HEM Clinical Ultrasound Service Limited

Hem Clinical Ultrasound Service Ltd

Inspection report

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Date of inspection visit: 2 November 2021
Date of publication: 10/01/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service knew how to manage safety incidents well and learn 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. Services were available to support timely patient care.
- 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 accessed the service when they needed it and did not have to wait too long for a diagnostic procedure.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	Our rating of this service stayed the same. We rated it as good . See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Hem Clinical Ultrasound Service Ltd

Hem Clinical Ultrasound Service Ltd is operated by HEM Clinical Ultrasound Service Limited. The service opened in 2015.

The service provides diagnostic imaging services (non-obstetric ultrasounds) as part of a subcontract to the NHS. There has been a registered manager in post since 17 March 2015. The service primarily serves the communities of Medway, Swale and West Kent. It also accepts adult patient referrals from outside the area and private patient referrals for adults and children under 18.

Between 1 November 2020 to 31 October 2021, the service undertook 11,596 NHS scans and 156 private scans.

We last inspected the service unannounced using our comprehensive inspection methodology on 25 April 2019. We rated the service as good. We stated four actions the provider should take to improve at the inspection undertaken in April 2019. Issues relating to meeting individual needs and demonstration of compliance with the hand hygiene policy were resolved.

How we carried out this inspection

We undertook this unannounced inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We spoke with the registered manager who was also the clinical lead, service manager, two scan assistants and administration staff, three patients and reviewed five patient records.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- The service provided leaflets in braille for patients who needed them.
- The service collaborated with a university to provide clinical, on the job education to recruit and retain their own clinical staff.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

Summary of this inspection

The service should ensure all staff complete face to face basic life support training.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good

Our rating of safe stayed the same. We rated it as good.

Mandatory Training

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

Staff received and kept up-to-date with their mandatory training. The service used online and face to face training to ensure that their essential knowledge was current. Staff told us they were given the opportunity to complete their online training at work.

The mandatory training was comprehensive and met the needs of patients and staff. Online training included health and safety awareness, communication and record keeping and infection control.

In June 2021, two staff undertook a first aid course which included basic life support and automated external defibrillator training. The service told us one of these members of staff were always on duty to ensure there was always a trained member of staff working within the service. The service manager explained that due to the pandemic, access to face to face basic life support training was difficult, however the remaining 13 members of staff were booked onto the basic life support training on 19 January 2022.

The service manager explained that due to the pandemic, face to face moving and handling training was paused, so from 23 November 2021, the service arranged to have this training delivered online and at the time of our inspection, 13 out of 15 staff had completed it. The remaining two members of staff were due to complete this training during the week commencing 29 November 2021.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers kept online records which showed 100% compliance with online training. Staff we spoke with told us they were prompted by the training system when mandatory training needed to be updated.

Two staff had attended face to face first aid training on 22 June 2021. Their names, for staff to request support from if needed, were on a poster by first aid equipment in a central location.

Good

Diagnostic and screening services

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.

Nursing staff received training specific for their role on how to recognise and report abuse. The safeguarding lead had completed level 3 safeguarding training and other staff had completed training appropriate to their roles. The service had an up to date safeguarding vulnerable adults and children policy. The policy provided staff with information about what is abuse and advice on what to do in the event of a concern. It also contained a flow chart and contact numbers to be used by members of staff when reporting a safeguarding concern. A copy of the safeguarding policy was displayed where seen by patients, on a notice board in the clinic reception and on the service website.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with had not made a safeguarding referral however they knew how to raise a safeguarding concern and were aware of who the lead was.

Sonographers we spoke with were aware of female genital mutilation (FGM) and the actions to take in the event of identifying a patient at risk. FGM awareness was not included in the safeguarding policy or as part of staff training. Following this inspection, FGM online training now added as mandatory for sonographers. The registered manager informed on the 23 November 2021, two of the three sonographers who undertook gynaecology scans had now completed FGM training.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff cleaned equipment and furniture before each patient entered a scanning room. Staff also opened the door to the clinic room for patients, so that patients did not touch the door handles.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned areas including the bed and chair, ultrasound probes and the floor. The cleaning record was signed as completed for each individual patient as their scan took place.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with personal protective equipment (PPE) such as gloves, aprons and wrist to elbow protectors for the sonographers. All staff wore PPE appropriately.

Staff were bare below the elbows, so there were no shirt sleeves or jewellery getting in the way of effective hand hygiene, as recommended by the Department of Health. Staff undertook monthly hand hygiene audits which showed 100% compliance with the services hand hygiene policy. The registered manager in September 2021 had tried a new audit template to incorporate other aspects of the scanning process, but this did not include all aspects of hand hygiene. From November 2021, the service had reverted to their existing hand hygiene template. The sonographers and scan assistants were fully compliant with hand hygiene, for the four scans we saw on inspection.

Staff cleaned equipment after patient contact. Staff cleaned the ultrasound probes in line with the service's policy. The service used checklists to record their cleaning and ensure different probes were cleaned as per the service's policy. We reviewed two checklists which were fully completed.

The registered manager had arranged for a legionnaire risk assessment to be completed in May 2021, with a suggested date of review for May 2022. The risk assessment concluded there were no matters of concern. The risk assessor created an action plan with two actions to lower the risk of a legionella outbreak. Legionella's disease is a potentially fatal form of pneumonia caused by the inhalation of small droplets of contaminated water containing legionella.

Environment and equipment

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

The service had suitable facilities to meet the needs of patients' families. People using the service arrived in the reception area which included comfortable seating and a water-cooling machine. The three scanning rooms were situated on the ground floor. The scan rooms were all well-equipped including examination couches and trolleys for carrying the clinical equipment required.

Staff carried out daily safety checks of specialist equipment. A sonographer demonstrated checks undertaken of the ultrasound probes.

The service had enough suitable equipment to help them to safely care for patients. There were three ultrasound machines. The three ultrasound machines were serviced on 4 June 2021, 7 October 2021 and 28 October 2021. The scan suppliers provided a 24 call out service if a fault developed with one of the scanners. The registered manager advised in the event of a scanner fault; the service had a spare scanner and were able to flex opening times to reduce the impact of lost scan time if required. The examination couches were leased and did not require servicing. If there were any issues, the supplier came immediately to repair or replace. To date the couches had only needed new feet protectors fitted. We saw that the portable electrical equipment was in the process of being tested as Health and Safety Executive guidance.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste was correctly segregated and collected separately.

There were suitable arrangements for fire safety, including a fire risk assessment and clear instructions for staff to follow in the event of a fire. Staff kept all fire exit doors clear of obstructions.

Staff stored cleaning materials in a locked room in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the legislation that requires employees to control substances which are hazardous to health. We saw risk assessments relating to the use of COSHH products were up to date and reviewed regularly.

Assessing and responding to patient risk

Staff identified, responded to and removed or minimised risks to patients. Staff identified and quickly acted upon patients at risk of deterioration.

Staff responded promptly to any sudden deterioration in a patient's health. In an emergency, staff knew to dial 999 for an ambulance.

Good

Diagnostic and screening services

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service used a 'pause and checked' system, as guidance from the British Medical Ultrasound Society. Sonographers' checked the full name, date of birth and first line of address with patients, as well as checking the site or side of the patient's body that was to have images taken and the existence of any previous imaging the patient had received. All patients underwent the risk assessment and gave written consent to the diagnostic test before their scan.

Staff knew about and dealt with any specific risk issues. Sonographers told us how any unexpected or significant findings from image reports were escalated to the referrer. Staff told us dependent on the finding's, patients may need to go to the local accident and emergency department or a referrer may need to organise a district nurse to visit a patient.

Staff told us they had access to a consultant radiologist for a second opinion on unexpected findings.

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. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough clinical and support staff to keep patients safe. Clinical staff consisted of four sonographers who worked various hours. The sonographer staff included the registered manager who worked three days a week clinically.

Support staff included the service manager, scan assistants, reception and administration staff. Support staff had training to enable them to fulfil their role of scan assistant.

There were always two staff for each ultrasound room, a sonographer and a scan assistant. The service had not used bank or locum sonography staff since August 2021, as were fully staffed with permanent employees. In the event of sickness off duty staff contacted to see if able to work extra hours. There were two weeks in December 2020 when the service was closed due to staff sickness with Covid-19. The service rescheduled these patient appointments within the 20 day target set by the clinical commissioning groups the service worked with.

Records

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

Patient notes were comprehensive and all staff could access them easily. Staff used secure electronic patient records to record patient's diagnostic needs. Patient records included the referral form, consent form, images and the number taken and the report. We reviewed five sets of records and they were all fully completed.

Records were stored securely. All patient's data, medical records and scan results were documented on a secure patient electronic record system.

The service received GP NHS referrals by secure NHS email. Private patients self-referred by secure email or telephone. Clinical staff then triaged the referral to confirm whether the referral is appropriate.

Good

Diagnostic and screening services

When patients transferred to a new team, there were no delays in staff accessing their records. Staff emailed NHS patient reports back to the referrer the next working day. For private patients, if the patient consented, staff sent a copy of the report to their GP. If the report was urgent, staff emailed the referrer immediately, and telephone contact was made with the GP surgery.

Staff checked after every list, that patients' records contained the referral, consent, images and number, report and a 'report sent' note. These checks ensured patients records were 100% complete.

Incidents

Although the service had not had any patient safety incidents, staff knew how to recognise them and were aware of the need to report incidents and near misses. Managers were aware of the need to investigate any incidents and then share lessons learned with the whole team and the wider service. When things went wrong, staff were aware of the need to apologise and give patients honest information and suitable support.

All staff knew what incidents to report and how to report them. Staff were supported by a serious untoward incident policy. The service used a paper-based reporting system and had an accident and incident book available in the clinic for staff to access. The book consisted of separate sheets for each incident, to protect patient confidentiality. The information from these sheets were stored electronically, and the paper sheet shredded. The registered manager was responsible for conducting investigations into all incidents. Staff had not needed to report any incidents in the last 12 months.

The service had no never events. Never events are serious patient safety incidents which should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Staff understood the duty of candour. They were open and transparent, and were aware of the need to give patients and families a full explanation if and when things went wrong. The service had not needed to do this but staff we spoke with were aware of the term and the principle behind the regulation and the need to be open and honest with patients where incidents occurred. The service had a duty of candour policy to support staff in undertaking this duty.

Are Diagnostic and screening services effective?

Inspected but not rated

We do not currently rate the effective domain 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. Staff protected the rights of patients subject to the Mental Health Act 1983.

Good

Diagnostic and screening services

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service used up-to-date, regularly reviewed policies and procedures and best practice guidance. These followed recent guidance from the British Medical Ultrasound Society, the Royal College of Radiologists and the National Institute of Health and Care Excellence (NICE).

Staff told us that during their induction they were given time to read the service's policies. The service ensured that staff signature sheets were completed yearly or whenever policies were revised which showed staff had read and understood the policy. Senior staff stored the sheet in individual staff records.

The service provided mental health awareness training for staff, to support them with caring for patients experiencing mental ill health. Staff were 100% compliant with mental health awareness training.

Nutrition and hydration

Staff made sure patients did not fast too long before diagnostic procedures. Staff took into account patients individual needs where food or drink needed for the procedure.

Staff made sure patients had enough to drink. Patients were given instructions to follow to prepare for their scans. For example, if they needed to fast for a period before an ultrasound or if they needed to come with a full bladder to ensure the sonographer able to obtain the images required.

A water fountain was available in the reception area for patients.

Pain relief

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

Staff told us diagnostic imaging patients did not routinely require pain relief. Sonographers did say to patients that they may feel some tenderness as they moved the probe over the area being scanned. Sonographers told patients to let them know if they did feel tenderness. Staff assisted patients into comfortable positions for imaging wherever possible.

Patient outcomes

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

The service participated in relevant national clinical audits. The standard of scan reporting was monitored by sending 5% of all scans to an external quality assurance company to be reported. Scans were selected at random, using a secure electronic system. Discrepancies had been minor in nature, and included typing errors, reporting style concerns such as the use of abbreviations that GP's may not know and not including normal measurements in the body of a report. There were none that would have affected patients' diagnostic pathways or outcomes. Any discrepancies were discussed within a clinical governance meeting and used as a learning tool for the clinical team. We saw evidence of the types of discrepancies and learning when we reviewed the latest minutes of a meeting held in August 2021.

The service had an internal peer review system of the examination scan and reports of new clinicians that ensured a high standard of examination and ultrasound report.

Managers used information from the audits to improve care and treatment. The clinical lead completed an audit of repeat scans requested by sonographers working at the service between May 2021 and September 2021. As a result of the audit the clinical lead amended the service scan protocols to document that only patients with simple ovarian cysts 5cm or greater required a repeat scan. This update to the scan protocols was in line with guidance from the Royal College of Obstetricians and Gynaecologists.

Patients diagnostic pathway for was not delayed. The clinical commission groups performance data showed that 100 % of patients were triaged within 24 hours of scan referrals being accepted by the service. Staff were able to contact 99% of patients within five days to make appointments, and 100% of appointments took place within 20 days.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service only employed sonographers that had been educated at postgraduate level. All sonographers currently employed, had completed a post-graduate diploma in medical ultrasound. Non-clinical staff underwent a training programme tailored to the needs of the service and their previous experience.

Managers gave all new staff a full induction tailored to their role before they started work. The registered manager told us for a recently recruited sonographer this included an assessment by a sonographer who specialised in muscular skeletal ultrasound. We saw evidence that the assessment had taken place. For a second recently recruited sonographer on a six-month preceptorship contract, they were constantly appraised and monitored by the clinical lead and another experienced senior sonographer.

For a scan assistant the induction included a 'practical appraisal' which was a list of practical skills the scan assistant needed to undertake to be proficient. The appraisal involved the quality assurance lead observing the scan assistant for three appointments and evaluating whether the skill criteria had been successfully achieved. The registered manager also used the document to monitor performance.

Managers supported staff to develop through yearly, constructive appraisals of their work. (use this if data covers all staff groups). Appraisal rates for this service were 100% for scan assistants and administrative staff. Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

The registered manager told us there was a different appraisal process for sonographers. The clinical governance meetings were a form of continued appraisal of competency and professional needs. The clinical lead also undertook yearly sonographer professional practice audits. The latest audit was undertaken in September 2021. The assessment included, for each sonographer, the observation of six patients being scanned. The observation was broken down into 17 processes which included explanation of the scanning procedure at start and report writing accuracy. The clinical lead provided comments and marks on the sonographers' performance and where needed, guidance on areas that needed to be worked on.

Good

Diagnostic and screening services

Managers made sure staff received any specialist training for their role. A sonographer told us three of the sonographers had recently attended an online video course for sonographers about endometriosis. Following this, the sonographers planned to devise a criterion of findings that may indicate a diagnosis of endometriosis to work on, and then add to the service's protocols.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Sonographers worked closely with referrers to enable patients to have a prompt diagnosis and treatment pathway. If they identified concerns from scans, they escalated them to the referrer. Sometimes the referrer advised the patients to go to the local accident and emergency department or organised a district nurse to visit a patient.

There was effective internal multidisciplinary team working. Staff we spoke with described close and happy working relationships between sonographers, scan assistants, administrators and management staff.

Seven-day services

Services were available to support timely patient care.

The service was open Monday to Friday 8.30am to 4.30pm. The registered manager told us the service flexed the hours of operation depending on the clinical needs of patients.

Referrals were prioritised by clinical urgency, including appointments at short notice. Staff told us if an urgent referral was made the centre assessed appointments and prioritise patients according to their clinical needs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff completed Mental Capacity Act 2005 training as part of mandatory training. Staff compliance was 100%. The service had a Mental Capacity Act policy that included a form to support the assessment of patients' capacity. Staff told us they had not needed to assess a patient's capacity to consent to treatment in the last 12 months.

Staff made sure patients consented to treatment based on all the information available. Staff explained how they gained consent for a scan. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Staff clearly recorded consent in the patients' records. The five records we reviewed all contained signed consent forms.

Are Diagnostic and screening services caring?

Good

Diagnostic and screening services

Good

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw staff treated all patients in a friendly and courteous manner.

Patients said staff treated them well and with kindness. Staff were very helpful and reassuring. Three patients we spoke with following their scans confirmed that staff were kind.

A scan assistant was always present with the sonographer. Alongside supporting the sonographer and patient, the scan assistant also acted as a chaperone. We saw five scans, and for each one the chaperone introduced themselves and their role and the same for others in the scan room. We noted how this seemed to ease any worries or embarrassment the patient may feel.

Staff followed policy to keep patient care and treatment confidential. Conversations in the scanning room were not overheard in other areas of the building. Computer screens containing confidential information were positioned so that unauthorised people were unable to see them. Screens were locked when unattended.

One of the questions on the patient satisfaction survey asked patients if they were always treated with courtesy, dignity and privacy whilst in the clinic. Between May and September 2021, the service had scored 100% in this question.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Support included giving patients as much time as they needed to discuss their concerns. Staff also spoke in a calm and reassuring way.

Patients that we spoke with told us staff were patient and kind and provided them with the reassurance they needed. Patients were complimentary of all aspects of care they received from the ease of booking and the service provided by those they met.

During our inspection we saw that a family member or carer were able to attend to support patients if needed.

Understanding and involvement of patients and those close to them

Good

Diagnostic and screening services

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

Staff made sure patients and those close to them understood their care and treatment. When the service booked an appointment for patients' they telephoned them, with the date and time to check whether this was convenient and explained details of any preparation needed. If the bookings team were unable to reach the patient by telephone, they wrote to them.

Staff explained to patients about the jelly used during the scan. The jelly was warmed prior to the scan for patient comfort.

Patients gave positive feedback about the service. On the patient satisfaction survey one question asked 'how would you rate your experience of the service?' patients had rated this question as good or excellent between 1 May 2021 to 30 September 2021 from 92% to 100%. Patients we spoke with said they were 'really impressed' and 'can't fault the service'.

Are Diagnostic and screening services responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. The service operated under contracts from three local clinical commissioning groups (CCG) to provide non obstetric ultrasounds. This meant they did not do any pregnancy scans. The service had contact with external stakeholders which provided the opportunity to assess the needs of local people. The registered manager told us with one CCG there was monthly contact, with the other two CCGs support required.

The service matched the service delivery to the needs of the people. For example, extra clinics were provided when referral rates were high to ensure patients were scanned without long delays.

Facilities and premises were appropriate for the services being delivered. People with limited mobility were able to access all areas of the clinic. There was unrestricted free parking including a disabled space that patients used. The clinic was also accessible by public transport.

Managers monitored and took action to minimise missed appointments. Staff from the bookings team initially telephoned patients with their appointment and preparation details. A text reminder was sent to the patient the day before their appointment. If unable to reach patients by telephone, a letter was sent. The service did not attend rate was six percent or less. The service referred patients who did not attend back to the referrer.

Meeting people's individual needs

Good

Diagnostic and screening services

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The referral form had a box for the referrer to identify any additional needs the patient may have. The service had signage on the scanning room toilet doors to help patients with way finding. Staff had also produced an easy read leaflet for people living with a learning disability or dementia. Staff completed learning disability awareness training. There was 100% compliance with this training.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patient's wearing a hearing aid. The service had leaflets for patients in braille who needed them.

The service had a comfortable seating area, with a water fountain. The water fountain dispensed water at room temperature or cold. The seating area had standard seats and two seats that were higher and with arms, that were suitable for patients who may struggle to stand up from a standard chair.

The clinic was accessible to wheelchair users and had a disabled toilet with an emergency call bell available.

Staff accommodated patients who were obese. The examination couches in the ultrasound scanning rooms had a safe working load of 320kg.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had several members of staff that were able to speak one or more languages that were called on for interpreting. Languages available via staff intervention to interpret were: Punjabi, Pashtu, Balochi, Urdu, Romanian, German, Maltese, French and Spanish. A telephone interpretation service was also available for patients who did not speak English.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to test and from test to results were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service offered all patients scan appointments within 10 days of receipt of the referral if they were contacted by a phone call. If the bookings team were unable to contact patients by telephone, an appointment was sent by letter. Postal bookings were no less than 10 days from the date of the letter sent to enable enough time for the letter to arrive. If a referrer made an urgent referral for a patient and the patient was contactable by telephone, scan appointments were offered within 24 hours. During our inspection, when patients arrived at the service for their appointment, they did not wait more than five to ten minutes for their scan.

For one clinical commissioning group (CCG) from April 2021 to September 2021 100% of patients were seen within 10 working days of referral. The number of patients ranged per month ranged from 715 to 1021.For another clinical

Good

Diagnostic and screening services

commissioning group from April 2021 to September 2021 100% of patients were seen within 10 working days of referral, for October 2021 91%. The number of patients referred per month ranged from 85 to 199. This CCG also required the performance data for urgent deep vein thrombosis scans. From April to September 2021 there had been less than 10 patients per month, 100% of patients were scanned within 48 hours.

Most referrals were received from GPs. They were sent via secure email to the administration team in the main office. The referral form included patient demographics, type of ultrasound scan requested and clinical indication. Clinicians within the service triaged the referral on the day of receipt and patients were contacted by telephone to offer them an appointment.

Records showed all scan results were sent to the referring clinician within 48 hours of the scan having taken place. Staff emailed urgent reports securely to the referrer within one hour of the scan. Staff then telephoned the referrer to confirm receipt. Staff asked patients to contact their GPs a week after their scans, to discuss the scan results.

Staff supported patients when they were referred or transferred between services. Staff supported any patient that needed medical help urgently following the scan.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas and on their website.

Staff understood the policy on complaints and knew how to handle them. Staff told us they immediately contacted a member of senior staff.

Managers investigated complaints and identified themes. The service had received one complaint in the last 12 months, which was in the process of investigation at the time of our inspection. The registered manager had taken immediate action to prevent recurrence of the complaint.

Are Diagnostic and screening services well-led?

Good

Our rating of well-led stayed the same. We rated it 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. They supported staff to develop their skills and take on more senior roles.

Good

Diagnostic and screening services

The service was managed by a clinical lead and a service director. The service had an additional director for support with management of the business. The clinical lead, who was also the registered manager had maintained their skills and knowledge through continuing clinical practice. They had clinical expertise and demonstrated positive role modelling. The registered manager was a sonographer and was subject to the same clinical practice development as their colleagues. The service director led and managed the scan assistants and administration staff.

The registered manager spoke with us about issues the service had faced in the early stages of the Covid-19 pandemic. To manage a decrease in the number of patients referred for scans, some staff were furloughed. The registered manager explained that all staff had now returned to work.

The leadership team demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable. Staff understood the reporting structure and felt well supported by their managers. The registered manager had a clearly defined management structure, which included staff photographs, displayed in the reception area.

Leaders had a genuine interest in developing staff abilities and skills to benefit the service. This was demonstrated by the appraisal documentation and confirmed by staff we spoke with during the inspection.

Vision and Strategy

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

The service had a clear vision and strategy. Their mission statement was 'to always put the patient first'. The service strategy was to be the first static clinical ultrasound service for the community in and around the Swale, West Kent and Medway areas.

The framework to ensure that patients' diagnostic pathway was swift, efficient and safe included steps to achieving the vision and strategy. The service aimed for all urgent scans to be booked within 24 hours of receiving a referral and all urgent reports were sent back to the referrer on the same day as the scan.

The staff worked in a way that demonstrated their commitment to delivering high-quality care in line with the vision and strategy.

The service worked with three clinical commissioning groups (CCGs) which supported the wider health economy. The CCGs and the service monitored progress with the use of key performance indicators, which included waiting times for an ultrasound appointment.

Culture

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

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There was a positive culture and attitude where staff valued each other. Staff described excellent team working at all levels and described a sense of pride in providing continuity of care using a team approach. For example, staff rotated to other roles in line with their knowledge and skills to gain understanding of the work of other colleagues.

The clinical lead provided opportunities for career development. The service director had started with the service six years ago as a scan assistant. The registered manager had provided development and support, and they were now the service director.

Managers expressed pride in their staff and gave examples of how staff adapted to changes brought about by the Covid-19 pandemic as well as supporting the NHS during the crisis.

Staff we spoke with were proud of the work that they carried out. They enjoyed working at the service; they were enthusiastic about the care and services they provided for patients. They described the service as a good place to work.

All staff we spoke with said they felt that their concerns were addressed, and they were easily able to talk with their managers.

The service had completed a Workforce Race Equality Standard questionnaire in September 2021 and submitted the completed questionnaire to the three clinical commissioning groups they worked with. The service had also put an equality diversity summary report on their website. The summary provided an oversight of the commitment of the service to promote equality.

Governance

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

The service had a clear organisational structure to support effective governance. There was a clinical lead, a lead for information governance and quality assurance, and a service manager.

Leaders operated effective governance processes that confirmed and supported the quality of care. The service, prior to the Covid-19, held a clinical governance meeting every two months. Due the pandemic causing a decrease in referrals, the meeting frequency had decreased. The registered manager explained the reduced number of sonographers needed due to the reduction in workload, had meant staff spoke with each other on a less formal basis about governance issues. The clinical governance meetings were restarted in August 2021, due to an increase in referrals. The clinical governance meeting agenda for August 2021 included a discussion around a recent course three sonographers had undertaken, and how this may impact on future protocols and scan techniques. Also, a request for all sonographers to comment and make suggestions about the current scan protocols against British Medical Ultrasound Society Standards, prior to the protocols being updated.

The registered manager explained as they were a small team, full general staff meetings were held only when there were issues and ideas they wished to discuss with the team. The team meeting minutes for July and September 2021, showed developments and issues were discussed and all staff contributed their ideas. The registered manager explained due to the service being small with only15 staff, they were able to discuss issues daily with staff and get immediate feedback on problems or issues that arose.

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The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

The service had monthly telephone calls with one clinical commissioning group (CCG) since the Covid-19 pandemic rather than meeting with them four times a year, and the other two CCGs when support needed for NHS patients. These CCGs required performance data to be collected for key performance indicators. Performance data included time taken to triage the referral, offer a scan appointment, send the report back to the referrer, patient satisfaction, complaints received and serious incidents. The performance audits were discussed as a team and with the CCGs.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

Clinical and non-clinical risks were identified and monitored through a risk assessment process. Risk assessments were reviewed and updated as needed. Financial pressures were managed so that they did not compromise the quality of care.

The service had a business continuity plan that operated in the event of an unexpected disruption to the service.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

All staff had individual logins to access the service's electronic systems. This included the patient management system, online learning to undertake mandatory training and the service's policies.

Clinical records were electronic. Radiologists reviewed information from scans remotely to give timely advice and interpreted results to determine appropriate patient care.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data. Records and data management systems were in line with data security standards. The service provided information governance training to all staff. Staff compliance with information governance training was 100%.

The service submitted monthly data to the three clinical commissioning groups they worked with, to enable monthly monitoring of the agreed key performance indicators. The clinical lead and service director were able to understand performance and recognise if improvements needed promptly.

Engagement

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

The service's website included information about the service for patients, NHS referrers and private referrers, the location and directions and how to contact the service. The service worked with three clinical commissioning groups to help improve services for patients.

The centre undertook patient satisfaction surveys and reported on them quarterly to the clinical commissioning groups. The survey completion rate had risen from approximately 15% to 75% since 1 August 2021. Staff now asked patients if they were able to complete a patient satisfaction survey at the time of the scan and return the completed survey before they left. Overall patient satisfaction for the 11 questions asked was 100%.

Staff meeting minutes showed staff were engaged in the management of the service. The service had recently updated their website, and staff were asked for their contributions about what content would be helpful for patients and referrers. For example, a staff member suggested advice for patients on what to expect for different types of scans which was acted on.

Staff completed a yearly staff survey. The last survey was carried out on 15 October 2021. The survey consisted of 10 questions to which staff provided a yes or no responses. Questions included do you feel valued and appreciated in your position and do you feel your training needs are being met under the current system. Ten staff completed the questionnaire and all responded yes to the questions asked.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

The registered manager told us after our inspection, they had invited a company to demonstrate the latest ultrasound machine. The registered manager wanted to ensure the service continued to provide the best quality images and reports for referrers and patients.

The registered manager was working with a university to support the training of sonographers. We saw the registered manager showing a qualified physiotherapist around the service, who was due to commence the practical side of sonography training with the service in 2022.

The service worked in partnership with a national apprentice scheme to recruit non-clinical staff into the team.

The service had recently started to record a log of unexpected serious pathologies found that were escalated back to the referrer. Any serious pathologies found were also logged in an escalation log book in the scan rooms. As the service never received any feedback from the referrers regarding patient outcomes, they had started to log pathologies and the information governance lead contacted the referrers monthly to get feedback on patient outcomes. This was to enable the service to either be reassured that their initial diagnosis was correct or consider learning when it was not. The plan was for this information to be discussed on the agenda at their clinical governance meetings

The registered manager informed us an automated external defibrillator installed post inspection on 12 December 2021.