

Northern Medical Ultrasound






Quality Report

The Rainhall Centre
Rainhall Road
Barnoldswick
Lancashire
BB18 5DR
Tel: 01282 815149
Website: www.nmultrasound.co.uk

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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

Northern Medical Ultrasound is operated by Northern Medical Ultrasound. The service is based at Barnoldswick, Lancashire and provides musculoskeletal (MSK) diagnostic ultrasound scan services as part of an arrangement with an independent physiotherapy service. The service only offers scans for private fee paying patients of all ages that have been referred by the independent physiotherapy service.

The main service provided by the service is diagnostic imaging. We inspected this service using our comprehensive inspection methodology on 29 October 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

Summary of findings

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.

Services we rate

This is the first time we have rated this service. We rated safe as good overall.

We found the following areas of good practice:

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

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

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

- The service did not have a specific record or form for documenting safeguarding concerns.
- Whilst the leaders were able to articulate the vision and strategy verbally, the service did not have a formal documented vision for what it wanted to achieve or a formal strategy to turn it into action.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North Region)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

Diagnostic imaging was the main activity of the service.

We rated this service as good because it was safe, caring, responsive and well-led. We do not rate effective for diagnostic imaging services.

Summary of findings

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Good 

Northern Medical Ultrasound

Services we looked at:

Diagnostic imaging.

Summary of this inspection

Background to Northern Medical Ultrasound

Northern Medical Ultrasound is operated by Northern Medical Ultrasound. The service is based at Barnoldswick, Lancashire and provides Musculoskeletal diagnostic ultrasound scan services as part of an arrangement with an independent physiotherapy service. The service only offers scans for private fee paying patients of all ages that have been referred by the independent physiotherapy service.

The service has been registered with the Care Quality Commission (CQC) since 2 October 2018 to provide the regulated activity of diagnostic and screening procedures. It has had a registered manager in post since registering with the CQC in October 2018.

The service also provides recruitment agency services and supplies temporary staff to NHS acute and community providers across Yorkshire and the North West. We did not inspect these services as they do not form part of regulated activities.

Our inspection team

The team that inspected the service comprised a CQC lead inspector. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Information about Northern Medical Ultrasound

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures

We inspected this service using our comprehensive inspection methodology on 29 October 2019. We spoke with a healthcare assistant, the office manager and the registered manager (who was also a sonographer). We spoke with four patients. During our inspection, we reviewed eight sets of patient records.

All scan procedures are carried out at the premises of the external physiotherapy service provider under a service level agreement in place since January 2017. We did not inspect the external premises but looked at records to demonstrate monitoring of the premises and equipment by the provider.

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 is the first time we have inspected the service since registration with CQC.

Activity (October 2018 to September 2019)

- In the reporting period October 2018 and September 2019, there were 103 scan procedures carried out by the service.
- This included two scan procedures on patients under 18 years of age during this period.
- All scan procedures carried out were for privately-funded patients referred by an external physiotherapy service provider.

The service is operated by two sonographers (including the registered manager), supported by a healthcare assistant and an office manager (who provided administrative support only).

Track record on safety (October 2018 to September 2019)

- No Never events
- No clinical incidents
- No serious injuries
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.diff)

Summary of this inspection

- No incidences of hospital acquired E-Coli
- No complaints
- Service level agreement for use of premises and facilities by an external physiotherapy service provider.

Services provided under service level agreement:

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?

This is the first time we have rated this service. We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

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

- The service did not have a specific record or form for documenting safeguarding concerns.

Good



Are services effective?

We inspect but do not rate effective for diagnostic imaging services. We found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The service provided diagnostic ultrasound scan procedures and hydration and nutrition assessments were not routinely carried out due to the nature of the services provided.

Summary of this inspection

- Staff assessed and monitored patients regularly to see if they were in pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. The service did not undertake scan procedures for patients who lacked capacity to make their own decisions or were experiencing mental ill health.

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

- Staff did not routinely give patients practical support and advice to lead healthier lives.

Are services caring?

This is the first time we have rated this service. We rated caring as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Good



Are services responsive?

This is the first time we have rated this service. We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served.

Good



Summary of this inspection

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Are services well-led?

This is the first time we have rated this service. We rated well-led as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services.

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

Good



Summary of this inspection

- Whilst the leaders were able to articulate the vision and strategy verbally, the service did not have a formal documented vision for what it wanted to achieve or a formal strategy to turn it into action.





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

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

This is the first time we have rated this service. We rated safe as good.

Mandatory training

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

Staff received mandatory training in areas such as health and safety, information governance, fire safety, equality, diversity and human rights, safeguarding adults, mental capacity, moving and assisting people, infection prevention and control, hand hygiene, conflict resolution, first aid awareness and basic life support.

There was a mandatory training policy in place that outlined the training requirements for staff working within the service. The policy defined the type of training required for each staff member and the frequency of this training.

Mandatory training was provided on induction followed by updates either annually or every three years depending on the training topic. The mandatory training was comprehensive and met the needs of patients and staff.

The registered manager and the office manager monitored mandatory training with the use of a training matrix and alerted staff when they needed to update their training. The individual staff members were notified when mandatory training was due or had expired.

Mandatory training was delivered either face-to-face or through e-learning modules. Records showed that 100% of eligible staff had completed their mandatory training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. However, the service did not have a specific record or form for documenting safeguarding concerns.

Staff received mandatory training in the safeguarding of vulnerable adults. Records showed that all four staff (100%) had completed their adults safeguarding training.

The registered manager told us training relating to female genital mutilation (FGM) and 'prevent' (anti-radicalisation) was included as part of the safeguarding training.

There were two sonographers (including the registered manager). Training records showed both sonographers had completed safeguarding of children (level two) training.

The training was in line with Intercollegiate document 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019'. This stated that diagnostic radiographers required a minimum of level two training, but those involved full time or significantly in paediatric radiography or involved in imaging for suspected physical abuse required level three training. The service had only carried out a limited number of scans for patients under 18 years of age (two cases in period between October 2018 and September 2019).

Diagnostic imaging

Staff were aware of how to identify potential abuse and report safeguarding concerns. There was a safeguarding vulnerable adults and children policy in place and information on how to report safeguarding concerns within the service and to external bodies (such as local authority safeguarding teams) was available for staff.

There had been no reported safeguarding incidents reported by the service between October 2018 and September 2019. The registered manager told us they did not have a specific record or form for documenting safeguarding concerns as they had not identified or reported any safeguarding concerns. A specific record or form for documenting safeguarding concerns would benefit the service as this would provide a standardised and consistent process for staff when recording safeguarding concerns.

The registered manager was the named safeguarding lead and had also completed safeguarding of children (level three) training. The registered manager told us they had identified another staff member to become the safeguarding lead for the service and they were scheduled to complete level three adult and children safeguarding training by the end of November 2019.

Cleanliness, infection control and hygiene

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

There was an infection control policy in place and the registered manager was the infection prevention and control lead for the service. Records showed 100% of eligible staff had completed mandatory training in hand hygiene as well as infection prevention and control training.

There had been no cases of Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia, Meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia, *Clostridium difficile* (C.diff) or *Escherichia coli* (E. coli) reported by the service between October 2018 and September 2019.

All scan procedures were carried out at the premises of the external physiotherapy service provider under a service level agreement in place since January 2017. As part of the arrangement, the scan procedures were

carried out by sonographers at the service, using their ultrasound scan equipment and consumables such as personal protective equipment. The external physiotherapy service provided facilities such as a room for carrying out scans, an adjustable couch bed, chairs and hand washing and toilet facilities.

We did not inspect the external premises; however, we saw evidence to show the sonographers completed an infection control audit using a checklist prior to commencing treatment to check the environment and equipment at the external physiotherapy service was clean, safe and well maintained.

We looked at completed infection control checklist audits for July and September 2019. These showed checks had been carried out on the general environment, hand washing arrangements, waste disposal arrangements and cleaning equipment. The checklists showed appropriate arrangements were in place to minimise the risk of spread of infection, such as clean premises and equipment, adequate hand washing facilities and single use mops.

We spoke with four patients and they all told us the scan room and equipment at the external premises and equipment was clean and well maintained.

Personal protective equipment, such as gloves and aprons, were readily available. The registered manager told us they carried out routine hand hygiene audits to monitor staff compliance with hand washing and 'bare below the elbows' guidance. We saw hand hygiene audits for both sonographers between December 2018 and September 2019. The audits consisted of at least five observations for each sonographer and showed 100% compliance was achieved.

The sonographers were responsible for cleaning and decontaminating the ultrasound equipment within the treatment room. Staff used detergent wipes and chlorine-based disinfectant to clean and decontaminate surfaces and equipment. The ultrasound machine probe was cleaned and disinfected in-between patient use.

The registered manager told us they did not have any clinical waste or sharps because only non-invasive scans were performed; however, the registered manager confirmed all items were double bagged prior to disposal and there was an arrangement for the collection of waste with an external clinical waste contractor.

Diagnostic imaging

The registered manager told us staff had access to spill kits for cleaning up spills from bodily fluids (such as vomit). The registered manager told us they had not had any instances of bodily fluid spillage instances between October 2018 and September 2019.

Environment and equipment

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

All scan procedures were carried out at the premises of the external physiotherapy service provider under a service level agreement in place since January 2017. As part of the arrangement, the scan procedures were carried out by sonographers at the service, using their ultrasound scan equipment and consumables, such as personal protective equipment. The external physiotherapy service provided facilities such as a room for carrying out scans, an adjustable couch bed, chairs and hand washing and toilet facilities. The sonographers carried out routine checks to ensure the environment and equipment at the physiotherapy service was clean, safe and well maintained.

We did not inspect the external premises; however, we saw evidence to show safety checks had been carried out. The registered manager told us there was a contractual arrangement with the external physiotherapy service who was responsible for maintaining the premises as part of the contractual arrangement and this included the service and maintenance of auxiliary systems (such as gas, fire safety and electric supplies).

The registered manager told us electrical and fire safety testing was carried out every 12 months. We saw certificates showing electrical safety and fire safety tests had been carried out in the past 12 months. We saw evidence that electrical safety testing had been carried out on all electrical equipment (including the scan chair) within the past 12 months.

We saw evidence to show fire safety and health and safety assessments had been carried out by the service within the last 12 months and there were clear instructions for staff to follow in the event of a fire.

The service had a portable ultrasound machine that was kept at the provider's office and taken to the external

physiotherapy service when patient scans were performed. Staff had access to other ultrasound equipment and probes if the main machine became faulty. The service had an arrangement with the ultrasound manufacturer for the service and maintenance of the ultrasound machines and probes. We saw evidence to show the ultrasound equipment had been serviced within the past 12 months.

The registered manager told us the ultrasound equipment was on a lease contract with the equipment manufacturer and as part of the arrangement they periodically replaced ultrasound machines at least every five years and replaced the ultrasound probes on an annual basis.

The sonographers carried out daily and weekly checks on the ultrasound equipment before and after use, including checks for visible damage to equipment and integrity of cables and checks for error messages and fault logs. We saw evidence of this in the weekly checklist records we looked at. The registered manager confirmed there had been no faults or equipment issues reported by the service between October 2018 and September 2019.

The registered manager told us they did not have any emergency equipment, but a first aid kit was available for staff if required.

We spoke with four patients and they all told us the environment and equipment at the premises was clean and suitable for providing scan procedures.

Assessing and responding to patient risk

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

The service only carried out musculoskeletal ultrasound scans for patients that had been referred by the independent physiotherapy service. This meant most patients were low risk, healthy patients that did not have complex health needs.

The service did not have a defined specific admission or exclusion criteria for patients. The service only carried out non-invasive musculoskeletal ultrasound scans and patients that were unable to consent to undergoing scan procedures were excluded.

Diagnostic imaging

As part of the referral process, the external physiotherapy service carried out an initial patient risk assessment which included medical history, pain assessment and a general health assessment to identify any health problems, medical conditions or previous treatment. The registered manager told us the sonographers used this information to assess whether the patient was suitable to undergo scan procedures.

The registered manager told us the 'paused and checked' checklist was followed for all scan procedures by the sonographers. The British Medical Ultrasound Society (BMUS) produced a 'paused and checked' checklist to be used as guidance for sonographers during each scan procedure. This included checks such as confirming the patient's identity and consent; providing clear information and instructions, including the potential limitations of the ultrasound scan; following the BMUS safety guidelines; and informing the patient about the results.

The service only used latex free gloves to minimise the risks for patients that had an allergy to latex.

There were clear processes in place to escalate unexpected or significant findings identified during the ultrasound scans. Where any concerns were identified, this was explained to the patient and they were provided with a scan report to take with them. The registered manager told us they would advise patients to contact their general practitioner if the scan procedures identified any abnormalities. The registered manager told us there had been no instances of unexpected or life threatening findings identified during scan procedures between October 2018 and September 2019.

The two sonographers and the healthcare assistant had completed mandatory basic life support training within the last 12 months. The registered manager told us they would contact the emergency services if a patient's health deteriorated during a scan procedure, so the patient could be transferred to the nearest acute hospital by ambulance. There had been no instances where a patient's health deteriorated and required urgent transfer to hospital between October 2018 and September 2019.

Diagnostic imaging staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service was managed by two directors, consisting of the registered manager (who was a sonographer) and one other sonographer. The sonographers were supported by a healthcare assistant and an office manager that provided administrative support.

Scan procedures were only carried out by the two sonographers. There was at least one sonographer present when ultrasound scans were carried out. The healthcare assistant provided support for the sonographers if required and their main involvement was to act as a chaperone.

There were no staff vacancies at the time of our inspection. The registered manager told us they did not use agency staff and cover for leave or sickness was provided by the existing team.

Medical staffing

The service did not employ any medical staff.

Records

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

The referring physiotherapy service used paper-based records for initial patient risk assessments and consent to treatment. The registered manager told us this information was reviewed by the sonographers and kept by the external physiotherapy service.

The sonographers used an electronic cloud-based system for the storage of electronic scan images and test reports. We looked at the records for eight patients and found these were complete and up to date. The scan reports we looked at clearly stated that verbal consent had been obtained prior to undergoing the scan procedure.

The scan reports included the patient's identification, the time, date and person who carried out the scan and

Diagnostic imaging

completed the report as well as the findings and recommendations from the scan. The scan images and reports were given to the referring physiotherapy service and the patient electronically by email.

The registered manager told us all scanned images and reports were retained for at least 10 years on the cloud-based electronic record system.

Medicines

The service did not store, prescribe, or administer any medicines.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

There was an incident reporting policy that outlined the process for identifying and reporting clinical and non-clinical incidents and near misses. Staff were aware of the process for reporting any identified risks to patients, staff and visitors. Incidents were logged using an incident reporting form.

There had been no never events or serious patient safety incidents reported by the service between October 2018 and September 2019. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

There had been no incidents or serious incidents reported by the service between October 2018 and September 2019.

The registered manager told us if an incident was reported, it would be investigated by staff with the appropriate level of seniority. The registered manager told us information about incidents would be shared with staff and discussed during routine staff meetings to improve practice and the service to patients.

The service had a duty of candour policy in place and the staff we spoke with were aware of their responsibilities regarding duty of candour legislation. The duty of candour is a regulatory duty that relates to openness and

transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

There had been no incidents reported by the service that met the threshold for implementing the duty of candour.

The registered manager was aware of their responsibility to report notifiable incidents to the Care Quality Commission (CQC) and other external organisations.

Safety Thermometer (or equivalent)

The service did not maintain a clinical dashboard for patient safety incidents.

There had been no incidents that had led to patient harm or any patient safety incidents (such as falls with harm) reported by the service between October 2018 and September 2019.

Are diagnostic imaging services effective?

We inspect but do not rate effective for diagnostic imaging services.

Evidence-based care and treatment

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

Diagnostic ultrasound scan procedures were carried out in accordance with national guidelines such as from the British Medical Ultrasound Society (BMUS), the Society of Radiographers (SCoR) and The European Society of Musculoskeletal Radiology (ESSR).

Staff also followed British Sarcoma Group guidelines for ultrasound screening of soft tissue masses in the trunk and extremity (January 2019) in relation to identifying benign and malignant tumours, including soft tissue sarcomas.

The service had clinical standard operating procedures in place that provided staff with guidance on conducting musculoskeletal ultrasound scan procedures. These were

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based on national guidelines and included revision histories and review dates ranging between one to three years. The standard operating procedures we saw were all up to date and within their specified review dates.

The registered manager maintained the standard operating procedures. The registered manager told us the sonographers benchmarked against national and international guidelines and updated these procedures following any changes to best practice guidelines as part of routine clinical governance meetings.

Nutrition and hydration

The service provided diagnostic ultrasound scan procedures and hydration and nutrition assessments were not routinely carried out due to the nature of the services provided.

There were no prerequisite requirements for patients (such as fasting) in relation to scan procedures.

Patients were only present on site for a short period of time, therefore food and drink was not routinely offered; however, patients were offered refreshments, such as water.

Pain relief

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

The registered manager told us they would stop the scan procedure if patients experienced any pain symptoms to assess whether they could continue the procedure.

If any pain symptoms were identified patients were advised to seek support from their general practitioner (GP) or attend a local acute hospital for treatment.

Patient outcomes

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

The service did not participate in any local or national clinical audits or benchmark patient outcomes with any external organisations. Patient outcomes were measured through patient experience measures, such as patient feedback and complaints.

The registered manager told us there were no instances where patients were readmitted for repeat scan procedures due to errors following their initial scan between October 2018 and September 2019.

There was a process in place for peer review of scan reports to gain assurance that scan procedures were carried out in line with the service's policies. A sonographer peer reviewed 5% of randomly selected patient scan records from one of the other sonographers each month. The findings from peer reviews were discussed at routine clinical governance meetings to aid learning. The peer audits were carried out by the two sonographers as well as other sonographers from the provider's other registered services so there was a greater level of impartiality in the peer audits.

We looked at the monthly peer review audits of the two sonographers between February 2019 and September 2019. These showed there were no errors or concerns in relation to scans performed by the sonographers. The registered manager confirmed there had been no issues or concerns identified from peer reviewed reports between October 2018 and September 2019.

Competent staff

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

Newly appointed staff underwent an induction process and competency assessment following the commencement of employment. Staff underwent a probationary period for three months and this was approved following successful completion of competency assessments.

The sonographers were assessed through routine observational supervision audits and peer review audit of scan reports to monitor the quality of their work.

All scan procedures were carried out by two qualified sonographers who were registered with the Health and Care Professions Council (HCPC). Records showed their qualification certificates and registrations with professional bodies were up to date.

Records showed the sonographers had received competency based training and each sonographer maintained their individual competencies as part of their

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continual professional development (CPD). The office manager and healthcare assistant told us they received good support and were routinely offered on-the-job development opportunities as part of their role. This included additional training for the healthcare assistant in relation to supporting patients undergoing scans and acting as a chaperone.

There was an appraisal policy in place and staff told us they received annual appraisals. Records showed 100% of staff had completed their appraisals at the time of our inspection.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

There was effective daily communication and team working between the sonographers and support staff so scan procedures could be coordinated and delivered effectively.

The service had a service level agreement in place with an external physiotherapy service for the referral of private fee paying patients that required musculoskeletal ultrasound scan procedures. The registered manager regularly liaised with staff from the referring external physiotherapy service to plan and coordinate scan procedures.

The registered manager told us they would provide scan reports and images to other healthcare professionals if patients were referred for further healthcare treatment following their scan.

Seven-day services

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

The registered manager told us they routinely offered scan services on evenings and weekends, in accordance with patient preferences.

Health promotion

Staff did not routinely give patients practical support and advice to lead healthier lives.

The registered manager told us they did not routinely offer health promotion advice due to the specific and specialist nature of the services provided.

The registered manager confirmed they offered verbal advice relating to the scan procedures and advised patients to speak with their GP for support on healthier living.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. The service did not undertake scan procedures for patients who lacked capacity to make their own decisions or were experiencing mental ill health.

The service had a consent policy which outlined the process for obtaining valid verbal consent from patients prior to undergoing scan procedures.

The sonographers sought verbal consent from patients prior to undergoing scan procedures and this was documented in the scan report. The registered manager told us they explained the risks and benefits of the scan procedures verbally prior to undertaking scan procedures to allow patients to make an informed decision.

We looked at the records for eight patients. They showed the sonographers had documented that verbal consent had been obtained from patients and that planned scans were delivered with their agreement.

The registered manager told us they would not carry out any procedures without verbal consent from patients. The consent policy stated that if a patient lacked the capacity to give or withhold consent to a scan, the service would not perform the examination. The registered manager told us the patient would be advised to contact their GP for advice.

Records showed 100% of staff had received mental capacity training as part of their mandatory training. The registered manager confirmed there had been no instances where a referred patient was unable to provide their own informed consent for the ultrasound scan.

The service offered scan procedures for patients under 18 years of age. The consent policy specified that parental consent would be sought for patients under 18 years of

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age and patients under 18 years of age would also be assessed to determine if they had the competency to receive treatment as an adult using the Gillick competence guidelines.

Are diagnostic imaging services caring?

Good 

This is the first time we have rated this service. We rated caring as good.

Compassionate care

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

All the staff we spoke with were caring and compassionate and were committed to providing good patient care. Staff told us they treated patients with respect and were able to explain how they maintained patient's privacy and dignity during scan procedures.

The registered manager told us patients were normally fully clothed when carrying out the scan procedures. The registered manager told us the scan room had a curtain that was used to maintain patient privacy.

We spoke with one patient and the relative of another patient by telephone. They all spoke positively about ways in which staff showed them respect and ensured that patient dignity was maintained. The comments received included "very positive experience" and "staff were very friendly and supportive".

Staff sought feedback from patients about the quality of the service provided through feedback surveys. We looked at a selection of feedback surveys from July to September 2019 and patient feedback received was mostly positive in relation to the care they received for areas such as privacy and dignity, staff and appointment wait times.

Emotional support

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

The staff we spoke with understood the importance of providing patients with emotional support. The registered manager and healthcare assistant told us they provided reassurance and comfort to patients during their scan and would take the time to reassure patients if there were any untoward findings following their scan.

Patients told us the staff were calm, reassuring and supportive and helped them to relax prior to undergoing their scan procedure.

Understanding and involvement of patients and those close to them

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

Staff understood the need to involve patients in any decisions that were made about their care. The registered manager told us they asked permission and clearly explained to patients what they were doing when carrying out scan procedures. The registered manager told us they took into account individual patient preferences.

The patients we spoke with told us they were kept informed about their treatment. They told us the sonographers fully explained the scan procedure options to them and allowed them to make informed decisions. Patient comments included "staff clearly explained the procedure so knew what was happening before and after the scan" and "consent was explained".

The registered manager told us patients' relatives or carers were encouraged to accompany patients during their scan. The service offered a chaperone service if requested and the healthcare assistant acted as a chaperone for patients when required.

Are diagnostic imaging services responsive?

Good 

This is the first time we have rated this service. We rated responsive as good.

Service delivery to meet the needs of local people

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The service planned and provided care in a way that met the needs of local people and the communities served.

The service offered musculoskeletal ultrasound scan procedures for private fee paying adult patients and also for patients under 18 years of age.

In the reporting period October 2018 and September 2019, there were 103 scan procedures carried out by the service. This included two scan procedures on patients under 18 years of age.

Scan referral requests were booked in advance and this allowed staff to plan and deliver the scan procedures before patients attended their appointment. The registered manager told us the initial referral request was made by telephone and information such as patient details, medical condition and type of scan required was obtained. This information was recorded on the provider's electronic scheduling and reporting system to enable the sonographers to carry out the procedure. Patient consent and patient risks were also assessed by the sonographers prior to undertaking scan procedures.

All scan procedures were carried out at the premises of the external physiotherapy service provider under a service level agreement in place since January 2017.

Ultrasound scan prices were clearly displayed on the service's website and the costs and fees were explained to patients prior to undertaking scan procedures.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The registered manager told us the service did not provide any written materials, such as information leaflets to patients. All information given to patients about scan procedures was given verbally by the sonographers during the scan procedure.

The provider's website also included a range of information for patients in relation to ultrasound scan procedures and supporting information.

Staff could access an interpreter or sign language service if required.

The registered manager and patients we spoke with told us the facilities where scans were performed were located on the ground floor and were accessible for wheelchair users.

Records showed all four staff (100%) had completed mandatory training in mental capacity and equality, diversity and human rights.

The registered manager told us it was rare for a patient living with dementia or a learning disability to attend the service and if they were to attend they would be accompanied by a carer during their scan procedure. Patients that were unable to provide valid verbal consent were not admitted for scan procedures.

The registered manager also told us if a patient with specific needs attended the service, they would make reasonable adjustments, such as being flexible with the appointment time in order to accommodate the patient.

Access and flow

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

The registered manager told us they provided a flexible service and could accommodate referral requests in the evenings and weekends. The service aimed to conduct the scan procedure within 48 hours of the referral request (unless the patient requested an appointment later than this). The registered manager told us they had achieved this target and most scan procedures carried out between October 2018 and September 2019 had been completed within 48 hours of the initial referral.

The registered manager told us patients were routinely given a 30-minute appointment slot, but this could be extended if needed.

The registered manager told us they aimed to send the scan report and images to the patient and the referring physiotherapy service within 24 hours of completing the scan procedure. The patient records we reviewed and our discussion with patients also showed patients were booked for scan procedures within 48 hours and received scan reports in a prompt and timely manner.

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The service reported there had been no instances where patients did not attend their scheduled appointment between October 2018 and September 2019. The service also reported there were no instances of scheduled appointment delays or cancellations (unless requested by the patient) during this period.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients told us they were aware of how to raise a complaint. Staff we spoke with understood the process for receiving and handling complaints. The registered manager was responsible for managing complaint investigations and responses.

The provider's complaints policy stated that complaints would be acknowledged within three working days and investigated and responded to within 25 working days for routine complaints.

Where patients were not satisfied with the response to their complaint, they were given information on how to escalate their concerns within the service and the complaint would be reviewed and responded to by an independent senior manager or director. The service was not registered with an independent complaints adjudicator, such as Independent Sector Complaints Adjudication Service (ISCAS).

The service had not received any complaints between October 2018 and September 2019. The registered manager told us that information about complaints was discussed during routine staff meetings to raise staff awareness and aid future learning.

Are diagnostic imaging services well-led?

Good 

This is the first time we have rated this service. We rated well-led as good.

Leadership

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

The service was managed by two directors, consisting of the registered manager (who was a sonographer) and one other sonographer.

The sonographers were supported by a healthcare assistant and an office manager that provided administrative support. We spoke with the healthcare assistant and office manager and they understood the reporting structure and described the sonographers as approachable and supportive.

Vision and strategy

Whilst the leaders were able to articulate the vision and strategy verbally, the service did not have a formal documented vision for what it wanted to achieve or a formal strategy to turn it into action.

The registered manager told us the service aimed to provide a quality driven and patient safety focussed service. However, the registered manager confirmed they did not have formal documented vision and values for the service.

The registered manager told us there was no formal documented strategy for the service but was able to articulate the service objectives verbally, including providing high quality ultrasound diagnostic scan reports and achieving key performance indicators for referral to treatment and producing scan reports in a timely manner.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.

We spoke with the registered manager, healthcare assistant and office manager. They were highly motivated and positive about their work. They told us there was a

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friendly, patient-focused and open culture and that they received good support and regular feedback to aid future learning. They all told us there was a positive culture within the service and the staff worked well as a team.

There was guidance on how to raise issues or whistle blower concerns available in a staff handbook given to each member of staff working for the service.

Governance

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

The registered manager oversaw governance arrangements across the service. Governance information was discussed during routine clinical governance meetings (every three months) and routine staff meetings (every three to six months).

Governance information was cascaded to staff through routine discussions, email notifications and staff meetings.

There were a range of policies and procedures in place that provided guidance for staff in their day to day role. These were based on national guidelines and included revision histories and review dates up to every three years. The policies and procedures we saw were all up to date and within their specified review dates.

Staff underwent recruitment checks prior to commencing employment and periodically on an annual and three-year basis. This included Disclosure and Barring Service (DBS) checks (updated every three years), at least two references, qualification checks, professional registrations and identification license checks. We saw evidence that appropriate recruitment checks had been carried out for the office manager and healthcare assistant.

There was a fit and proper person policy and processes in place to conduct recruitment checks for directors of the service, in line with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). We looked at the recruitment files for the two directors of

the service (both sonographers) and saw evidence that directors underwent enhanced disclosure and barring service checks, reference checks looking at the character of the individual, individual health declarations and financial background checks.

The registered manager oversaw the process for managing safety alerts relating to patient safety and medical devices and was responsible for cascading this information to staff and responding to alerts in a timely manner.

The service had statutory professional indemnity insurance in place, in accordance with British Medical Ultrasound Society (BMUS) guidelines.

Managing risks, issues and performance

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

There was a risk management policy in place that outlined the process for identifying and managing risks to the service. We saw evidence of risk assessments in place for patient safety and organisational risk assessments, such as fire and health and safety risk assessments. These were reviewed and updated on a routine basis by the registered manager.

The service had a risk register that listed organisational and information governance risks. Risks were assigned a rating based on their severity and staff used a RAG rating (red, amber green) system.

The risk register showed organisational risks were reviewed on a regular basis and the risk register included details such as the owner of the risk and the mitigating factors in place to manage the identified risk. Meeting minutes showed key risks had been reviewed and discussed at routine clinical governance meetings.

We saw that routine audit and monitoring of key processes took place to monitor performance against patient safety standards and the provider's policies. Staff routinely carried out peer audits on scan reports as well

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as checks on infection control processes and safety checks on the ultrasound equipment. Findings from audits were discussed at routine clinical governance meetings to aid learning and improvement.

Managing information

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

Staff completed mandatory training in information governance on an annual basis. Records showed 100% of staff had completed this training. Staff were also required to sign a declaration around maintaining patient confidentiality.

Patient bookings were recorded on an online electronic system that was accessible remotely by all staff to identify patient appointments.

Patients were provided with a copy of the scan reports and images following their procedure. Scan reports were recorded and stored electronically. This meant that staff could access all the information needed about the patient at any time.

Electronic systems for staff training and recruitment records, to manage patient appointments and to store patient records required password access. These systems were cloud-based so staff could access this information remotely. The service had an arrangement with an external electronic software provider to manage the security of electronic information and for support in the event of a system failure.

Information such as audit records, equipment maintenance records and policies and procedures was securely stored electronically and could be accessed by staff when needed. The registered manager told us they could access up to date national best practice guidelines when needed.

The registered manager was accountable for data security within the service. There had been no data breaches reported by the service to the Information Commissioner's Office (ICO) between October 2018 and September 2019.

Engagement

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

Staff routinely engaged with patients during their scan procedures to gain feedback about the services. Staff sought feedback from patients about the quality of the service provided through feedback surveys. We looked at a selection of surveys and saw patient feedback was mostly positive. The registered manager told us patient feedback was regularly reviewed to look for improvements to the services.

The registered manager told us they regularly liaised with staff from the referring external physiotherapy service to plan and coordinate scan procedures.

Staff engagement took place through daily communication and routine staff meetings. The healthcare assistant and office manager told us they received good support and regular communication from the sonographers.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Findings from routine quality monitoring, such as peer review audits of scan reports, infection control audits and equipment audits were discussed at routine clinical governance meetings to aid learning and improvement.

The registered manager told us they provided a small specialist service that was sustainable, and they planned to develop the business further in the future.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should develop a specific record or form for documenting safeguarding concerns.
- The provider should develop formal vision and values and a strategy for the service.