

Bestcare Diagnostics Limited

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

Bestcare Diagnostics Limited has been operating since October 2016. The service provides non obstetric ultrasound and screening services in local community settings, such as GP surgeries. The service is led by Consultant Sonographers. Referrals are received via electronic means to a central office where administration staff arrange clinic sessions and send out appointments to patients. The provider rents space, including an examination room with an examination couch, hand washing facilities, reception support, waiting areas and

restrooms. The sonographer, assisted by a health care assistant, provides clinic sessions in each location and, on a daily basis, move to different locations with the scanning and information equipment.

The service provides non-obstetric ultrasound diagnostic and screening services for people aged 18 years and older. The clinics are facilitated for full days on Monday to Friday and with reduced hours on Saturdays and Sundays.

Summary of findings

The service employs 26 staff in total, which include one manager, seven sonographers, 10 health care assistants, one information technology manager and seven administration staff.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 8 April 2019, along with an announced telephone interview with the registered manager of the service on 11 April 2019.

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

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

Services we rate

We rated Bestcare Diagnostics Limited as **Good** overall.

We found good practice in relation to outpatient care:

- All staff had completed all of their mandatory training and knew how to protect patients from harm or abuse.
- Staff understood their roles and responsibilities in relation to consent and the mental health act.
- Staff treated patients with care and compassion.
- There were high patient satisfaction scores and patients that we spoke with were very pleased with their care.
- Staff supported and met the needs of individuals.
- There was a positive culture and staff engagement was good.
- There was a clear governance structure.
- We saw evidence of a comprehensive audit programme that was used to drive improvements in the service.

Ann Ford

Deputy Chief Inspector of Hospitals (North region)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating Summary of each main service

Good



Incidents were reviewed appropriately and we saw evidence of learning from these. Clinical equipment was visibly clean and we observed staff cleaning equipment after each use as per manufacturers and national recommendations. We observed, and were told of, good multidisciplinary team working. Staff provided evidence based care and treatment in a timely way. There was a comprehensive audit programme to ensure that the treatment provided was in line with best practice recommendations. Patients that we spoke with were extremely happy with their care and this was supported with good patient satisfaction scores. Staff were caring and compassionate and responded well to the individual needs of patients. Staff told us about a positive working culture both within their own service and also within the GP practices where their clinics were held. There were sufficient staff to provide good, safe care at a time and place convenient to patients. Mandatory training was provided in a combination of e-learning and face to face sessions. Face to face sessions were arranged for all staff outside of arranged clinic times. 100% of staff had completed all of their mandatory training. Care and treatment was evidence based and staff understood their roles and responsibilities regarding consent and capacity.

Summary of findings

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Good



Bestcare Diagnostics Limited

Services we looked at

Diagnostic imaging;

Summary of this inspection

Background to Bestcare Diagnostics Limited

Bestcare Diagnostics Limited has been operating since October 2016. The service provides non-obstetric ultrasound and screening services in local community settings, such as GP surgeries. The service is led by Consultant Sonographers. Referrals are received via electronic means to a central office where administration staff arrange clinic sessions and send out appointments

to patients. The provider rents space, including an examination room with an examination couch, hand washing facilities, reception support, waiting areas and restrooms. The sonographer, assisted by a health care assistant, provides clinic sessions in each location and, on a daily basis, move to different locations with the scanning and information equipment.

Our inspection team

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

Information about Bestcare Diagnostics Limited

Bestcare Diagnostics Limited provide non-obstetric ultrasound clinic services in the local community. The service provides a sonographer, health care assistant and ultrasound and portable information technology device to facilitate ultrasound appointments in GP practices across a geographically diverse area. The service provides services for 12 differing clinical commissioning groups at 51 different GP surgeries.

Patients are referred into the service by their respective GP's and are then offered an appointment by the service at a location and time of their choice. Once the procedure has been carried out, the sonographer sends a report immediately back to their office in Stockport where the report is checked for accuracy and then forwarded electronically onto the respective GP practice.

The service provides diagnostic and screening services to patients 18 years of age and over.

The service opened in October 2016 and the registered manager of the service has been in post since that date.

The service facilitates clinic sessions all day Monday to Friday and from 9am until 1pm on Saturday and Sunday. In the year immediately preceding our inspection the service facilitated scans for 29,500 NHS patients.

During the inspection we spoke with 10 staff including the marketing manager, sonographers, administrative staff and one health care assistant. Following the inspection, we held a telephone interview with the registered manager who was not available at the time of our inspection.

We spoke to four patients during our inspection and reviewed 11 sets of records.

Track record on safety in the year immediately preceding our inspection:

- There were no never events.
- There were no service user deaths.
- There were no healthcare acquired infections.
- The service is registered to provide the following regulated activities:

Diagnostic and screening procedures.

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

Summary of this inspection

- This was the service's first inspection since registration with CQC and we found that the service was meeting all standards of quality and safety.

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:

- All staff had completed mandatory training.
- Staff had the skills and experience to protect patients from harm or abuse.
- Staff followed infection control policies and the areas we visited were visibly clean and tidy.
- There were systems in place to identify and respond to patient risk.

Good



Are services effective?

We do not rate effective for diagnostic imaging and screening.

- Staff provided evidenced-based care and treatment.
- Staff had had their annual appraisals and had up to date competency files.
- Staff understood their roles and responsibilities around consent and mental capacity.
- We saw evidence of multidisciplinary team working.

Are services caring?

We rated caring as **Good** because:

- Staff treated patients with care and compassion.
- Staff were proud of the work they did and committed to providing a quality service.
- Patients felt supported by staff and there were good patient satisfaction scores.

Good



Are services responsive?

We rated responsive as **Good** because:

- The service met the needs of individuals; supporting patients to make decisions about their care and treatment.
- Patients were seen at a place and time of their choosing which best met their needs.
- We saw evidence of learning from complaints and incidents.

Good



Are services well-led?

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





Good



Summary of this inspection

- There was positive staff engagement and culture within the service.
- The service sought people's views and used these to shape the service.
- The leadership was visible and accessible, they shared the same office.
- There was a clear governance structure with distinct reporting lines.
- Staff felt supported and there was evidence of staff development.
- The service had systems in place to ensure that clinical staff had the rights skills, experience and qualifications to provide safe care and treatment.
- The service had developed a robust and comprehensive audit programme to help provide assurance to the leadership team.

Diagnostic imaging

Safe	Good 
Effective	
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. All staff had completed 100% of their mandatory training.**
- Mandatory training was delivered through a combination of face to face and online training. A training matrix was held centrally which highlighted which groups of staff required training for each module. The training matrix was reviewed each month, and was overseen by the registered manager.
- Mandatory training for staff included a range of subjects mandated by legislation and by the provider such as; information governance, the mental capacity act, equality, diversity and human rights, conflict resolution and ultrasonography specific training.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- At the time of the inspection, all staff had completed appropriate safeguarding training for their job role with all clinicians achieving level the required training.

- The service had in place a safeguarding lead who was trained to level four. Staff that we spoke with were aware of how to contact this lead if necessary.
- The service had clear systems and processes, and policies and guidelines that were up to date, in place to keep patients safe from potential and avoidable harm.
- Staff were aware of their roles and responsibilities for escalating safeguarding concerns. Staff were knowledgeable about how to deal with and raise safeguarding issues and were able to give examples of when it would be appropriate to do so.
- During our inspection we saw that a chaperone was always rostered to work alongside the sonographers and there was a robust chaperone policy to ensure that this was always the case.
- The service had not reported any incidents of a safeguarding nature in the 12 months immediately prior to our inspection for this geographical area.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.**
- We observed staff carrying out their duties in line with the infection prevention and control requirements set out within the provider's hygiene policy.
- Staff wore appropriate personal protective equipment when performing ultrasound procedures and cleaning the equipment.

Diagnostic imaging

- We observed staff following hand hygiene protocols, including 'bare below the elbows', in line with the organisation's standard hygiene and infection control policy.
- Audits showed that between 1 January 2018 and 31 December 2018, the clinic achieved an average of 99.3% compliance with hand hygiene procedures.
- A full infection prevention and control audit was carried out each month. The most recent audit in March 2019 highlighted that all hand hygiene, dress code, equipment and clinic hygiene guidelines were being adhered to.
- We observed that the clinic followed best practice guidelines in relation to the correct cleaning procedure for scanning equipment.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- Patients did not attend the office; they attended their chosen GP surgery for their ultrasound scan.
- The service had a service level agreement in place with GP's to provide the rooms that they used for which a minimum criteria was in place that stipulated such things as being a certain size, with hand washing facilities and a rise and fall couch.
- The routine maintenance and servicing of the ultrasound machines and chairs was captured on a central maintenance and calibration plan. The plan detailed the serial numbers, model type and scheduled date of maintenance. We were shown the maintenance schedule, daily checks and the service level agreement in place which ensured the safety and replacement of the machines in the event of breakdown.
- During the inspection, we spoke with one sonographer who told us that his machine had developed a fault the previous week and that an engineer attended immediately to repair it without having to cancel any clinics.
- We found that records relating to the maintenance of equipment were comprehensive, clear and up to date.

- There had been no reported incidents relating to equipment in the 12 months prior to our inspection.
- We found that equipment was checked on a daily basis. We reviewed a sample of daily checks and found that they were all completed and up to date.
- The unit had a spare ultrasound machine that could be used in the event of equipment breakdown. This was also checked appropriately, clean and ready for use.
- We saw evidence that all staff had been trained in the use of specific equipment.

Assessing and responding to patient risk

- **The service assessed and responded to patients risk appropriately for the service.**
- There were strict eligibility criteria for which procedures they would accept for ultrasound and we observed these being checked and confirmed prior to sending an appointment.
- The service provided clear information to patients to minimise risks. An example of this was diabetic patients receiving an abdominal scan. They were given information about the types of food and drink that may be taken in the event of hypoglycaemia (low blood sugar).
- All patients received an appointment letter which advised them to please take all medications as normal.
- Any special requirements for the ultrasound had to be specified on the referral form.
- The service had a chaperone policy and patients were made aware that they would be offered a chaperone for examinations but that they were also able to choose to bring a family member or friend to accompany them.
- The service had developed an examination pathway which highlighted what action the clinician should take in the event that an unsuspected finding was discovered during the procedure.
- Patients who underwent a transvaginal ultrasound scan were asked prior to this examination if they had a known latex allergy. The service had sheaths suitable for use with these patients.

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- All staff were up to date in basic life support training and were able to articulate what they should do in such an emergency.

Staffing

- **The service had sufficient staff to provide the safe care and treatment.**
- The service employed one registered manager (a qualified consultant radiologist), seven sonographers, ten health care assistants, seven administrative staff and one information technology staff member.
- We were told that if a sonographer was unavailable to facilitate a clinic, either another sonographer or the registered manager would run the clinic. In the year immediately prior to our inspection, whilst there had occasional delays in the starting of clinics, the service had no cancelled clinics.
- Staffing was planned based on the bookings taken. All clinics had at least one sonographer and one health care assistant. The GP practice that the clinics were sited in provided the receptionist service.
- All staff worked weekends on a rota to meet the needs of the service users.
- In the one year period immediately prior to our inspection the service had used only one member of administration staff for a bank shift.

Records

- **Staff kept detailed records of patients care. Records were clear, up to date and easily available to all staff in care provision. Records were kept for the appropriate level of time.**
- Sonographers recorded the scan findings onto their portable information technology system immediately following the scan, such as measurements. This was then easily accessible by the office administrators for them to check and then send electronically to the respective GP within a maximum time period of five working days.
- We reviewed 11 patient records during our inspection. We observed that staff had recorded all of the specified information in a clear and accurate way.

Medicines

- **The service did not store, prescribe or administer any medications**

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The designated manager investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised to patients and their families.**
- There had been no incidents in the 12 months immediately prior to our inspection.
- Staff that we spoke with were aware of what constituted an incident and how to report them.
- Staff were encouraged to report incidents via the paper based form.
- In the same period, there were no recorded never events. Never events are serious patient safety incidents that should not happen if healthcare professionals follow national guidance on how to prevent them. Each never event has the potential to cause harm or death but neither have to have occurred for an incident to be classed as a never event.
- Duty of candour is a regulatory duty which requires that every healthcare professional must be open and honest with patients when something goes wrong with their treatment and causes, or has the potential to cause, harm or distress. They must apologise to the patient, or where appropriate, the patient's family, advocate or carer.
- Staff who we spoke with during our inspection were aware of their obligation regarding duty of candour.
- The clinic reported no incidents in the 12 months prior to our inspection that triggered duty of candour.

Are diagnostic imaging services effective?

We do not rate effective for diagnostic imaging and screening.

Evidence-based care and treatment

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- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to ensure that all staff followed this guidance.**
- We observed evidence that the services guidelines and policies were benchmarked against and aligned with national best practice and evidence based care.
- The service carried out regular audits to ensure both that guidance was adhered to and that best care was being provided to patients. These included record keeping, ultrasound scan reporting and ultrasonography competencies.
- When new guidelines were introduced to the service or amended, all staff were notified of this and were notified of the changes and advised to read.
- The service had guidelines and protocols that outlined the complete ultrasound processes for the services they offered that staff could refer to at any time. These were based on national guidance.
- The service had a forward audit action plan which was due to be completed by June 2019. These included such subjects as GP satisfaction, dress code in clinics, hand hygiene, incidents and equipment. The key performance indicators were forwarded to the relevant clinical commissioning groups on a monthly basis.

Nutrition and hydration

- **The ultrasound appointments were mostly 15 minutes slots, with some being double this time when required. As such, patients were neither offered nor given nutrition or hydration. However, advice was given to patients on an individual basis about what they should and should not ingest prior to the procedure.**

Pain relief

- **Patients were given information prior to the scan which highlighted if any mild discomfort may be felt during their respective procedure and were asked by the clinicians present during the procedure if they were comfortable. However, they did not use any formal pain scoring tool or offer any pain relief.**

Patient outcomes

- **Managers monitored the effectiveness of care provision and used the findings to improve them where appropriate. They compared their local results with those of similar services to learn from them.**
- The service carried out weekly audits of patient records which looked at the quality of ultrasound scan findings and reports generated by the ultra sonographers. These continually highlighted that the reports were of a good standard or above.

Competent staff

- **The service made sure that staff were competent to carry out their role. Managers appraised staffs work performance to provide support and monitor the effectiveness of the service.**
- Staff told us that the service offered continuous learning and development opportunities to enhance their current roles.
- The service facilitated training days when there were no clinics planned to ensure that all staff were able to attend this additional training.
- Ultra-sonographers were required to successfully complete competency assessments as part of the recruitment process, to ensure they were competent for the role they were applying for. This included achieving a number of ultrasound scans under the supervision of a senior sonographer.
- Ultrasound staff received extra training sessions in subjects pertinent to their area of work to ensure that they were competent to carry out all aspects of their role. We observed one example of this named “renal and liver pathologies”.
- Appraisals were completed on an annual basis and once completed were stored securely in staff files. Information provided by the service during our inspection highlighted that 100% of staff had received their annual appraisal within the last 12 months. Furthermore, all staff that we spoke with during the inspection told us that they had received their appraisal within the last 12 months and that it had been meaningful for them.

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- All ultra-sonographers spent 10% of their working hours carrying out peer review audits as part of their role.

Multidisciplinary working

- **Staff of differing roles worked together as a team to benefit patients.**
- This was a relatively small service, however we observed that the working relationship between all staff working within the company was positive and professional.
- We observed good multidisciplinary working relationships between Bestcare staff and the GPs staff. Staff told us that previously on occasions, when the GP at the surgery they were working at required an urgent scan they had carried this out if they had had capacity to do so.

Seven-day services

- **The service provided both routine and urgent diagnostic and screening appointments seven days per week at 51 different GP practices across a wide geographical area covering 12 clinical commissioning groups. The weekend clinics had been introduced following patient engagement and feedback.**
- Patients referred into the service by the GP were contacted by the service and given the choice of time, date and location of their appointment.

Health promotion

- **The service did not provide health promotion literature or health promotion advice to patients.**

Consent and Mental Capacity Act

- **Staff were aware of the importance of gaining consent from patients prior to conducting any procedure. We observed staff gaining verbal consent from patients prior to commencing their ultrasound scan.**
- Prior to a transvaginal scan patients were given an explanation of the procedure and the rationale for performing it. They were then asked to sign a consent form if they wanted to proceed. The consent form was then scanned onto their electronic patient record and

the paper copy was shredded securely. The service had a “proof of declining transvaginal scan” form which they were asked to sign if they declined this aspect of the service.

- We observed that where verbal consent was gained for a non-invasive ultrasound, this was documented by the sonographer on the report.
- 100% staff employed by the service had received training in mental capacity and deprivation of liberty of safeguards.

Are diagnostic imaging services caring?

Good 

We rated caring as **good**.

Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- We observed staff interacting with patients, both on the telephone and face to face, in a compassionate and caring manner.
- Privacy curtains and locked doors were used to protect all patients dignity and privacy.
- Staff treated patients with kindness and respect. They spoke to them in a friendly, yet professional, manner.
- Patients we spoke to during our inspection described their care with words such as “great care today”, “everything was excellent”, “everything was really good” and “staff were brilliant. I had the same procedure done elsewhere and this is much quicker”.
- One comment from a patient in the friends and family test was that this was the best diagnostic scanning service he had attended in terms of caring staff.
- For the month of December 2018, the service achieved an average score of 97.62% patient satisfaction.

Emotional support

- **Staff provided emotional support to patients before, during and following their procedure to minimise their distress.**

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- Staff introduced themselves to patients when they first met and ensured that the patients were happy to continue with the procedure.
- Appointments were usually 15 minutes duration but we observed that staff did not rush patients if they were anxious or unsure about anything.
- The service had a chaperone policy and patients were made aware that they would be offered a chaperone for examinations but that they were also able to choose to bring a family member or friend to accompany them.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and the procedures they were being offered.**
- We observed staff, both on the telephone and in person, taking the time with patients to fully explain the procedure and to answer any questions that they may have about their ultrasound scan. Patients told us that they felt very comfortable at all times during their clinic visit and felt able to ask questions.
- At the end of each scan procedure staff took the time to explain that their report would be with their GP within a maximum of five working days, but usually within two. This minimised the anxiety of extended waiting for results.

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 the local people.**
- The locations where the clinics were held were in local communities in GP surgeries across the geographical area meaning that patients attending for ultrasound

scans were invited to choose the location which was most convenient for them. We observed that access to these clinics was good with ease of access and good parking facilities.

- The service offered a range of appointment times and locations. In response to patient feedback they also offered clinics on Saturdays, Sundays and early evenings.
- Appointments were booked via a telephone conversation and confirmation was sent by mail. Further reminders could be sent by text message, whichever the patient preferred.
- All patients were encouraged to provide feedback of their experiences on the “patient satisfaction form” provided to them.
- Between 25 March 2018 and 24 March 2019, the service received 11 letters complimenting the service that they had received from Bestcare Diagnostics Limited.

Meeting people’s individual needs

- **The service took account of the individual needs of their patients.**
- Staff had access to a translation and interpretation service for patients whose first language was not English.
- All patients invited to attend for diagnostic imaging were given a leaflet describing their procedure and what they could expect to experience during it. We observed that patients were asked over the telephone by staff if they were able to understand and read English and we were told that they were offered a translator if they wished.
- Patients were able to request a female sonographer and were offered their appointment at a choice of clinics, staffed by females.
- There was always a chaperone working with the sonographer and we observed that patients were always offered them to be present during the procedure.
- The referral form included a section where the referrer was asked to include any special requirements that the patient had such as mobility issues and then more time or a more suitable location could be offered for

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such patients. We were shown evidence where a translator had been booked for a patient whose first language was not English and where a British Sign Language interpreter had been booked for a patient who was deaf.

Access and flow

- **People were able to access the service when and where they needed to.**
- Patients were contacted directly regarding their referral within one or two working days of receiving their referral from their health professional which was in line with good practice. They were then offered an appointment at a location, day and time of their choosing within five days of receiving the referral.
- Patients were informed that their scan report would be with their referrer within five working days and that they should contact them directly. However, if their scan was urgent this time was shortened to within 24 hours. We were shown evidence that these targets were consistently achieved and were validated by GP satisfaction feedback.
- The service monitored patients who did not attend their appointments by ongoing audits. Also, a report of any patients who did not attend was produced every two days and these patients were contacted and offered another appointment and the referring health professional was also made aware.
- In the period January 2018 to December 2018 inclusive, there were no appointments or clinics that were cancelled. We were told that there was always a sonographer carrying out audit in the main office or the registered manager who was a trained sonographer who could cover staff sickness to ensure that, whilst there may be a slight delay to the clinic starting, they always went ahead as planned.

Learning from complaints and concerns

- **The service treated complaints and concerns seriously, investigated them and learned lessons from the results, and shared these with all relevant staff.**
- The service had an up to date complaints policy in place which provided staff with the details of action to take in the event that a complaint was made.

- Patients were proactively asked for feedback and were advised how to complain about an aspect of their care if they wished.
- Complaints were logged via the paper based system.
- The service actively sought feedback from service users and we were told that the introduction of weekend clinics was a direct result of this feedback.
- In the period between January 2018 and December 2018 inclusive the service received nine complaints from service users. All of these had been resolved within the timeframe outlined within the complaints policy. Where applicable actions were formulated and carried out. One such action was that all staff received extra training on giving correct information to patients.
- Complaints were investigated by the nominated individual. Where applicable, the nominated individual made contact with complainants by their chosen method of contact.

Are diagnostic imaging services well-led?

Good 

We rated well led as **good**.

Leadership

- **Managers of this service that we interviewed both during and following our inspection had the right skills and abilities to run a service providing high quality, sustainable care.**
- All of the staff that we spoke with during our inspection spoke positively about the leadership team, saying they were approachable and always willing to offer advice and guidance.
- The managing director of the service maintained his clinical skills and competence in ultrasound through continuing clinical practice; this demonstrated positive role modelling.

Vision and strategy

- **The service had a vision and strategy for what it was aiming to achieve and workable plans to turn it into action, which it developed with its staff and patients.**

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- The service had a vision that "...is committed to provide community based, high quality ultrasound services which is patient focussed, safe, caring and where employees feel valued and proud to provide this service".
- The service had a robust business plan to ensure that both its vision and strategy were consistently achieved.
- Staff who we spoke with during our inspection were able to articulate this vision and strategy to us. Staff were aware of how their roles contributed to achieving these objectives.

Culture

- **Managers promoted a positive culture that supported and valued all staff, creating a sense of common purpose based on shared values.**
- Staff we spoke with during our inspection felt that the culture within the team was good.
- During our inspection staff told us that Bestcare Diagnostics Limited was a good place to work; where staff shared information and worked together well to meet the needs of their patients.
- The managing director promoted an open and honest culture. Staff told us that they were encouraged to provide feedback and to report any incidents; there was an open and honest 'no blame' approach to any subsequent investigation.
- One staff member we spoke with during our inspection told us that it was a "great company and a great environment".

Governance

- **The service improved service quality and safeguarded standards of care by creating an environment for excellent clinical care provision to flourish.**
- The service were carrying out ongoing, regular audits into specific areas such as GP and patient satisfaction. Respondents were prompted to answer such questions as was their appointment booked, or was their report received within the agreed timescales. Furthermore, staff were encouraged to complete an

incident form if they identified an issue and patient complaints were utilised as a failsafe in this regard. Incidents and complaints were discussed at monthly team and governance meetings.

- All of the staff that we spoke with during our inspection were aware of their roles and responsibilities in regard to their specific roles and also how to escalate any concerns.
- The service held monthly meetings to discuss the future of the service and to ensure the quality of the service provision. Minutes were available to any staff member who was unable to be present at the meetings.
- The provider ensured that it carried out necessary recruitment checks prior to staff starting employment with the company.
- The service had a system in place for reviewing all policies and guidelines. All of the policies and guidelines that we reviewed prior, during and following the inspection were in date, version controlled and were in line with national guidance.

Managing risks, issues and performance

- **The service had systems in place to manage risks, issues and performance.**
- The provider carried out individual risk assessments to ensure the safety of their patients, their equipment and the environment.
- The service had a risk register that we saw that included potential risks and robust actions to minimise these risks such as having pathways and a service level agreement to ensure that a breakdown of machinery would not stop the clinics from being run as planned.
- The service carried out a comprehensive audit programme which included auditing the accuracy of ultrasound reporting. We were told that all sonographers were allocated time to participate in this audit and during our inspection we spoke with one such member of staff who was carrying out this audit.
- The service routinely checked that all ultrasound scan reports sent to GPs by secure email had been received and read, thereby ensuring that no patient medical reports were missed.

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Managing information

- **The service collected, analysed, managed and used information well to support all of its activities, using secure electronic systems with security safeguards.**

Engagement

- **The service engaged well with patients, staff and the GP services with which they worked.**
- All patients who used the service were actively encouraged to provide feedback via the patient satisfaction forms and the service produced a monthly report. Patients were asked to rate the service in seven areas; quick appointment, ease and efficiency of the booking process, choice of clinic for the scan, hygiene, privacy and dignity, communication and staff attitude.
- The service held monthly team meetings which all staff were invited to attend. A variety of issues were

discussed such as training, information technology, incidents and staffing were included on the agenda. The minutes of these meetings were sent to all staff, including those who could not attend.

- Staff we spoke with during our inspection told us that they would recommend this service to family and friends both to use and to work at.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went wrong, promoting training and innovation.**
- Following feedback from some of the GP practices that urgent scan results were not always noted and as a result they could be delayed, the service highlighted urgent ultrasonography reports in red to ensure that they were easily identifiable.
- The service facilitated a placement for an apprentice to learn all aspects of the administration role and told us that she wanted to gain a permanent post there when she completed her apprenticeship.