specific to the ultrasound service were stored in a separate folder.
- Staff told us the policies reflected current guidelines. Ultrasound examination protocols were in line with



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British Medical Ultrasound Society Guidelines for Professional Ultrasound Practice December 2017. We reviewed several policies and protocols and saw they were in date. Policies were reviewed annually by the director and staff said the director shared policy updates via email.

## Nutrition and hydration

- There were no refreshments readily available however, bottled water was available on request.
- Depending on the type of scan, patients were given instructions on how to prepare for their procedure. For instance, patients having an abdominal scan were asked to fast before the scan and those having a renal scan were asked to drink clear fluids before the scan. This was to improve the quality of the image.
- Patients living with diabetes or with a nutritional condition that required them to eat at specific times had their appointments arranged to meet their needs.

## Patient outcomes

- Patient outcomes were monitored continuously and used to improve the performance of the service. Outcomes were monitored through patient satisfaction surveys, reporting timeliness, referral to treatment waiting times, “did not attend” (DNA) audits and clinical peer reviews.
- The service reported that 5% of all ultrasound scans were audited. Each sonographer was responsible for reviewing a number of assigned ultrasound reports per week. Peer reviews assessed the standard of the written reports and the quality of examination.
- Audit results from January 2018 to July 2018 showed that 222 scans were reviewed. The standard of reports were graded as 1) no disagreement, 2) minor ambiguity and 3) moderate ambiguity. We observed that 2% of ultrasound scans were graded as having moderate ambiguity and 8% minor ambiguity. Peer reviewers agreed with 90% of the scan findings.
- The quality of examination assessment revealed that 98% of images were either good or excellent. Four of the images were rated as adequate. We noted that these images had additional comments on how the images could be improved. Results of the audit were shared with all clinicians. Where the clinician believed

that pathology may have been missed, this was reported to the director in writing. Staff said it was possible to access the consultant radiologist for advice or a second opinion.

- Information sent to us by the provider prior to inspection demonstrated there were no incidences of unplanned transfer of a patient to another health care provider in the 12 months prior to our inspection.

## Competent staff

- Staff had the right qualifications, skills, knowledge and experience to do their jobs. The service had ultrasound protocols and policies which staff read as part of the mandatory training programme. staff had reviewed these at time of our inspection.
- Sonographers do not have a protected title and are therefore not required to be registered with the Health and Care Professions Council (HCPC). All sonographers were qualified radiographers and radiographers that have an extended scope in sonography are required to be registered with the HCPC. Clinical staff were required to complete continuous practice development (CPD) to meet their professional body requirements. Staff were required to renew their membership every two years and we saw that all clinical staff had renewed their membership in February 2018.
- Staff performance was monitored through peer reviews and yearly appraisals. The director told us peer reviews were used as a teaching tool and the reviewer could contact the clinician to discuss findings. Where performance issues were identified, the director said the member of staff would be observed and assessed completing clinical tasks. Further training opportunities would to be offered however, poor performance had not been an issue at this service.
- Records showed all staff had received an appraisal in the last year. The director believed that appraisals not only benefitted the staff but also the service leaders. Staff were asked to give honest feedback on the performance of the leadership team.
- The service completed the disclosure and barring service checks every three years. We asked the manager how they ensured staff notified the service if

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they were under investigation at another service. We were told staff were encouraged to register with the yearly update service and were reminded they were professionally accountable through their professional registration to notify Diagnostic Ultrasound Services of any ongoing investigations that may affect their practice.

- New staff underwent a role specific induction and were assigned a buddy for support. Staff said during the induction they worked with their buddy whilst completing their competencies. The director supervised staff to ensure professional competence.
- All staff were trained in the use of ultrasound equipment and relevant information systems. Staff said they had additional training after major software updates.

## Multidisciplinary working

- All staff we spoke with spoke positively about working alongside each other.
- Staff felt confident to ask for assistance from the director and consultant radiologists. We spoke to a referring GP from the GP practice who stated that she was rarely asked to attend any medical emergencies from the ultrasound service as they were generally well patients. However, she told us of a case where a sonographer had asked for her advice as the duty GP, on a neck lump that disappeared when the patient laid down for the scan. Together they decided to scan the patient in various positions including lying down and sitting upright to obtain clear images of the lump.

## Seven-day services

- The service operated Monday to Friday excluding Wednesday. The service generally opened from 8.30am to 5pm however, if required ultrasound services could be provided up until 7pm. During busy periods, the service provided Saturday clinics on an ad hoc basis.

## Consent and Mental Capacity Act (Deprivation of Liberty Safeguards only apply to patients receiving care in a hospital or a care home)

- Training records supplied to us indicated that all staff working for the service had completed the e-learning Mental Capacity Act training.

- Appointment letters sent to patients had a consent form, which patients were asked to read and complete before attending their appointment. Staff understood their responsibilities to gain consent from patients before continuing with the procedure. We were told consent was obtained verbally or in written form particularly for invasive examinations such as a transvaginal scan.
- We asked the sonographer what she might do to check mental capacity to consent and she told us lack of capacity was highlighted on the referral form by the referring clinician. The clinician would assess capacity through conversation which included checking demographic details and asking if the patient knew what procedure they were to have. She would not continue if there were doubts about capacity and would refer to the consent policy. We observed that the consent policy, had guidance for clinical staff on best interest decision making when patients lacked capacity.

## Are outpatients and diagnostic imaging services caring?

Good 

## Compassionate care

- Patients were happy with level care of care they had received. One patient said that staff were always friendly and welcoming. We observed kind interactions between staff and patients with staff taking time to interact with patients.
- We observed reception staff discussions with patients and found them to be polite, friendly and helpful. Patient's dignity was respected and staff ensured that they introduced themselves to patients. Staff were discreet and ensured patient discussions on procedures took place in the privacy of the scanning room.
- Staff told us they aimed to provide a very good service for their patients. They were familiar with many patients giving this service a friendly and personal feel.
- Patient feedback was extremely positive. The service asked patients to complete a patient satisfaction

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survey. The survey asked questions including, how would they rate the booking of their appointment and if they were happy with the scan. The service reported a response rate of 98% with over 99% of patients who responded saying they were extremely likely to recommend the service to friends and family.

## Emotional support

- Feedback from patients confirmed that staff provided emotional support when required to help them to cope emotionally with their care. One patient said the sonographer was very professional but also light hearted and made the experience of receiving an ultrasound in an intimate area comfortable and less embarrassing. Whilst another commented that they felt they were not judged and reassured throughout their appointment.
- There was a chaperone service available and posters in the waiting room informing patients of this service. Administrative staff were chaperone trained and told us they were always available to provide the service. The service was also offered at the booking stage particularly for intimate procedures to reduce any anxiety before the appointment.

## Understanding and involvement of patients and those close to them

- We spoke to a patient at length and were told they had been provided with good information regarding the procedure and staff asked them if they understood everything throughout their care. Patients were informed of the results of the scan during the appointment. Comments from the patient satisfactory survey said staff gave them the opportunity to ask questions.
- Staff told us patients could have their relative in the scanning room with them if they wished. There was enough room to accommodate those close to the patient.

## Are outpatients and diagnostic imaging services responsive?

Good 

## Service delivery to meet the needs of local people

- The service endeavoured to provide patients with appointments that suited their lifestyle. For example, if there were no appointments available at Oxted Health Centre, staff offered patients an appointment at the other five locations in Surrey and Sussex that formed part of Diagnostic Ultrasound Services. Administrative staff confirmed that patients were offered appointments closer to their place of work for instance, which patients said was helpful. Furthermore, the service occasionally provided a Saturday service or evening appointments to accommodate the needs of patients who were unable to attend during work hours or for increased ultrasound activity.
- Oxted Health Centre was located near established routes, with a train station a short distance away. There was limited free car parking. Patients commented that parking was difficult however, staff made efforts to find free spaces or to fit patients in as they understood the impact this might have.
- Ultrasound services were delivered in a dementia friendly environment. Signage directing patients to the scanning room, waiting room and toilets was clear, visible and easy to follow.
- Written information leaflets were available within the waiting room to inform patients of varying conditions and forms of treatment.

## Meeting people's individual needs

- Wheelchair access to the service was managed well. There was a ramp to access the service and the waiting room and scanning room were all on the same floor. There was sufficient designated space to manoeuvre and position a person using a wheelchair in a safe and sociable manner.
- The service made reasonable adjustments for wheelchair users and people with restricted mobility.

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- We observed that letters sent to patients ahead of their appointments contained the relevant information. Appointment letters confirmed the appointment date and time, contact details for the service, and information about fasting or bladder filling protocols if required.
- The service's website was informative and patient friendly to use. There was a good description of each procedure as well as examples of patient feedback.
- A telephone interpretation service was available for patients to access. This helped ensure patients and relatives could clearly understand important elements of clinical conversations. The service could provide leaflets in other languages if required to meet the needs of patients.
- We saw there was access to a hearing loop fitted in the waiting area for patients with hearing difficulties.

## Access and flow

- People had timely access to the service. Ultrasound waiting times were in line with good practice.
- Staff told us clinics generally ran on time and most patients confirmed this stating that they were "seen on time" and the service was quick and efficient. Other feedback comments showed that patients were informed if the clinic was running late upon arrival and kept up to date whilst they waited.
- Patients could book appointments in person, online and via telephone.
- Appointment times were 15 minutes long and could be increased if necessary. The referring GP would indicate on the referral form if additional time was required and administrative staff would book appointment slots accordingly. One sonographer we spoke with said she could provide a good service with no pressure to rush through her patients. There were in-built catch up slots to ensure the appointments did not run late. Patient care was a priority so staff were happy to work a little late rather than not provide good care.
- Catch-up slots were also used to accommodate urgent referrals. One parent commented that their son was seen by a GP within the practice and within 20 minutes of a referral being made, the patient had their ultrasound procedure.
- The service performed well in relation to referral to treatment waiting time. The service recorded the date from when they accepted a referral form, to the date the scan was completed. The service had three different clinical commissioning groups contracts which stipulated the ideal length of time from referral to scanning date. For two of the contracts the target was to scan the patient within 10 working days of acceptance of referral and at an absolute maximum of 20 working days (four weeks). The third contract stated that scanning for routine referrals should be undertaken at a minimum of 20 days (four weeks) and a maximum of 25 working days (five weeks). Performance data showed that 77% of urgent patients were scanned within five days and 94% within 10 days. We noted that 45% of routine patients were scanned within 10 days and a total of 96.3% were scanned within 20 days of accepting the referral.
- The service routinely recorded the scan date and the date the report was sent to the referring GP. From January 2018 to July 2018 100% of reports were submitted to the referring GP within 24 hours which was in line with the time frame set by the clinical commissioning groups
- The "did not attend" rate was considered low at 6.7% and administrative staff said patients were offered a second appointment if they missed their first one.
- From August 2017 to August 2018, 66 planned procedures were cancelled due to staff sickness, adverse weather or flight cancellations. This equated to an exceptionally low cancellation rate of 0.6%. Patients were offered alternative appointments.

## Learning from complaints and concerns

- The service aimed to conduct timely investigations into complaints and concerns and share any learning with staff.
- The service had a complaints policy providing guidance to patients on how to make a complaint. The policy was available on the service's website and we



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saw leaflets and posters in the scanning room and waiting room, visible to patients and visitors of the service. Information was available about other organisations patients could contact if they were not satisfied with the way the service dealt with their concerns.

- The service had a complaints risk assessment. Written complaints were assessed and graded low, medium or high in accordance to the seriousness risk assessment matrix. The service had an exceptionally low complaint level of 0.05%. In the 12 months before our inspection, the service received five complaints. Two complaints had been rated as medium risk which was described by the service as the service or experience being below reasonable expectations but not causing lasting problems. Complaint had been responded to in line with Diagnostic Ultrasound Service's complaints policy.
- We noted that all staff had completed a mandatory training course on complaint and conflict management. One sonographer we spoke with said she tried to address any concerns the patient might have immediately or would escalate the issue to the director.
- We saw records of complaints being discussed in detail at multidisciplinary meetings. Staff said learning from complaints was shared to improve the quality of the service.

## Are outpatients and diagnostic imaging services well-led?

Good 

### Leadership

- The service had leaders with the right skills and abilities to run a service providing high-quality sustainable care. The leadership team was led by the director who was a director of the service and one of the first sonographers to set up a community ultrasound service for a GP practice. The director had been in post since 1996. The leadership team included two clinical governance leads who were consultant radiologists and a medical director.

- Staff we spoke with about the leadership of the service were very positive and supportive of their leaders. We were told, the director and the consultant radiologists were easily accessible, approachable and friendly.

### Vision and strategy

- Diagnostic Ultrasound Services' vision was 'To be recognised as a centre of excellence for Ultrasound that provides the highest quality, patient centred service'. Their mission was 'we deliver high quality services that enables GPs and patients to quickly establish how the next steps in their care is delivered'.
- Staff we spoke with were aware of the service's vision and were proud and passionate about the service they provided patients. Staff told us they believed their performance was in line with the service's vision.

### Culture

- Throughout the inspection staff were welcoming and happy to answer our questions. Staff spoke of a strong team ethos and felt supported by their colleagues and director. We observed positive interactions between staff and service leaders throughout our inspection.
- Diagnostic Ultrasound Services took part in the Workforce Race Equality Standards (WRES) and the report was accessible on their website. All independent healthcare organisations with NHS contracts over certain thresholds are contractually obliged to collect, report, monitor and publish their WRES data and act to ensure there is no discrimination within the workplace.
- We reviewed the last report published in September 2018 which identified that the service needed to promote workforce race equality standards through annual appraisals and team meetings. The report was published on the service's website.

### Governance

- There were policies and risk assessments to support the service's governance structures. These included topics such as, incident management, information governance, risk management, and management of complaints.
- During our inspection we found that policies had been updated in line with the General Data Protection Regulation that came in to force in May 2018.

# Diagnostic imaging

Information provided before the inspection included the service's annual plan and target dates for completion. The plan detailed changes the service wanted to make to make improvements. For example, the service planned to outsource work to a supplier who would ensure their data governance policies were in line with the new regulation.

- Multidisciplinary meetings were held twice a year. Meetings were attended by the director, medical director, consultant radiologists, clinic clerks and sonographers. We reviewed recent minutes which showed discussion around audits, governance, policy updates, appraisals and complaints and compliments. The minutes provided actions the service needed to take and the responsible member of staff. The service was in the process of increasing the formalised meetings with a set agenda to four times a year. This was to improve the efficiency of their feedback system and allow staff to have time for challenging discussions.
- The manager met with the administrative staff three times per week to discuss matters including appointments, complaints and general practice concerns. Matters that arose from these meetings and needed to be shared with the rest of the team were communicated to staff.

## Managing risks, issues and performance

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- There was a risk register and all risks were rated according to their likelihood of occurring and impact of risk. Risks were categorised into nine groups including but not limited to staffing, contracts, equipment and I.T. There were 23 risks and each had controls to mitigate the risk and a control owner. The director was the control owner of 21 of these risks. She could tell us of the services top risks and how they were monitored.
- The service was in an area subject to power cuts. The service implemented a generator to minimise any disruption caused by the lack of power. Records

showed that the generator had been tested in the 12 months before our inspection as part of the yearly testing schedule. The director told us they had not had any clinics cancelled because of power failure.

- The service was supported by an onsite IT help service. Staff said the team were quick to resolve any computer problems related to power or system failure. All data within the services database was backed up daily.
- The service shared a business continuity plan with the GP practice. We reviewed the plan which detailed alternative locations to provide services following a significant event, what staff were responsible for, flowcharts for cascading information, as well as supplier contact information. The plan was last reviewed in March 2018.

## Managing information

- The service collected, managed and used information well, using secure electronic systems with security safeguards to support their activities.
- Information governance training formed part of the mandatory training programme. Training records showed that 100% of staff had completed the training in the last 12 months. Staff we spoke with understood their responsibilities to maintain confidentiality and report any incidents leading to a breach of security.
- The medical director of the service was the Caldicott guardian who was responsible for protecting the confidentiality of patient's healthcare information and ensuring it was used for the right purposes. There was a Caldicott protocol which explained the guardian's responsibilities including assessing and challenging the sharing of information between the service and other organisation.
- The service used two computers, one in the scanning room and the other in the administration office. This was sufficient to enable staff to access records and systems they needed. We observed staff navigating the systems with ease to locate key records.
- Patient records and ultrasound images could be reviewed remotely by referrers to give timely advice and interpretation of results to determine appropriate patient care.

# Diagnostic imaging

- Patient data was stored or transferred to other organisations securely. Staff said paper copies of patient records were transferred using an internal courier or by special delivery in accordance with Oxted Health Centre's information security policy.
- Awareness training on information security procedures was provided during induction and on a regular basis. The level of training depended on the individual's functional roles and the access needed to perform that role. Each member of staff was granted individual access to the service's network by the director to ensure that only authorised staff had access to confidential data.

## Engagement

- The service engaged well with patients, staff and the public to plan and manage appropriate services effectively.
- Informal meetings with staff took place every Monday, Tuesday and Saturday. The director told us emails were sent to staff to keep them up to date with what was happening within the service, changes in practice or legislation. Staff told us this was a good method of communication and felt engaged with the service.
- Patient satisfaction survey results were discussed with staff, as well as any complaints or compliments. Action was taken in response to the feedback to ensure positive feedback was replicated and poor care was not repeated.
- Diagnostic Ultrasound Services had a website where patients could obtain information about the various ultrasound services and locations they provided ultrasound scanning from.

- We were told that the local community had a vested interest in the service since its formation. Service leaders attended local meetings and held public talks with the community to address any questions or concerns about the running and future of the service.

## Learning, continuous improvement and innovation

- The service actively encouraged learning, continuous improvement and innovation.
- The service leaders had developed a comprehensive anonymised patient satisfactory survey, which was completed on a handheld device at the time of the scan. The survey not only included questions about patient experience, there were questions relating to disability and religious beliefs. Data was collated, reviewed and discussed with the team so they understood the demographics of the population they served. Additionally, it was used to drive changes within the service that catered to the needs of the community. The service was open and transparent and we noted that raw data was published on the service's website.
- Staff were encouraged to suggest topics of learning, particularly for subjects that the service rarely came across. One member of staff suggested having training on duty of candour, an experience they had encountered at an NHS service they worked for. This highlighted its importance to all staff and started a conversation around this topic. Staff explained that this had been a good experience for the team as they learned from an individual recount of how duty of candour was applied.

# Outstanding practice and areas for improvement

## Outstanding practice

- Staff encouraged patients to complete a comprehensive anonymised patient satisfactory survey. The service reported a 98% response rate in

the last 12 months. The survey included questions relating to disability and religious beliefs for the service gain a sound understanding of the population it served and to drive changes.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- Evidence regular monitoring of hand hygiene audits.