

Diagnostic Healthcare Ltd (Varsity Medical Centre)

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Not sufficient evidence to rate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

Summary of findings

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Diagnostic Healthcare Ltd (Varsity Medical Centre) is operated by Diagnostic Healthcare Limited.

Diagnostic Healthcare Ltd was established in 2004 to provide medical diagnostic imaging services of MRI, CT, Ultrasound, DEXA and X-ray to both NHS and private patients.

Diagnostic Healthcare Ltd (Varsity Medical Centre) delivers obstetric ultrasound scans to people on behalf of Birmingham Women's Hospital. Diagnostic Healthcare Ltd (Varsity Medical Centre) also provides obstetric ultrasound scans to privately paying patients. Diagnostic Healthcare Ltd (Varsity Medical Centre) also provides sonographers to Birmingham Women's Hospital and a radiographer to another independent healthcare provider providing dental scans.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 5 December 2018 and an announced inspection on 10 December 2018.

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

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

We rated this service as good overall. We rated it good for safe, caring, responsive and well-led. We do not currently rate the effective domain.

Our key findings are as follows:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service provided care and treatment based on national guidance and evidenced its effectiveness.
- The effectiveness of care and treatment were monitored and the findings were used to improve the service.
- Staff cared for patients with compassion. They respected patients' privacy and dignity, and supported their individual needs. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people. The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.
- Managers had the right skills and abilities to run a service providing high-quality sustainable care. The provider promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had access to the local acute NHS hospital's computer systems. This allowed referrals to be made electronically from the host hospital and scan results be available immediately for referrer review.
- The service engaged well with patients and staff to plan and manage appropriate services.

Summary of findings

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.

Amanda Stanford

Deputy Chief Inspector of Hospitals (Central Region)

Summary of findings

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Good



Diagnostic Healthcare Ltd (Varsity Medical Centre)

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Diagnostic Healthcare Ltd (Varsity Medical Centre)

Diagnostic Healthcare Ltd (Varsity Medical Centre) is operated by Diagnostic Healthcare Limited. Diagnostic Healthcare Ltd (Varsity Medical Centre) is an independent health provider delivering obstetric ultrasound scans as a community site of Birmingham Women's Hospital.

The service provides ultrasound scans to people 9am-5pm on Mondays and Wednesdays.

Scans are booked through Birmingham Women's Hospital, the sonographer employed by Diagnostic Healthcare conducts the scans and reports on the scans during the appointment.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and two other CQC inspectors. The inspection team was overseen by Bridgette Hill, Inspection Manager.

Information about Diagnostic Healthcare Ltd (Varsity Medical Centre)

The centre is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

The facility employed 6.4 whole time equivalent members of staff including sonographers, a radiographers and administration staff. The registered manager had been in post since 2012.

During the inspection we visited the ultrasound scanning room, patient waiting area, and spare rooms used as offices. We spoke with three members of staff. We observed three patient pathways who gave feedback on their experience of using the service. We looked at four patient records and ten consent forms.

The service was last inspected in March 2013, which found that the service was meeting all standards of quality and safety.

There were no special reviews or investigations of the service ongoing by the CQC at any time or during the 12 months before this inspection.

Activity

From September 2017 to September 2018 the service scanned over 2000 NHS and private patients. The service also scanned over 10,000 patients during this period at Birmingham Womens Hospital. The service scanned one 17 year old from September 2017 to September 2018 and no under 16s.

The service received five complaints, which were reviewed in accordance with the Diagnostic HealthCare's formal complaints process, one of which was upheld. The complaints were not escalated to an external adjudication service. The service received 16 compliments between October 2017 and September 2018.

Track record on safety (October 2017 - September 2018)

- No deaths in the service
- No reported never events.
- No serious incidents
- No IRMER/IRR reportable incidents
- No duty of candour notifications.
- No incidences of hospital-acquired infections.

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?

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.
- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment.
- The service managed patient safety incidents well.

Good



Are services effective?

Not sufficient evidence to rate.

We found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidenced its effectiveness.
- The hydration needs of patients and those accompanying them were met.
- Patients' pain and comfort were discussed.
- The effectiveness of care and treatment were monitored and the findings were used to improve the service.
- The service made sure staff were competent for their roles.
- Staff from different disciplines worked together as a team to benefit patients.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Not sufficient evidence to rate



Are services caring?

We rated caring as **Good** because:

- Staff cared for patients with compassion. They respected patients' privacy and dignity, and supported their individual needs.
- Staff provided emotional support to patients to minimise their distress.

Good



Summary of this inspection

- Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

We rated responsive as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.

Good



Are services well-led?






We rated well-led as **Good** because:

- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve.
- The provider promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had a comprehensive governance framework that ensured clear lines of responsibilities and that quality and performance were understood and managed.
- The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. However, not all risks identified were captured on the services risk register.
- The service had access to the local acute NHS hospital's computer systems. This allowed referrals to be made electronically from the host hospital and scan results be available immediately for referrer review.
- The service engaged well with patients and staff to plan and manage appropriate services.
- The service was committed to improving services by learning from when things went well or wrong and promoting training.

Good



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Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We rated safe as **good**.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.** The service had processes to monitor staff compliance with mandatory training. Staff were required to complete all mandatory training each year. There was a structured induction programme in place for all new staff. Staff told us they received mandatory training every year and the quality of the training was good.
- Compliance with mandatory training was high. Data from September 2018 showed there was 96% compliance with mandatory training. Mandatory training was completed face to face. Staff would not commence working in the service until they had completed their mandatory training. Staff had protected time to complete training. Leadership were proactive in ensuring training was booked in for staff.
- Staff conducted yearly face to face training for a number of mandatory topics. Modules included but were not limited to health, safety and welfare at work basic life support levels, infection prevention and control, fire safety and information governance.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** The service had not made any safeguarding referrals in the year prior to our inspection.
- Staff had completed training in safeguarding adults and safeguarding children level 2. All staff had up to date safeguarding training. The lead for safeguarding within Diagnostic Healthcare was trained to level 3 vulnerable adults and children. The organisation also had a Prevent lead. Prevent is the duty specified authorities to have due regard to the need to prevent people from being drawn into terrorism.
- There were systems and processes reflecting relevant safeguarding legislation to safeguard adults from abuse. Staff we spoke with understood their roles and responsibilities in regard to safeguarding vulnerable people. Staff were able to explain safeguarding arrangements, and when they would be required to report issues to protect the safety of vulnerable patients. Staff also told us who they would report safeguarding concerns to in order to continue the care of the patient.
- The service had an in-date safeguarding vulnerable adults and childrens policy. The policy contained relevant guidance for staff to recognise and report any potential safeguarding concerns. The policy contained information on number of different types of abuse including child sexual exploitation, female genital mutilation (FGM) and human trafficking. The policy included details on who should be contacted if a member of staff has safeguarding concerns.

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- Arrangements for checking all staff were fit to work with vulnerable adults and children were effective and essential checks had been carried out. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. All staff working in the service had a current DBS check recorded. The service had an electronic system to check renewal dates of DBS checks.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well.** All areas of the environment were safe, visibly clean, well equipped, well furnished, well maintained and fit for purpose. The environment and equipment we saw was visibly clean, organised and tidy. All areas where ultrasound scanning was delivered were visibly clean in both the easy and hard to reach areas.
- There were reliable systems, processes and practices to prevent and protect people from healthcare-associated infections. We observed staff adhering to best practice guidance, which was in accordance with National Institute for Health and Care Excellence QS61 (Infection prevention and control). Staff washed their hands before and after each patient direct contact or episode of care.
- The service had zero healthcare acquired infections in the last 12 months.
- Infection prevention and control practices were followed. There was an infection prevention control policy which outlined individual, waste management and cleaning responsibilities. Clinical staff were bare below the elbow and we observed staff hand-washing. There was adequate personal protective equipment in the clinical room, which included disposable gloves. We observed staff using gloves appropriately during each patient interaction. We saw staff cleaning the ultrasound probe after each use and wiping the trolley on which the patient was led down. There was signage and guidance reminding staff and visitors to wash their hands. Hand sanitising gel was present within the waiting room.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.** The location and size of the clinic room met patient needs. There was a sink in

the clinic room which enabled effective hand washing to reduce the risk of infection. The service was located on the second floor of the building, but there was elevator access. Access to both the building and the service was restricted, as doors were locked and were opened by staff using an intercom system, following identification of visitors.

- The maintenance and use of equipment kept people safe. We saw equipment was serviced and maintained regularly. Staff were appropriately trained to use equipment and would not use any without their competencies being signed off. We observed staff using equipment appropriately during our inspection.
- We checked a range of equipment and each piece of equipment had been serviced within the last 12 months. We did identify a defibrillator which displayed a sticker indicating it was overdue to be safety tested. However, when queried, we were assured it had been tested but the sticker had not been changed. Following the inspection the registered manager sought assurance from the company who had provided the testing and in the interim period provided the service with a new replacement defibrillator to reduce any risk in an emergency situation. The manager also put in additional checks of equipment following testing to ensure that stickers were correctly updated.

Assessing and responding to patient

- **The service only scanned patients who were low risk.** Under the service level agreement with the NHS, the service only provided anomaly scans to patients who were low risk. They did not accept referrals for patients who were under obstetric consultant led care.
- There were clear processes to escalate unexpected or significant findings during examination and upon reporting. Staff told us how they would refer patients back to their midwives or to the local hospital. Diagnostic Healthcare followed the local NHS trusts policies for escalation of patients and would refer patients as per the policy.
- The service was located upstairs from a doctors surgery. This meant in the case of an emergency a doctor would be able to attend to provide support if

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necessary. There was no formal agreement but this was evidenced in an incident we reviewed in which a doctor and nurse attended from the surgery below and assisted staff with ensuring the individuals safety.

- All members of staff had basic life support (BLS) training and records showed staff members had completed this. BLS training gives staff a basic overview of how to deal with a patient who may have stopped breathing, such as starting cardiopulmonary resuscitation.
- The service only accepted patients who were physically well and could transfer themselves to a couch without support. The lack of a hoist in the clinics meant that patients who were not able to transfer themselves would be re-referred to an appropriate centre that could cater for less mobile patients.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.** During our inspection, staff at the service included a sonographer and receptionist. This was adequate for the service delivered as patients were booked in 30 minutes slots.
- The service employed 6.04 whole time equivalent staff members. The service employed two receptionists, 3.4 sonographers who worked at Varsity Medical Centre and at the local hospital and one radiographer.
- Due to staff working across two sites, sickness and holiday at Varsity Medical Centre could be covered using staff located at the hospital. Staff also told us that they could cover for staff from different provider locations. The service had 92 shifts in the three months prior to our inspection covered by bank staff.
- The service had a vacancy for one radiographer.
- In the last three months the service had not used any agency staff to cover shifts. The registered manager told us that if agency staff were to be used then they would have to complete the mandatory training before they could work at the service and would have their competence checked.

- In the last three months there had been 0% sickness rates.

Records

- **Staff kept detailed records of patients' care and treatment.** Depending on whether the patient was private or NHS, their records were recorded on two different systems. NHS patients' records were stored on the local acute NHS trust's electronic patient record system and private patients' records were stored on the provider's. Records were clear, up-to-date and easily available to all staff providing care. Images and scan reports were transferred from the ultrasound machine to a server automatically and they were made available to the secondary care provider.
- All records were legible, clear and detailed. We reviewed four sets of patient records during our inspection. All patient records were electronic and so it was clear what was written and who had completed the record. All appropriate information was recorded within the records we reviewed.

Medicines

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

Incidents

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Staff could describe the process for reporting incidents and what type needed to be reported.
- There was a system for reporting incidents which staff understood. The provider reported 3 incidents from September 2017 to September 2018. Incident themes included; information governance breach, an error with a report and a health and safety incident. All incidents had evidence they were reviewed by the registered manager and appropriate actions were taken. Upon review of one incident we saw how Diagnostic Healthcare had changed their policy as a result of the learning from the incident.
- The provider has a weekly email in which learning from incidents was shared. In addition, the whole company met twice yearly and learning from incidents was discussed.

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- The service reported no never events or serious incidents from October 2017 to September 2018. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Regulation 20 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014, is a Duty of Candour regulation introduced in November 2014. This regulation required the organisation to notify relevant persons (often a patient or close relative) that an incident has occurred, to provide reasonable support to the relevant person in relation to the incident and to offer an apology.
- Because no incidents had occurred in the preceding twelve months that met the threshold for the Duty of Candour to be applied, we were not able to fully assess the provider's compliance with this regulation. However, staff were able to describe their requirement to be open with patients and there were processes in place for staff to follow. The service did not have a separate Duty of Candour policy however the requirement to be open was included Diagnostic Healthcare's significant event policy.

Are diagnostic imaging services effective?

Not sufficient evidence to rate 

Not sufficient evidence to rate effective.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Staff supported patients with their physical health and encouraged them to live healthier lives. All the service's protocols/policies/procedures were based on national guidelines and best practice. The provider's imaging protocols and report writing guidelines were written by the clinical leads and medical director using industry acknowledged best practice advice, adhering to National Institute for Health and Care Excellence guidelines, Care Quality

Commission recommendations, Royal College of Radiologists, Society of Radiographers and British Medical Ultrasound Society guidelines. All policies were ratified through the Clinical Governance Committee. Document control and regular reviews ensured policies were current and relevant. All were reviewed and signed off by the clinical governance committee and lead radiologist. Each were reviewed annually and any amendments were made considering new evidence/research and disseminated to the staff.

- Processes for scanning and reporting supported good outcomes for their patients. Sonographers wrote the report directly into the local acute trust's electronic patient reporting system for patients who referred by the Trust or to the provider patient system for direct referrals. Where there were clinically urgent findings: there was a clear pathway how to refer the patient back to the hospital for further investigation and notify the hospital about the case. When urgent findings or a second opinion was required for people who has been referred directly to the service, the sonographer alerted the administration team who contacted the relevant referrer and provide them with a provisional report. The provisional report is followed by a final report within 24 hours which is written and concluded by the consultant radiologist or obstetrician (depends on the scan) who reviews the images and the provisional report and provide a second opinion.
- Scanning and reporting processes ensured prompt responses. Reports of examinations were sent to the referrer promptly. Within the report there was a reminder that if a patient was to be forwarded to another provider, the report should be included with the onward referral to help the secondary care clinician understand the rationale for the referral. Arrangements were made to ensure a clinician could speak directly to a member of the provider's clinical team.
- Appropriate processes were followed when concerns were identified. If sonographers identified issues when scanning patients, they would give appropriate advice. For example, if life threatening issues were identified, an ambulance would be called or the patient would be advised to go to the nearest accident and emergency department. If less serious issues were

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identified, patients would be advised to contact their referrer. In all events, any onwards referral, is followed by the admin team to make sure further actions are taken and patients' pathway is clear. If any advice was given, this would be recorded in patients' records.

Nutrition and hydration

- **The hydration needs of patients and those accompanying them were met.** There was a water dispenser in the waiting room which patients and those accompanying them had access to.
- For certain types of scans, such as abdominal scans, patients were required to have a full bladder to enable clearer imaging. Advice to drink at least two pints of liquid prior to the examination was included as part of the information patients received on their clinic letter.

Pain relief

- **Patients' pain and comfort were discussed.** During the scanning procedure, Sonographers asked patients if they were experiencing any pain or discomfort. Staff said if patients were experiencing pain because of the scan they would stop. If discomfort was caused during the scan, staff would try to manoeuvre the patient and/or probe to reduce it.

Patient outcomes

- **The effectiveness of care and treatment were monitored and the findings were used to improve the service.** The provider undertook audits which included results on patient feedback, adverse events/complaints and quality control. We were told a clinical audit programme was used to ensure all staff performing examinations demonstrated high and consistent standards of clinical practice, strived for optimum image quality and promoted excellent patient care. The provider routinely audited 5% of the images and reports undertaken by each practitioner. A random selection of scans covering all aspects of a radiographer's skill mix were assessed on the report quality, images archived (protocol based) and image quality and a score was then allocated. The number of scans assessed was dependant on the audit type (full or interim). If the score fell below the required standard, further scans were assessed to determine if there was a pattern. Clinical staff participated in the audit programme and were informed of the results both collectively and individually. The results identified if the correct scans and image types were being used and if the relevant protocols and procedure were followed.
- The audit process measured practice against agreed standards to continually improve the care provided. It was also used as an educational tool and to demonstrate practice was evidence based. For example, the provider undertook a yearly audit to assure themselves on the quality of care provided by individual sonographers. It was based on historic evidence supporting diagnostic clinical abilities, image quality and report writing skills of the individual. They also undertook a quarterly audit tool, derived from the British Medical Ultrasound Society, which looked at each ultrasound practitioner and measured diagnostic competency in the form of image and report quality as well as monitoring clinical referral standards. They also undertook a clinical competency assessment which served as both a peer review and clinical competency audit tool for existing and new staff. This was performed at induction and subsequently yearly, for peer review assessing all aspects of scan and patient care. The process also included review of infection prevention and control, consent, image quality, ergonomic technique, interpersonal relations as well as the clinical components described above.
- Audit results and performance were reviewed and shared. All audit results were reviewed and monitored by the clinical lead and taken to the clinical governance committee. Low scores or unexpected practice was proactively addressed with the individual ultrasound practitioner. Trigger values were used to determine whether extra support in training or remedial action was required.
- At the time of our inspection Diagnostic Healthcare was working towards Imaging Services Accreditation Scheme (ISAS), they expected to complete the pre-application preparation in the next 12 months.

Competent staff

- **The service made sure staff were competent for their roles.** Managers supported staff with appraisals, supervision, opportunities to update and further develop their skills. All clinical staff including bank and

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agency staff were inducted in the same way as contracted employees. Clinical staff underwent a pre-employment clinical assessment and if there were any major concerns about the scanning, report writing or patient and colleague interaction, this was explained and the role would not be offered.

- There was an induction process for staff. During the induction period clinical staff were mentored by an experienced member of the team. This ensured the sonographer worked within their scope of practice and to the standard expected. The time allocated was dependant on the sonographer and their experience. The first session a sonographer undertook autonomously was audited to ensure they were adhering to the protocols, the reports were correct and any request (or not) for radiology input was appropriate. Feedback was given immediately following the session. This process was repeated until both sonographer and the provider were confident in the service provided. The provider used dedicated mentor groups led by senior clinicians, as exemplars in best practice and with proven teaching skills to support staff. Wherever possible the provider rotated staff through multiple trust contracts to enhance skill sets, adaptability of an individual and provide experience in a more acute setting. We saw examples where staff had been supported through the induction process and with the competency checks. Following the induction, if staff did not meet the competencies and management did not feel they would meet the standards required then they would not be employed by the provider.
- Staff performance was audited. Audit results were fed back to individual staff and anonymised data was shared collectively. The programme of audit and peer review were integrated into the clinical governance processes and any serious untoward incidents were discussed at both clinical governance committee and board level. All staff undertook an annual appraisal which reviewed an individual's performance and training needs. Through this process development plans were implemented.
- Staff undertook competency training. All appropriate staff received training in the optimum use of the scanning equipment and in the electronic patient

records system. Clinical staff were required to complete continued professional development to meet their professional body regulation and the company supported staff to undertake this.

- All staff currently working for the service had an up to date yearly appraisal. We looked at completed appraisals which included staff competence and areas of development for the upcoming year.
- Staff were supported if they wanted to go on additional training courses. We saw examples of where staff were being funded to complete masters degrees to further their knowledge and experience.

Multidisciplinary working

- **Staff from different disciplines worked together as a team to benefit patients.** We observed the sonographer and receptionist working together effectively to ensure patients received care which met their needs. They supported each other to make sure patients had no gaps in their care. Communication between them was clear and concise.
- The provider worked closely with staff from the local acute NHS trust. Clinical staff were available to speak to referrers if clarification or further advice was required. If sonographers were concerned about any results from any scans then they would refer patients to the local acute NHS trust for further scans.

Seven-day services

- Services provided to patients were not available seven days a week. The service was available to patients five days a week, Monday to Friday for private patients and Monday and Wednesdays for NHS referred patients.

Health promotion

- Patients were encouraged to be involved in the planning and delivery of their care as much as was practicable given the nature of the service provided.

Consent and Mental Capacity Act

- **Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.**

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All staff had received training on mental capacity as part of their yearly mandatory training. They were aware of what to do if they had concerns about a patient and their ability to consent to the scan.

- There were processes to ensure patients consented prior to procedures. On arrival into the service, patients were given an information leaflet on what to expect during and after the scan and a patient consent form to sign. Staff told us they would not perform any scans unless the consent form had been completed. During the inspection we looked at ten patient consent forms, all had been fully completed and signed. During the scan staff asked patients if it was ok to do certain movements such as raise their hips if this was required to gain better images.
- The service would only have patients referred if the referrer had no concerns about a lack of capacity. If staff had concerns about capacity then they would refer the patient back to the local hospital who would complete the necessary capacity assessments.
- Diagnostic Healthcare had a corporate consent policy which was available for staff. This was written in line with national policy.

Sonographers ensure patients were kept as covered up as possible. Voices were kept low, within the clinical environment, to reduce the risk of others overhearing.

- Patients were made aware of who staff were and why they were seeing them. The provider was compliant with National Institute for Health and Care Excellence QS15 (Patient experience in adult NHS services), as patients were introduced to the sonographer and were made aware of their role and responsibilities. We observed staff introducing themselves to patients and explaining what their role was. Staff names were displayed on name badges.
- Where possible, the provider made provision for a person of the same gender to undertake a scan if requested. However, reception staff or assistant sonographers would be made available to chaperone appointments if a male sonographer was seeing a patient or if this was requested by the patient.
- As part of the patient satisfaction survey that was completed by 79% of patients scanned from April to September 2018, they rated their overall satisfaction with the service at 96%. The survey also showed 98% of patients would recommend the service to their friends and family.

Are diagnostic imaging services caring?

Good 

We rated caring as **good**.

Compassionate care

- **Staff cared for patients with compassion. They respected patients' privacy and dignity, and supported their individual needs.** We observed staff communicating with patients and their loved ones in a kind and compassionate manner. Staff were patient when advice or questions were asked. One patient told us all their questions were answered and they felt the experience to be positive.
- Staff ensured patients' privacy and dignity was respected during physical and intimate care. Staff ensured patients were treated respectfully during the scanning process. When trousers needed to be lowered and tops pulled up, the sonographer gave clear instructions to ensure patients felt comfortable.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.** Patients were involved in their own care and treatment as the sonographer took time to explain what was happening and why. Patients were also given an opportunity and encouraged to ask questions during the procedure and the sonographer told us that talking the patients through the procedures helped to manage their anxiety.
- Communication between staff and patients was clear and uncomplicated. We observed conversations between the sonographer and patients and noted that technical language was kept to a minimum and patients were encouraged to ask questions at every opportunity.
- Staff told us how they supported patients when delivering difficult news. Staff told us how they would support them in the scanning room or another office room if they had to deliver bad news. Staff would then

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refer them to the local NHS Trust for follow up and support. Staff received training in breaking bad news as part of their induction and as part of the yearly mandatory training. Staff also have access to a support line if they required someone confidentially to talk to.

- Staff provided patients with information leaflets prior to the scan to explain the process and what would happen in the scanning room and following the scan so that patients could read this before entering the scanning room.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.** We saw patients were provided with information before and during their appointment which helped them understand what was happening.
- The patients had an explanation about the gel used during the scan. The sonographer shared the screen with the patients during the scan and talked the patients through what they were looking at. At the end of each procedure each patient was given very clear instructions about what aftercare they required, for example for consultant/GP or midwife follow up, or for re-scan in line with guidelines.
- Patients had the choice of purchasing scan photos following the scan if they wished to. They could choose the photo that they preferred as per the local NHS trusts policy.

Are diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.** Waiting times from referral to treatment and arrangements to scan patients were in line with good practice. The provider had a service level agreement with the local

acute NHS trust to provide anomaly scans to patients under the NHS. This service provided to the NHS patients ran two days a week, on Mondays and Wednesdays. All NHS patient bookings were handled by the NHS trust. The service also offered services to private patients, including dating scans, anomaly scans and growth scans, on a self-referral basis. Private patients could access the service any day of the week, including Mondays and Wednesdays but appointments would be restricted due to the NHS service provided. The manager told us they were flexible to meet the needs of the NHS trust and how in the past they had increased and decreased numbers of staff working in the trust to support the need. We were also told how additional days could be added if waiting times for appointments increased.

- The services provided reflected the needs of the population served. When determining the locations from which the provider operated the service considered both accessibility and availability. The provider worked with commissioners to ensure service aims and objectives and outcomes were met. This was evidenced through key performance indicators, report submissions and regular meetings with contract managers. Services were delivered from sites which were accessible (extended opening times, public transport, disabled facilities) to all. Where possible they used staff, who were local to the area.
- Where possible, the provider made provision for a person of the same gender to undertake a scan if requested. However, reception staff or assistant sonographers would be made available to chaperone appointments if a male sonographer was seeing a patient.

Meeting people's individual needs

- **The service took account of patients' individual needs.** Staff helped patients with communication, advocacy and cultural support. Staff saw many patients from a range of different ethnicities, religions and sexuality. The provider had an equal opportunities and diversity policy which was written in accordance with current best practice. All staff were trained on induction and annually to deliver a service which was compliant with the Equality Act 2010.

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- The service did not scan any patients with complex needs or learning disabilities. Patients with complex needs would be scanned at the local NHS hospital.
- The service was accessible to people who had mobility difficulties. The unit was situated on the second floor but there were lifts to the service and there was level access to the unit and patient areas. The service did not have access to hoists for patients with decreased mobility, however these patients would not be referred to them and would be scanned at the referring hospital.
- Translation services were available to patients whose first language was not English. The service could provide translation services where required and made reasonable adjustments to support patients who had sensory impairment or learning disability. Staff said they were made aware of patients who required translation services when appointments were booked.
- All appointments were booked for half an hour, this was to give the sonographer enough time to complete the scan and to allow patients sufficient time to ask questions. If the sonographer could not obtain all the required images for the scan then they asked the patient to go for a walk and to come back and would rescan them later to try to obtain clearer images.
- Diagnostic Healthcare had worked with the referring hospital to develop a referral criteria. Patients referred were low risk, midwifery led patients who do not need to be reviewed the same day by a clinician. This helps ensure the safety of the patients referred.
- Two days before the appointment the receptionist rang patients to ensure they were aware of the appointment and would be attending. They also explained what to expect on the day and patients could ask any questions. This helped to reduce “did not attend” rates. The service had 56 patients who did not attend from September 2017 to September 2018.
- Upon arrival to the surgery, patients checked in at the front desk and took a seat in the waiting room until called to the room by the sonographer. Patients would then receive their consent form and an information leaflet on what to expect during the scan.
- Diagnostic Healthcare had a patient services team who could be called 24 hours a day to answer questions on information about clinics, directions and preparations for the scans.
- From October 2017 to September 2018 the service did not cancel any appointments for non-clinical reasons.
- From October 2017 to September 2018 the service delayed seven sessions out of 576 sessions due to staff sickness, all these sessions were rebooked and patients scanned.

Access and flow

- **People could access the service when they needed it.** The provider offered private patients choice for their day and time. Private patients could book their appointments by phoning a patient service team who could deal with any enquiry and could offer a convenient appointment time.
- All referrals for NHS patients were booked through the local NHS acute trust. Staff working at Diagnostic Healthcare had access to the trusts booking system to allow them to view the patients booked in. Staff told us when there was a surge in referrals, extra clinics could be arranged. Diagnostic Healthcare aims to perform scans within 29 working days of referral. Diagnostic Healthcare worked closely with the Trust and made sure all patients were seen within the allocated time of their obstetric appointment. At the time of our inspection patients were being scanned within the allocated time per the appointments that were booked to them by the Trust.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.** Diagnostic Healthcare had a corporate complaints and compliments policy that was in date at the time of our inspection. This outlined the time frame for complaints to be investigated in and a full written response was to be sent in ten working days.
- There were processes to ensure patients and their relatives could make a complaint or raise concerns and were aware of how they could do this.
- The service had information about how to make a complaint clearly displayed in the waiting area.
- From October 2017 to September 2018 the service received five complaints, of these one was upheld. We

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reviewed the provider's response to two complaints. The complaints were investigated thoroughly. We found they communicated with patients in an open, honest and sensitive manner. We also found learning from the complaints was communicated with staff.

Are diagnostic imaging services well-led?

Good 

We rated well led as **good**.

Leadership

- **Managers had the right skills and abilities to run a service providing high-quality sustainable care.**

Senior leaders were visible, approachable and supportive. The director of finance was based at the location and could be approached with any questions as appropriate. Staff said leaders were supportive, visible and approachable.

- The registered manager was committed and passionate about patient care and a high-quality service. They understood the challenges the service faced, in particular the national shortage of sonographers and the impact this could have on the service in the future.
- Staff told us they felt supported by the management team and that they were friendly and approachable. Staff told us they felt confident in approaching them to raise issues.
- In the last staff survey in 2015, 88% of staff working across Diagnostic Healthcare said that there was a strong management team.

Vision and strategy

- **The service had a vision for what it wanted to achieve.** Diagnostic Healthcare's vision was 'To provide first class diagnostic imaging that exceeds our service commitments and customer expectations. To put the patient first, to understand the benefits our efforts make to patients' lives and the responsibility we have for their care and recovery. To provide the resources to support every member of our team to provide healthcare that makes a difference.'

- Staff displayed these values in their work and interactions with patients during our inspection.
- Senior staff told us the strategy for the future was to concentrate on succession planning and growing the company by increasing the numbers of private scans.
- In the last staff survey in 2015, 86% of staff across Diagnostic Healthcare either agreed or strongly agreed that they were clear about Diagnostic HealthCare's current goals and objectives. 86% of staff also said that there was a clear vision for the future.

Culture

- **The provider promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** Staff told us they felt valued and respected and enjoyed working for the provider.
- Openness and honesty was encouraged in response to incidents. Staff told us they were open and honest with patients. Staff felt able to raise concerns with senior colleagues.
- All staff we spoke with were proud to work for the organisation and were positive about the company and team they worked with.
- Equality and diversity were promoted within and beyond the organisation, staff have training in equality and diversity and this is repeated yearly.
- During the inspection we informed the service manager that there was a piece of equipment that required attention. They responded positively to this feedback and immediately took action to make improvements, demonstrating an open culture of improvement.
- All independent healthcare organisations with NHS contracts worth £200,000 or more are contractually obliged to take part in the Workforce Race Equality Standard (WRES). Providers must collect, report, monitor and publish their WRES data and take action where needed to improve their workforce race equality. A WRES report was produced for this provider including data from April 2017 to March 2018.
- Diagnostic Healthcare had a clear action plan following the results of the report with clear timescales of likely completion.

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- There was clear ownership of the WRES report within the provider management and governance arrangements, this included the plan to take the WRES action plan to be considered by the board.

Governance

- **The service had a comprehensive governance framework that ensured clear lines of responsibilities and that quality and performance were understood and managed.**
- Diagnostic Healthcare had a number of leads that staff could contact if they required more specific expertise. The service had leads in: information governance, Caldicott guardian, senior information risk owner, accountable emergency officer, safeguarding lead, mental capacity act and deprivation of liberty lead, prevent lead, freedom to speak up guardian, communication and data protection officer. Staff were aware of the leads and how to contact them.
- The service had a range of policies and standard operating procedures. Policies and procedures were reviewed yearly and we saw evidence that the policies we looked at had been reviewed. Staff were aware of the policies and procedures in place and how to access them.
- The service had service level agreements to describe the requirements of the contracts they held. Staff were aware of these and had an ongoing dialog with the commissioning service on how they were performing and any changes required.

Managing risks, issues and performance

- **The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. However, not all risks identified were captured on the services risk register.**
- The service had assurance systems that performance issues could be escalated through. Staff could tell us who they were accountable to. Managers could tell us the steps they would take to manage performance.
- The service conducted both internal and external audits to monitor the quality of services. The service was also part of three accreditation schemes which it submitted six monthly data for.

- The service had processes to identify, understand and address current and future risks. The organisation had a risk register which Diagnostic Healthcare Ltd (Varsity Medical Centre) had one risk on relating to an information governance breach. The risk register captured details on the date it was added to the risk register, information on the risk and actions taken. Risks relating to the provider as a whole were captured on the organisation risk register, risks included recruitment which was highlighted by the registered manager as a concern during the inspection. During board meetings which occurred quarterly, the organisation risk register was reviewed and any risks updated, amended or removed as appropriate.

Managing information

- **The service had access to the local acute NHS hospital's computer systems. This allowed referrals to be made electronically from the host hospital and scan results be available immediately for referrer review.** Following the sonographer review of the scan, patients were given a paper copy of the report to take away with them for future reference.
- All patient records were stored electronically and paper patient consent forms were scanned and securely destroyed.
- All staff working in the service had undertaken data security and awareness training as part of their mandatory training. Staff we spoke with understood their responsibilities around information governance and risk management.

Engagement

- **The service engaged well with patients and staff to plan and manage appropriate services.** The service had an electronic anonymous questionnaire which asked patients questions about the appointment booking process, clinic and appointment. Specifically, the suitability of the appointment time and location, the support they had from customer service, the examination itself and if the patient felt their questions had been answered adequately by the clinical staff. We were told patients were asked to complete the questionnaire after their

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appointment and observed this during our inspection. We did see a notice advertising the questionnaire and inviting patients to complete it. Responses were recorded using an electronic tablet which automatically input the response into a satisfaction matrix. The results could be identified by location and team and were distributed to staff.

- From April to September 2018, 79% of patients scanned completed the patient satisfaction survey. The overall satisfaction score was 96% and the friends and family test result was 98%.
- Diagnostic healthcare had twice yearly cross company face to face meetings. Staff told us these were useful to get updates and to meet other people working in the organisation.
- Due to the spread of locations of staff working for Diagnostic Healthcare, staff received a weekly email which contained an up to date rota and any updates from the company, including any learning as a result of complaints/incidents.

- Diagnostic Healthcare conducts a three yearly staff survey, the last survey was completed in 2015. 88% of staff surveyed would recommend Diagnostic Healthcare as a place to work, with no staff disagreeing with the statement. The manager told us they had plans to complete another survey by March 2019.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong and promoting training.**
- The service had not had any internal or external reviews in the year preceding our inspection.
- Twice yearly Diagnostic Healthcare holds a cross company team meeting, this allowed staff to take time out of usual business to work together to resolve problems and review objectives and performance.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should consider conducting a yearly staff survey.