

Vascular Solutions Lewisham Hospital

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



Overall summary

Vascular Solutions is an independent service, which operates at the University Hospital Lewisham and Queen Elizabeth Hospital. The service has two rooms at University Hospital Lewisham and one room at Queen Elizabeth Hospital. The service provides an ultrasound scanning diagnostic facility for adults only.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 28 September 2018, along with an announced visit to the hospitals on 4 October 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

Summary of findings

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.

The service provided by this organisation was diagnostic ultrasound scanning.

Services we rate

We previously did not have the authority to rate this service. However, on this inspection we did have the power to rate and we rated it as **good** overall.

We found good practice in relation to:

- The service was visibly clean, tidy and well organised. Staff had access to handwashing facilities and personal protective equipment was used appropriately.
- There were sufficient appropriately trained staff to provide the expected level of service. Mandatory training covered a varied range of subjects and there

was very good compliance by staff. In addition, staff had personal development and training opportunities, identified through performance reviews.

- Staff understood their responsibility with regards to identifying and reporting incidents. Care was evidence-based and provided in line with current legislation, and best practice guidance.
- Patients were cared for with dignity, kindness and respect. Staff communicated well with patients involving them in the process. Staff demonstrated an understanding of how to meet patients' needs to ensure their experience was positive.
- The service had a clear complaints process and had not received any formal complaints during the last year.
- All staff we spoke with knew what the values and vision of the service were. Staff were passionate about patient safety and aimed to provide an excellent standard of care.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Summary of each main service

Good



We rated this diagnostic imaging service as good. This was because there were sufficient staff with the required skills and experience to provide the service. The services were provided in line with the national diagnostic guidance.

Staff provided care in a compassionate way and the feedback from patients was positive. Patients could access the service when needed and their individual needs were recognised and cared for. We saw strong leadership and governance of the service, and staff spoke positively about the culture of the centre, and the organisation.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Lewisham Hospital	6
Our inspection team	6
Information about Lewisham Hospital	6
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Overview of ratings	10
Outstanding practice	20
Areas for improvement	20

Good 

Lewisham Hospital

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Lewisham Hospital

Vascular Solutions operated in an NHS hospital in Lewisham and Woolwich, in South East London. The service primarily serves the communities of the Lewisham and Greenwich. The vascular laboratory services have been provided by Vascular Solutions at University Hospital Lewisham since January 2008 and at Queen Elizabeth Hospital since October 2013.

The service has had a registered manager in post since January 2008.

The vascular laboratory provides specialist diagnostic techniques to investigate circulatory disorders, using ultrasound.

Our inspection team

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

Information about Lewisham Hospital

The vascular laboratory service provided by Vascular Solutions is an ultrasound scanning service, which undertakes scans on patients to diagnose circulatory disorders. The service at University Hospital Lewisham (UHL) has two ultrasound scanners and at Queen Elizabeth Hospital (QEH) there was one ultrasound scanner.

The service is registered to provide the following regulated activities:

- **Diagnostic imaging**

The premises were managed by the hospitals, all the scanners except a portable scanner were owned by the hospital. The portable scanner was owned by the service.

The service at UHL was situated in suite 3 on the first floor of the main building. At QEH the service was situated in the imaging department on the ground floor. The service was accessible to patients on both sites with lifts or stairs.

During the inspection, we visited the clerical office and scanning room at UHL and the scanning room at QEH. We spoke with five members of staff including; lead clinical scientist, clinical scientists and trainee clinical scientist. (A clinical scientist was the title of the staff performing the ultrasound scans within this organisation).

We spoke with two patients and reviewed one set of patient records when we visited the service.

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

This was the services first inspection since registration with CQC.

Activity (July 2017 to June 2018)

- In the reporting period July 2017 to June 2018, there were 7,800 ultrasound scan investigations at the service; of these 100% were NHS-funded and were over 18 years old.

One lead clinical vascular scientist, three clinical vascular scientists, one trainee clinical vascular scientist, one business administrator and one part-time business manager worked at the service.

Track record on safety

- zero Never events
- Clinical incidents zero no harm, zero low harm, zero moderate harm, zero severe harm, zero death
- Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

Summary of this inspection

- Zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- Zero incidences of hospital acquired Clostridium difficile (c.diff)
- Zero incidences of hospital acquired E-Coli
- Zero complaints

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Building maintenance
- Maintenance of medical equipment

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:

- There was an effective cleaning schedule as well as maintenance programs at the service.
- There were effective systems at the service to ensure patient safety. All staff were aware of their roles and responsibilities in ensuring patients and their relatives were safe.
- Staff demonstrated their understanding of the duty of candour and provided examples of its implementation.
- The service was visibly clean, tidy and clutter free, there were arrangements in place for infection prevention and control.
- Patient records were secured and stored appropriately.
- Staffing levels were maintained by management to ensure patient safety.
- There was training program to ensure staff competency, and mandatory training compliance by staff was 100%.

Good



Are services effective?

We do not rate effective.

- We saw procedures had been developed in line with national guidance and staff were aware of how to access them.
- The centre encouraged staff to participate in training and development, to enable them to develop their clinical skills and knowledge.
- All staff had completed their appraisals and performance development plans.
- We saw evidence of effective multidisciplinary team working between staff of the service and other staff at the commissioning trust.
- Staff had access to all the information they needed to deliver care and treatment to patients in an effective and timely manner.
- The lead clinical scientist was the dedicated lead for professional development who managed the processes for ensuring all staff had received training and competency assessments applicable to their roles.

Not sufficient evidence to rate



Are services caring?

We rated caring as good because:

- Staff treated patient with respect, dignity and compassion and ensured their privacy was maintained.

Good



Summary of this inspection

- The environment within the service allowed for confidential conversations.
- Patients we spoke with, gave positive accounts of their experience with the service and its staff. They told us the staff were polite and courteous.
- Patients felt fully informed about their care and treatment. Patients we spoke with had a good understanding of their condition and the proposed diagnostic test they were there for.

Are services responsive?

We rated responsive as good because:

- There was a proactive approach to meeting the needs of individual patients.
- There were minimal waiting times for ultrasound scanning.
- There were effective arrangements for planning and booking of diagnostic imaging at the service.
- Patients had the choice of booking the dates and times of their ultrasound scan appointments to suit their needs.
- Services were planned and delivered in a way that meet the needs of the local population.
- There was no waiting list during the inspection and there had not been any cancellation of the service in the last 12 months.

Good



Are services well-led?

We rated well-led as good because:

- The service had a clear vision and strategy overseen by strong leadership. Staff spoke positively about the culture of the service and that the quality of patient care and treatment was the service's highest priority.
- There was a clear governance structure and monitoring of service delivery. The senior management team made themselves accessible to the staff by being available when needed, and being open and transparent in their engagement with the staff.
- Staff we spoke with said, they felt they could raise concerns and were confident that they would be dealt with appropriately.
- We saw evidence of public and staff engagement.

Good







Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We previously did not have the authority to rate this service. However, on this inspection we did have the power to rate and we rated it as **good**.

Mandatory training

- The service had mandatory safety training which all staff had to complete. The topics included were health and safety at work including fire safety awareness, basic life support, infection control, manual handling, safeguarding vulnerable adults, conflict management, consent and dementia care.
- Training was done by e-learning or face to face through a training organisation. There was no completion target for the modules, however, we reviewed training records and found there was 100% compliance by all staff with their mandatory training.

Safeguarding

- Staff we spoke with had a knowledge of safeguarding vulnerable adults and were aware of who the leads within the commissioning trust were and the escalation process for when concerns were identified. The service did not see children or young people under the age of 18.
- The service had a safeguarding adults' policy. This provided staff with information about what constituted abuse and advice on what to do in the event of a concern.

- We were informed there had been no safeguarding referrals in the previous 12 months. Records within CQC showed no safeguarding referrals had been received from the service.

Cleanliness, infection control and hygiene

- All the clinical environments visited during our inspection were found to be visibly clean and tidy. All areas had evidence of a cleaning schedule which was signed when staff had completed the cleaning duties. Staff told us the cleaning of the service was done by an in-house cleaner who was employed by the commissioning trust but all scanning equipment was cleaned by the clinical scientists.
- All clinical areas had access to a hand washing basin in the room. We observed staff using the hand washing basins in the scanning rooms during our inspection. Staff had access to alcohol hand gels which they used to decontaminate their hands. We observed staff hand washing and using alcohol hand gels in accordance with the World Health Organisations (WHO) five moments for hand hygiene.
- All staff we observed in clinical environments were 'bare below elbow'.
- The service had commenced monthly hand hygiene audits in July 2018. We saw the audits which had been completed and observed a 100% compliance rate.
- The service provided staff with personal protective equipment (PPE), which included gloves and aprons. We observed staff using the PPE appropriately to protect themselves.

Diagnostic imaging

- We observed clinical waste was handled, stored, and removed in line with national guidance, HTM 07-01, Control of Substances Hazardous to Health and the Health and Safety at work regulations. This meant waste was disposed of and managed in a safe way.
- We observed the ultrasound probe was cleaned using disinfectant wipes following each patient. At the end of each procedure the couch was prepared for the next patient with clean paper.

Environment and equipment

- The service was made up of two rooms at University Hospital Lewisham and one room at Queen Elizabeth Hospital. In Lewisham Hospital the facilities were an administration office and a scanning room and at Queen Elizabeth Hospital, the facility was a scanning room with a computer used for reporting.
- All electrical equipment we inspected had been electrical safety checked annually as per safety recommendations. Most of the electrical equipment used by the service was owned by the NHS Trust and we saw evidence they had been serviced by external companies. Staff were aware when the next service was due. The pieces of equipment which belonged to the service had also been serviced and we saw the documents to confirm this.
- Failures in equipment and medical devices were reported to the NHS trust's technical support team. Staff told us there were no problems or delays in getting repairs completed.
- The service did not have resuscitation equipment in any of the clinical areas, although the service was situated within an NHS trust hospital and staff were able to tell us how they would call for assistance in case of an emergency or cardiac arrest.
- Staff told us they had sufficient equipment to complete their jobs and the equipment they had was fit for purpose.
- The environment in which the scans were performed was spacious and was easily able to accommodate inpatients arriving in hospital beds. The room was darkened to ensure scans could be observed clearly and there were blinds on the windows to ensure patient privacy. There was a curtain in front of the door to the scanning room so patients could not be seen if the door was opened during a scan.

- The couch used for scanning was in good repair and was height adjustable to ensure the clinical scientist could access the patient easily without causing strain on them. There were a number stools and chairs used by the clinical scientist to ensure they were protected from strain of leaning or sitting at awkward angles.
- We observed staff segregating clinical and domestic waste correctly into the waste bins which were enclosed and foot operated. Staff were aware of the different waste streams. The management and disposal of waste was completed in accordance with policy by an external company provided by the NHS trust.

Assessing and responding to patient risk

- The service had a process to follow for the management of patients who suddenly became unwell during their procedure. In the event of a cardiac arrest, staff called the designated number within the NHS trust. Staff were trained in basic life support and would put their training into use until support arrived. Since the service started, staff reported no incidences of having to call for assistance. The nearest resuscitation trolley was located within the neighbouring x-ray department.
- Referral forms contained clear guidance regarding the type of scans required and the types of patients who could be referred for these scans.
- Staff made sure patients understood any ultrasound scans which they performed, they explained clearly the process, informed the patient the scan may be uncomfortable or painful and showed patients the scan as they were being performed. They answered any questions the patient had.

Staffing

- The service had sufficient staff with the right qualifications, skills, training and experience to provide the right care and treatment for patients. The service was staffed by a lead clinical scientist, four clinical scientists, one trainee clinical scientist and two administration staff employed by the NHS Trust.

Diagnostic imaging

- The service had no vacancies at the time of our inspection.
- Information provided by the service showed between June 2017 to July 2018 there was one staff members who had left and two staff members had joined the service.
- The service used locum staff which were known to them and had been used for a long period of time.

Records

- The service did not have access to patient records. The service produced reports following the scan which were saved on to the hospital's share drive.
- Detailed reports for patients were completed and forwarded to the referrer within 24 hours of the patient's procedure. If any concerning findings were identified during the procedure, a more detailed report was produced by the clinical vascular scientist.

Medicines

- The service did not use any medicines for any of their procedures and therefore did not have a medicines policy in place.

Incidents

- There were no never events reported for the service from June 2017 to July 2018. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There were no serious incidents reported by the service from June 2017 to July 2018. Serious incidents are events in health care where there is potential for learning or the consequences are so significant they warrant using additional resources to mount a comprehensive response.
- Staff we spoke with understood the duty of candour process and the need for being open and honest with patients when errors occur. Senior staff members could explain the process they would undertake if they

needed to implement their duty of candour following an incident which met the requirements. However, at the time of our inspection, they had not needed to do this.

Are diagnostic imaging services effective?

We do not rate effective.

Evidence-based care and treatment

- We reviewed policies, procedures and guidelines produced by the service. These were based on current legislation, national guidance and best practice, these included policies and guidance from professional organisations such as National Institute for Health and Care Excellence (NICE), the British Medical Ultrasound Society, the Vascular Surgical Society and the Diabetes Foot Care Audit. An example of NICE guidance which the service followed was CG68 Stroke and transient ischaemic attack in over 16s: diagnosis and initial management.
- Staff were kept up-to-date with changes in policy and procedures, ensuring practice was evidence based. Staff we spoke with said changes to practice and policies were highlighted by the lead clinical scientist, and they received emails and alerts when policies or procedures were amended.
- The service had established a one stop service for diabetic patients with the commissioning trust's foot services team, vascular surgeon, diabetologist and microbiologist.

Nutrition and hydration

- There were no food and drink for patients attending for ultrasound scans. However, there was a water dispenser in the scanning room for patient use during and after scans.

Pain relief

- Staff made sure patients understood any ultrasound scans which they performed, they explained clearly the process, informed the patient the scan may be uncomfortable and showed patients the scan as they were being performed. They answered any questions the patient had.

Diagnostic imaging

Patient outcomes

- The Lead clinical scientist told us they were not required to produce any specific data for identifying patient outcomes for their contract.
- At the end of each procedure, we observed the clinical scientist wrote a report detailing what the scan showed, which was saved on the hospital shared drive which could then be accessed by the referrer.

Competent staff

- Staff told us new members of staff had a four-week induction period. We saw new staff had to sign an induction sheet to say they had been made aware of pertinent policies such as manual handling and fire procedures.
- The service had a competency document for all new clinical scientists to complete when joining the service. This competency document focused on the scanning requirements for vascular scanning as well as some local induction tasks which were required to be completed. The lead clinical scientist told us the length of time for staff to complete these were not specific and it was down to the individual. Staff would not be allowed to start to run their own clinics until competencies were signed off. We saw evidence of completed competency documents stored on staff's individual files.
- The lead clinical scientist and one of the clinical scientists were registered with the Health and Care Professionals Council (HCPC).
- The lead clinical scientist reported that all staff had received their appraisals in the last year. Staff told us that appraisals were valuable in their professional development. Staff were encouraged to recommend changes to improve the effectiveness of the service during their appraisals, and their learning needs were also discussed and agreed during the discussion.
- Staff could identify their own developmental areas independently or with support. They told us they received funding for continuing professional development (CPD), further education, training and funding to attend conferences.

Multidisciplinary working

- Staff told us they worked with other radiology departments at the commissioning trust's hospitals to build relationships.
- All the staff we spoke with told us they had good working relationships with consultants. This ensured they could share necessary information about the patients and provide holistic care.
- All patients were seen as part of a contract. Staff entered details directly on to an electronic reporting system. Ultrasound images were uploaded on to an electronic system which could be accessed by NHS healthcare professionals for identifying correct treatment decisions.

The service had developed one stop services for patients. For example, diabetes patients were scanned during their routine appointments with their consultant to monitor their foot health. Clinics were runs side by side and the staff used a portable scanner, so patients did not have to go to a different location for their scan.

Seven-day services

- The service did not operate seven days a week. Instead it operated Monday to Friday 8:30am and to 5:30pm. However, the service had taken into consideration the requirement for having a range of appointments available to patients and therefore appointments were scheduled to ensure patients could attend at a time which was convenient to them.

Health promotion

- Health promotion literature available for patients should their referring clinician not provide the information for the patient.

Consent and Mental Capacity Act

- All staff were aware of the importance for gaining consent from patients before conducting any procedures. Staff told us verbal consent for vascular ultrasound scans was acceptable. Patient's verbal consent was sought at the time of the procedure, we observed this occurring during our inspection.
- Staff we spoke with understood the mental capacity act. Patients identified as lacking capacity were highlighted by the referring doctor. Patients were still asked for their consent.

Diagnostic imaging

Are diagnostic imaging services caring?

Good 

We previously did not have the authority to rate this service. However, on this inspection we did have the power to rate and we rated it as **good**.

Compassionate care

- We observed staff treated patients and their families with care, dignity and respect. Staff welcomed patients into the service. Staff reflected in their discussions with us how they recognised the importance of maintaining patient's confidentiality, privacy and dignity.
- There were posters displayed informing patients about the availability of chaperones and staff were readily available to act as chaperones when needed.
- The patients we spoke with were positive about the service. A patient told us the clinical scientist was "Very kind".
- We saw that all interactions were respectful and considerate. Staff spoke to patients and were supportive. We observed staff introducing themselves to patients and explaining their role during our inspection. This was in line with the recommendations in the National Institute for Health and Care Excellence (NICE) quality standards for patient experiences in healthcare.
- We observed staff treating patients with dignity and respect during their procedures. Staff locked the doors to the ultrasound scanning room to prevent anybody entering unnecessarily. We saw staff drawing curtains or leaving the room whilst patients removed items of clothing for a procedure. Prior to re-entering the room or going into the curtained area, staff asked if the patient was ready for them to come back.
- Staff saw a range of patients, some of whom had a history with the service and some who were attending for a first appointment. We observed staff treating all patients compassionately and empathetically, and

would not rush patients who were nervous or upset prior to or during the procedure. The care staff provided was patient centred and patients clearly appreciated this.

- The service undertook an annual patient satisfaction survey, most of the feedback indicated satisfaction with the service provided.

Emotional support

- Staff understood the impact that patients' care, treatment and condition had on their wellbeing. Staff we spoke with stressed the importance of treating patients as individuals.
- We observed staff talking to patients during procedures to put them at ease. They told us they would help manage patients' anxiety by offering them a glass of water, sitting with them and talking with them until they were ready to leave.

Understanding and involvement of patients and those close to them

- Staff communicated with patients so they understood their care, treatment and condition. Patients reported they were satisfied with the information they were provided by staff. Patients told us their conditions and treatment were explained to them in way they understood.
- Staff were also able to adapt the language and terminology they used when discussing the procedure with the patient themselves. The service provided ultrasound scans to a range of patients and was therefore important for staff to ensure they always made sure they used appropriate language which the patient understood. A telephone based interpreting service was available.
- At the end of the scan, staff went over any significant findings, this was then followed up with staff informing the patient a report would be sent to their doctor and they would be in contact with the patient regarding any follow up required.

Are diagnostic imaging services responsive?

Diagnostic imaging

Good 

We previously did not have the authority to rate this service. However, on this inspection we did have the power to rate and we rated it as **good**.

Service delivery to meet the needs of local people

- The service was planned and delivered in a way that reflected the needs of the population served and gave choice and continuity of care to patients locally. The service provided planned vascular diagnostic scanning for patients times and dates that were convenience for the patient.
- Staff told us patients appreciated the accessibility of the service. The service was located within two NHS hospitals. There was parking in the hospital carpark which was pay and display and was accessible by public transportation.
- The environment was appropriate and patient centred. The waiting areas were comfortable with sufficient seating and toilet facilities for patients and visitors. Cold water fountains were available for patients in the scanning room.
- Signage directing patients to the service was clear, visible and easy to follow. We followed the signs from the main entrance to the service with ease.
- Patients were provided with appropriate information about their visit including directions to the waiting area of the service.

Meeting people's individual needs

- Staff told us the service took account of people with different needs including dementia, learning disabilities and physical limitations. Staff gave examples of support provided to patients and their family members, making them comfortable, sitting with them to allay their fears and anxiety.
- The service provided access to patients who had mobility difficulties. Patients were scanned in their hospital beds if they were unable to transfer on to the couch. Patients in wheelchairs were supported to transfer to the couch.

- The service offered a range of appointment times and days to meet the needs of the patients who used the service. The lead clinical scientist told us they had not seen a large demand for evening appointments due the demographic of patients they traditionally saw, as they were mostly elderly retired people, but they would try to accommodate a request for a later appointment time if a patient asked for it.
- Staff had access to a translation and interpretation service for patients whose first language was not English, through a telephone based service. Staff we spoke with knew how to access this service should it be required.
- We saw patient information literature available for patients to take away with them. The leaflets which were available for patients were only available in English, and were only available in standard print. Staff told us if leaflets were required in a different language or larger print, they could request these or download and print them.
- The services were tailored to patient's needs through one stop clinic services. Clinics included diabetic patients, stroke and neurovascular injury patients, transient ischemic attack (TIA) and vascular outpatients. For example, a one stop clinic for TIA patients was provided bi-weekly at Lewisham hospital. For patients with cognitive impairment a volunteer was recruited by the service to support patients by guiding them around the hospital for all the tests required and then to return them to the clinic to for review by the consultant.
- The waiting rooms for both services were bright and airy, with adequate seating available. Patient toilets were accessible close to the room used for scanning.

Access and flow

- All referrals that came to the service were from commissioning trust. During our inspection we did not observe any long waits or delays for patients accessing the service.
- Patients were offered a choice of appointment times. Patients we spoke with told us they were given appointment times which suited them. The service planned to scan patients at the time of their choice.

Diagnostic imaging

Patients were phoned the day before their appointment to remind them and to discuss any issues they may have. This resulted in very low did not attend numbers of less than two percent per month.

- Referrals were prioritised by clinical urgency. Staff told us if an urgent referral was made when no appointments were available, the service would assess appointments and prioritise patients according to their clinical needs and the requirements of the referring consultant. This prioritisation enabled them to fit in urgent and emergency cases.
- The service ran on time and staff informed patients when there were disruptions to the service. All patients we spoke with said there was minimal waiting time when visiting the service.
- The service did not audit specific waiting times for patients to receive an appointment. They did however, review waiting times and do not attend (DNA) appointments. Staff said that all patients were seen promptly and patients rarely had to wait for an appointment. None of the patients we spoke with during the inspection raised concerns about being able to access the service in a timely manner.

Learning from complaints and concerns

- We saw there was a clear process for the management of complaints. The complaints policy was current and in date, and all staff were able to tell us what they would do in the event of a formal or informal complaint being made. The lead clinical scientist told us most patient issues were resolved informally and immediately at the service.
- There had been no formal complaints in the period June 2017 to July 2018.
- The lead clinical scientist told us they had an open-door policy where patient could escalate any concerns directly.

Are diagnostic imaging services well-led?

Good 

We previously did not have the authority to rate this service. However, on this inspection we did have the power to rate and we rated it as **good**.

Leadership

- The lead clinical scientist was the registered manager, they had the appropriate skills and knowledge to manage the service. The registered manager provided hands on care in addition to the role of monitoring the performance of the service.
- The registered manager demonstrated leadership and professionalism. We were told by the staff we spoke with the registered manager was visible and approachable to the team, and worked as part of the team. All staff reported the registered manager was responsive to their needs, whether that was for assistance with clinical practice, or personal support.
- All staff we spoke with felt valued and told us they enjoyed working at the service. Throughout the inspection, we saw staff assisted each other with tasks and responded quickly to service needs.
- We saw staff had effective working relationships with staff from the commissioning trust, and we were told of a positive and inclusive working relationship with the consultants in the “one stop” clinics.
- Staff felt the registered manager had a genuine interest in developing staff’s abilities and skills through continuous professional development and training courses. The training and continuous professional development opportunities provided to staff was considered as exemplary and something which they had not experienced anywhere else.

Vision and strategy

- The service had a clear vision to offer a value based service to meet the needs of the patients. This was achieved by delivering the highest quality, innovative, responsible, scanning service for all patients and partners.

Diagnostic imaging

- The aim of the service was to continually improve performance and enhance the services by implementing quality standards with fail-safe processes.
- The service had a comprehensive and realistic strategy, on how to sustain and develop. The service aimed to continue to grow and offer a quality ultrasound scanning service.
- We spoke with two members of staff about the vision and strategy, and there was an understanding of the goals and values of the service and how it was setting out to achieve them.

Culture

- All the staff we spoke with told us they felt respected and valued by the lead clinical scientist and fellow colleagues. Staff told us working for the service had a very 'friendly feel' to it. If they had any concerns, staff felt they could approach anybody for help and advice, even if they were not at work at the time.
- Staff we spoke with told us they felt proud to work for the service and they enjoyed the work they did within the clinics. This was demonstrated by the staff survey.
- The service made improvements through learning and staff were encouraged to be open, honest, and transparent; and to report when things went wrong. All staff told us they felt supported by the registered manager. Staff reported there was a no blame culture when things went wrong.
- Equality and diversity were promoted within the service and was part of mandatory training, inclusive, non-discriminatory practices were promoted.

Governance

- The service had good structured governance processes available, these were detailed, comprehensive and covered the regulated activities within the service. Areas covered included risk management, audit, turnaround times and vision for the future.
- The registered manager had a clear understanding about the quality of service to be provided. For

example, we spoke with the lead clinical scientist, who demonstrated in-depth knowledge of the service and was able to develop a program of quality improvement for the service.

- The service reported into the governance framework by completing monthly reports, which were submitted to the governance committee of the commissioning trust.
- Staff were clear about their roles, what was expected of them and for what and to whom they were accountable.

Managing risks, issues and performance

- The service had systems to identify, monitor and manage risk effectively. Incidents, complaints and audits were analysed thoroughly.
- The service identified risks and they were added to the commissioning trust's risk register. Risks identified were up-to-date, with clear lines of accountability and responsibility of actions to be taken. Risks included break down of equipment, which the service migrated against by purchasing a mobile scanner which could be used in an emergency whilst the main scanner was being repaired.
- The services were provided in two NHS hospitals, because the service did not own the buildings, they would therefore in the event of a power shortage, follow the recommendations of the NHS hospital. Backup generators were not tested by the service. Staff told us there would be no impact to patients other than requiring a re-scan at the next available opportunity in the event of a power cut and the generators not working.
- Performance was monitored on a local level. Information on turnaround times, 'did not attend rates', patient engagement scores, incidents, complaints, mandatory training levels amongst others were charted.

Managing information

- Staff we spoke with understood their responsibilities around information governance and risk management.
- All staff we spoke with demonstrated they could locate and access relevant policies and key records very

Diagnostic imaging

easily and this enabled them to carry out their day to day duties successfully. All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.

- Information from scans could be reviewed remotely by referrers to give timely advice, and interpretation of results to determine appropriate patient care.
- Staff reported no concerns about accessing relevant patient information. Staff had access to all the information they needed to deliver care and treatment to patients in an effective and timely way.
- There were sufficient computers in the service for the number of staff to be able to access the system when they needed to.

Engagement

- Patient satisfaction cards were given to all those who had been scanned in the service to gain feedback on the service received. This feedback was overwhelmingly positive.
- Patient satisfaction survey were collated and the results were used to inform service development.
- Staff who worked in the service were encouraged to voice their opinions and help drive the direction of the service provided and suggest improvements.

Learning, continuous improvement and innovation

- The leadership at the service saw continuous improvement as integral and staff were accountable for delivering change. Although at the time of the inspection there was no specific quality improvement in progress, the service was reviewing this to ensure they could recognise and action innovation as needed.
- The service had identified the need and then developed “one stop” clinics. For example, “one stop” scanning services for the diabetic foot clinics at the local NHS trusts. This service enabled patients to have one appointment where scanning was performed, wounds were assessed and re-dressed and to be seen by the team. They then had their diagnostic scan, and returned to the diabetic foot clinic to be reviewed by the surgeon and podiatrist.
- For diabetic patients, taking blood pressure measurements at the ankle and in the arm, to enable a measure of arterial perfusion to be made through the Ankle/Brachial Pressure Index.
- The service purchased a new innovative doppler which incorporated digital artery waveforms analysis and blood pressure measurement through photo plethysmography. This allowed for digit, ankle, and arm pressures to be measured, alongside Doppler analysis of the arterial waveforms.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure they keep records of waiting times for patients from referral to attendance at appointments.