

Registered Offices PrimaryCare-Scanning Ltd

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?

Outstanding



Are services responsive?

Good



Are services well-led?

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Registered Offices Primary Care Scanning Limited is operated by Primary Care Scanning (PCS) Limited. The service provides rapid routine diagnostic ultrasound services for general practices within primary care settings in Worcestershire. Its focus is abdominal and gynaecological examinations. PCS Limited was established in 2006 and following a business case and tendering process: it was initially commissioned by Worcestershire Primary Care Trust to provide a routine ultrasound service for adult patients aged 18 years and above in Worcestershire. A rolling NHS standard contract for community services had been in place since 2009 and is managed by the Clinical Commissioning Group. The service does not have or own a physical location or mobile transport facility and provides out of clinical examination rooms in individual GP Practices. The service operates five days a week between the hours of 9am and 5pm.

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.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 3 October 2018. This was the second inspection since registration. 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 was diagnostic and screening procedures.

Services we rate

We previously did not have the authority to rate this service as legislation had not previously applied to all types of independent services, which meant that some providers had been inspected, but not rated. The department of Health had amended the performance assessment regulations to enable CQC rate almost all independent healthcare providers. We rated it as good overall.

We found the following areas of good practice:

- Staff were aware of their roles and responsibilities to report, investigate and learn from incidents, offering apologies and explanations to patients in an open and transparent manner.
- There was a system and process in place for identifying and reporting potential abuse. Staff could provide examples where they had needed to escalate concerns.
- There was a process in place for the escalation of unexpected findings during ultrasound scans. The service had links with a local acute NHS trust to enable a seamless onward referral for patients who had abnormal scans requiring urgent attention.
- Policies and guidance were largely based on national guidance and recommendations.
- The provider had systems of audits in place to enable them to monitor the quality of the service that people received.
- Effective procedures were in place to respond and learn from complaints.
- We observed a focused and individual approach to patient care. Staff were caring, kind and engaged with patients.
- Staff generally completed training appropriate to their roles and responsibilities.
- Staff had completed Mental Capacity Act training and were aware of their roles and responsibilities in ensuring consent and escalating concerns.
- Feedback from patients was overwhelmingly positive during our inspection and we observed some examples of high quality care and treatment provided to patients. Patients were engaged with and encouraged to be partners in their care and treatment provided.
- Appointments were scheduled to meet the needs and demands of the patients who required their services. Same day appointments were also available for patients who required them.

Summary of findings

- The registered manager had the appropriate skills and experience to manage the business and was supported by clinical experts to provide a safe service.
- The service had a risk register, which detailed mitigation actions.

However, we found areas of practice that the service needed to improve:

- Staff held weekly image quality peer review meetings. We found there was no record of image quality findings or actions taken following image quality meetings. We could not be assured that learning was always shared.
- There were no minutes of meetings held with GPs and other stakeholders.
- Staff did not wash their hands with soap and water between patients. This was not in line with the World Health Organisation (WHO) guidance, “Five moments for hand hygiene”. Hands are the main pathways of germ transmission and there was a risk of potential transmission of harmful germs. However, we observed staff using hand sanitising gel between patients.

Following this inspection, we told the provider that it should make 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)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

The provision of ultrasound scanning services, which is classified under the diagnostic imaging core service, was the only core service provided at this service. We rated this service as good overall because staff were aware of their roles and responsibilities to report, investigate and learn from incidents. There was a system and process in place for identifying and reporting potential abuse. Processes were in place for the escalation of unexpected findings during ultrasound scans. Feedback from patients was very positive. Appointments were scheduled to meet the needs and demands of the patients who required their services and the registered manager had the appropriate skills and experience to manage the business.

Summary of findings

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Good



Registered Offices PrimaryCare-Scanning Limited

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Registered Offices PrimaryCare-Scanning Ltd

Primary Care Scanning Limited (PCS) is operated by Registered Offices Primary Care Scanning Limited. It is an independent sector provider made available to Worcestershire patients through the extended choice network. It holds a contract with the local Clinical Commissioning Group and aims to provide a cost effective, efficient, local and flexible model of service within primary care. The service is registered with the CQC to undertake the regulated activities of diagnostic and screening procedures and provides diagnostic ultrasound service for patients of General Practitioners. It provides a fully mobile service to eight GP surgeries

across Worcester and Droitwich with the ultrasound equipment being carried between each of the GP surgeries and set up in a designated examination room within primary care.

The service has had a registered manager in post since July 2011 and provides ultrasound scanning services for people aged 18 years and above. It provides a mobile service of ultrasound scans for examinations of abdomen, liver, kidneys, bladder, pelvis, and gynaecology.

Our inspection team

The team comprised a CQC lead inspector who had completed the single speciality diagnostic imaging training and a specialist advisor with expertise in radiological services. The inspection team was overseen by Phil Terry, Inspection Manager.

Information about Registered Offices PrimaryCare-Scanning Ltd

The location was registered to provide the following regulated activity:

- Diagnostic and screening procedures.

PCS provides services out of several dedicated clinical examination rooms within eight

specific GP practices in Worcestershire. The service employs one full-time and three part-time

sonographers and is operational Monday to Friday, 9am to 5pm, and on Saturdays on an ad hoc basis to assist with waiting lists if required. No clinical emergency patients or persons under the age of 18 were scanned within the service.

During the inspection, we visited three registered locations at Worcester. We spoke with three staff including a radiographer, a GP and a practice manager. We observed five ultrasound scans, and spoke with six patients and relatives. We reviewed five patient records.

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

The service was registered with the CQC in July 2011. We inspected the service in January 2014. This inspection was carried out under the previous inspection methodology. It was a routine inspection. We inspected the following standards, this is what we found:

- Respecting and involving people who use services: Met this standard.
- Care and welfare of people who use services: Met this standard.
- Safety, availability and suitability of equipment: Met this standard.
- Requirements relating to workers: Met this standard.
- Complaints: Met this standard.

Activity (July 2017 to July 2018)

Summary of this inspection

- There were 6,075 CCG funded ultrasound scans performed at the service from July 2017 to July 2018.
- The service did not perform privately funded ultrasound scans.
- The service did not use any medicines and therefore they did not have an accountable officer for controlled drugs (CDs).

Track record on safety

- There were no never events.
- There were no serious incidents.
- There were no incidences of healthcare acquired Methicillin-resistant Staphylococcus aureus (MRSA).

- There were no incidences of healthcare acquired Methicillin-sensitive staphylococcus aureus (MSSA).
- There were no incidences of healthcare acquired Clostridium difficile.
- There were no incidences of healthcare acquired Escherichia coli.
- The service had received one complaint from July 2017 to July 2018.

Services accredited by a national body:

- The service currently had no accreditations by national bodies.

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 had processes and systems in place to keep patients and staff safe from avoidable harm.
- Staff were aware of their roles and responsibilities to report, investigate and learn from incidents.
- The environment was suitable for patients needs and equipment was available to provide safe care and treatment.
- Appropriate procedures were in place to assess and respond to patient risk.
- There was a process in place for staff to follow when escalating unexpected findings from the procedures. Staff were knowledgeable of this process and we saw an example of when they had needed to do this.
- Patient records were legible and detailed information relevant to the service. Identifiable information was stored securely.
- Staff generally had appropriate training and qualifications to complete their role effectively.

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

- Staff were not always compliant with best practice regarding hand hygiene.
- The service did not formally record minutes of image peer review meetings.

Good



Are services effective?

We currently do not rate effective, we found:

- Policies, procedures and guidance was based on national policies, legislation and best practice guidance including those released by bodies such as National Institute for Health and Care Excellence (NICE), the British Medical Ultrasound Society and the Society of Radiographers.
- Staff had completed Mental Capacity Act training and were aware of their roles and responsibilities in ensuring consent and escalating concerns.
- The service had a positive approach to providing staff with training and continuous professional development opportunities.
- We observed multidisciplinary staff working positively with each other, and the feedback from GP practices was positive.

Summary of this inspection

- The service identified training needs and made provision for additional training to advanced practitioners.

Are services caring?

We rated caring as outstanding because:

- Patients we spoke with were all very positive about the service they received and the staff who provided the service.
- Patients were encouraged to be involved with their care and treatment. Staff adapted the service to meet the individual needs of the patients to ensure their understanding and comfort.
- Relative and patients were included in all decisions, with their requirements being placed at the forefront of the journey.
- We observed staff communicating with patients so that they understood their care, treatment and condition. We observed five episodes of care during our inspection and all were extremely positive. Staff were compassionate, respectful and provided appropriate emotional support to patients who required this.
- Staff recognised the totality of patients' needs and adapted these according to individual needs.
- Language and terminology was adapted for the patient involved to ensure they understood.

Outstanding



Are services responsive?

We rated responsive as good because:

- There was an opportunity for patients to receive a same day appointment if they required an urgent scan.
- Services were planned to take account of the needs of different patients.
- Patients had timely access to ultrasound scans.
- Staff held clinics on an ad hoc basis on Saturdays to assist with waiting lists or urgent appointments if required. This meant that people received treatment with the minimum of delay.
- Interpretation services were available for patients through GP practices.
- There was a system in place for supporting patients living with dementia or learning disability.

Good



Are services well-led?

We rated well-led as good because:

Good





Summary of this inspection

- The registered manager had the appropriate skills and experience to manage the business and was supported by clinical experts to provide a safe service.
- There was an effective governance framework to support the delivery of the strategy and good quality care.
- There was a process in place to identify and assess risks in the service, with ongoing monitoring of them through the governance system.
- There was a risk register in place which detailed mitigation actions.
- The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Stakeholders told us that the service was flexible, reliable and had professional and dedicated staff.





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	 Outstanding	Good	Good	Good
Overall	Good	N/A	 Outstanding	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	
Caring	Outstanding 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We previously did not have the authority to rate this service. We did have the authority to rate this service during this inspection and we rated it as good.

Mandatory training

- The service provided mandatory training to staff and had systems in place to monitor staff compliance with mandatory training.
- There was a mandatory and statutory training requirement which all sonographers had to show evidence of completing. The topics included equality and diversity, health and safety at work, Control of Substances Hazardous to Health (COSHH), fire safety awareness, infection control, information governance, manual handling, basic life support, safeguarding vulnerable adults, safeguarding children level one and two, conflict management and mental capacity act/deprivation of liberty.
- At the time of our inspection, not all staff had completed mandatory and statutory training. The overall compliance for mandatory training was 90% which was slightly below the compliance target of 100%. Three out of four staff had attended all mandatory training. The registered manager said there was a plan in place to ensure staff attended training which had lapsed.
- Mandatory training provided was suitable to meet the needs of patients and staff. Staff could access training both online and face-to-face.

Safeguarding

- There were systems, processes and practices in place to protect adults, children and young people from avoidable harm.
- There was a safeguarding children and vulnerable adults' policy in place, with the next review date in December 2018, which reflected relevant legislation and local requirements. Staff could find policies from the intranet and understood their responsibilities.
- At the time of the inspection, all staff had been trained safeguarding children level 1 and 2 and safeguarding adults level 2. The service did not treat patients who were under the age of 18. However, all staff had received training in safeguarding children and young people level two, as it was possible children would be present with patients and relatives. This met intercollegiate guidance: 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff' (March 2014). Guidance states all non-clinical and clinical staff who have any contact with children, young people and/or parents/carers should be trained to level two.
- All GP practices had a lead for safeguarding and a nominated GP who was trained to level three.
- Where a sonographer had concerns about the health or welfare of a patient, there was an established process in place to follow including medical well-being and signs of abuse during an ultrasound examination. A list of nominated individuals was readily available to each staff member in each GP practice. Further support was available via the local authority. Safeguarding and contact details were also readily available within GP practices.
- The service had not had to complete any safeguarding referrals from September 2017 to September 2018.
- Relevant records and actions were recorded on the patient administration system within PCS and within the GP safeguarding procedure practice system.

Diagnostic imaging

- Practice and procedures utilised in PCS were informed by the reporting GP practice and pathways with the local acute trust and staff had a duty to inform PCS of changes and updates within a patient's pathway.
- The safeguarding training all staff received included female genital mutilation (FGM). Female genital mutilation/cutting is defined as the partial or total removal of the female external genitalia for non-medical reasons. Since October 2015, it is mandatory for regulated health and social care professionals to report known cases of FGM. Staff we spoke with were aware of these safeguarding issues and felt confident in identifying concerns and the actions they would take.
- Arrangements for checking all staff's fitness to work with vulnerable adults were effective and essential checks had always been carried out for all staff. The service carried out a Disclosure and Barring Service (DBS) check on all newly appointed staff. Disclosure and barring service (DBS) checks were carried out for all staff.

Cleanliness, infection control and hygiene

- Standards of cleanliness and hygiene were not always maintained. For example, hand washing facilities were available in consultation rooms. We found staff did not wash their hands with soap and water between patients and this was not in line with the World Health Organisation (WHO) guidance, "Five moments for hand hygiene". However, they used hand sanitising gel between patients. We raised this with the manager who took action to review this.
- The service had an infection control policy in place which had been reviewed in July 2018. This contained details of staff responsibilities, guidance, and provided staff with guidance on appropriate infection prevention and control (IPC) practice in for example, decontamination of equipment and cleaning of examination couches. Each GP practice had identified a lead infection prevention and control nurse who monitored IPC practices.
- Where a communicable disease was suspected, staff used personal protective equipment including face masks and these were readily available within consultation rooms we looked at.
- Hand hygiene audits were not undertaken to measure compliance with the World Health Organisation's (WHO) 'Five Moments for Hand Hygiene.' These guidelines were

for all staff working in healthcare environments and defined the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients.

- There had been no instances of healthcare acquired infections from September 2017 and September 2018.
- Staff followed manufacturer's and IPC guidance for routine disinfection. Staff cleaned medical devices with disinfectant wipes between each patient and at the end of each day. We observed staff cleaning equipment and machines during this inspection.
- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort different types of waste.
- All the consultation rooms we visited during our inspection were found to be visibly clean and tidy.
- Staff used paper towel to cover the examination couch during a scanning procedure. We observed staff changing this between each patient.

Environment and equipment

- The environment was suitable for patients' needs and equipment was available in order to provide safe care and treatment.
- The service had two ultrasound scanners. The ultrasound scanning machines in use had been tested for electrical safety and parts had been replaced upon advice from the quality assurance team.
- All servicing of the electrical equipment was completed by external companies. Staff were aware when the next service was due. All ultrasound equipment had been service tested.
- The service provided a fully mobile service. The ultrasound equipment was carried between each of the GP surgeries and set up in a designated examination room within the GP surgery.
- Resuscitation equipment, for use in an emergency was accessible in both GP practices we visited. The resuscitation trolleys were owned and checked by staff within GP practices. PCS staff we spoke with knew where resuscitation trolleys were located.
- We observed staff segregating clinical and domestic waste correctly, into waste bins which were enclosed and foot operated.

Diagnostic imaging

- Emergency pull cords and buttons were available in clinical rooms. There was a computer system in place to press a relevant button and get help if required in an emergency. Staff would automatically be alerted in emergency situations.

Assessing and responding to patient risk

- Appropriate procedures were in place to assess and respond to patient risk.
- Staff had made regular checks on the quality of the equipment to ensure that image results that had been recorded were accurate. They told us that they had been advised to replace a probe following a quality assurance inspection. As a result, they had arranged for the equipment to be replaced and maintained. This meant that the equipment was fit and safe for use.
- PCS had a cardiopulmonary resuscitation (CPR) guidance in place, with next review date in September 2019. This detailed adult and paediatric advanced life support guidelines from the resuscitation council (UK) and the actions staff should take in the event of a cardiac arrest. All staff had attended CPR training and had appropriate skills in the immediate resuscitation of patients in the event of an emergency.
- The service had a process in place for the management of patients who suddenly became unwell during their procedure. In the event of a cardiac arrest, staff called 999 for an ambulance. Staff were trained in basic life support and would put their training into use until the ambulance arrived. Since the service started, staff reported no incidences of having to call for an ambulance.
- Staff told us if they identified any findings which required escalation to another health provider, they would immediately communicate with relevant healthcare professionals (with the patient's consent) and follow this up with a formal report within 24 hours of the appointment. During our inspection, we listened to a telephone conversation which confirmed this.
- Staff told us they felt confident to identify and respond appropriately to changing risks to people who used services, including deteriorating health and wellbeing or medical emergencies.
- Staff worked as part of the primary care team and had immediate access to a duty GP within the general practice.
- Staff used the Society of Radiographers (SoR) "Paused and Checked" system. To reduce the risk of referrer

error. Pause and Check consisted of the three-point demographic checks to correctly identify the patient, as well as checking with the patient the site/side to be imaged, the existence of previous imaging and for the operator to ensure that the correct imaging modality is used.

- We observed five ultrasound procedures and found patient identity checks had been carried out and the procedure had been fully explained to patients.
- All patients who underwent a transvaginal ultrasound scan were asked if they had any allergies to latex. The service had both latex and non-latex covers for the transvaginal ultrasound probe and would select the cover according to the response from the patient.
- A senior sonographer reviewed all referrals to PCS at time of initiation and where a referral was deemed inappropriate, required further discussion or was better suited to secondary care this was identified same day. For all discussion required by GP, nursing or clerical staff; contact was readily available with an efficient communication system embedded between all organisations.
- There had been no unplanned patient transfers to an acute trust within the past 12 months.
- Staff rang the duty GP to discuss results of an ultrasound which had been performed. Staff informed the GP that an urgent gynaecological referral was required.

Staffing

- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs.
- The service employed one full-time staff and three part-time sonographers. All part-time staff were advanced practitioners employed for most of their contracted hours in the medical imaging department of a local acute NHS trust.
- PCS determined its staffing levels by adopting the following rationale for its workforce;
 - All staff must be qualified radiographers and have undertaken an appropriate accredited post graduate degree or diploma in medical ultrasound by a recognised professional body.
 - All part-time staff must be employed by an acute NHS trust as a radiographer/sonographer and must undertake ultrasound examinations within that organisation.

Diagnostic imaging

- They must undertake and confirm that they undertake regular continuous professional development and appraisals as directed by their employing NHS trust.
- Staffing plans required 1.3 whole time equivalent sonographers/advanced practitioner in ultrasound.
- The service did not use locum staff, bank staff or agency staff. In the event of a staff member going off sick, the service did not have any problems with arranging cover. Staff were keen to be flexible and cover any short notice sickness.
- There was an effective recruitment procedure, which included face-to-face interviews and checks were made to ensure the applicant was suitable to work with vulnerable adults. These checks included references from previous employers and a disclosure and barring service check. Staff files were held in the office and stored safely.

Records

- Patients' individual care records were well managed and stored appropriately and securely. Records seen were accurate, complete, legible and up to date in all cases.
- PCS used an electronic information system. The aim was to ensure the timeliness of reports via secure access and to continuously improve data quality and recording.
- We looked at five completed referral forms and found relevant medical history, allergies, presenting symptoms and findings had been completed in their entirety.
- The service had a procedure for holding patient records in place, which was due for a review in September 2019. It stated that PCS recognised the importance of patient identifiable data management systems and processes. All PCS patient data was stored electronically from referral to reports and was managed by an electronic reporting system which ensured security of information, ability of audit and enabled timely and relevant data to be accessed from any authorised party always both in hours and out of hours.
- There was a procedure in place for patients to request access to their health and care records or access personal non-health related information relating to ultrasound examination.
- The service had a restricted access to images. Images were easily linked to reports and transferred securely to individual organisations. All patient reports and any additional comments were recorded in the patient

management system and a report was hand delivered to the practice clerical staff for direct scanning onto patients notes at the end of each clinic. A front record sheet detailed the number and identification of reports to ensure staff within GP practices could confirm receipt.

- All patient details and information were kept in a dedicated and individually designed patient administration and reporting system with appropriate data protection and controls in place. Patient reports stayed on the GP record system within GP surgeries.

Medicines

- The service did not use any medicines for any of their procedures and therefore did not have a medicine policy in place.
- A British National Formulary (BNF) was readily available in consultation rooms for use if required. The British National Formulary is a United Kingdom pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology, along with specific facts and details about many medicines available on the UK National Health Service.

Incidents

- There was an effective system in place for reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses.
- There were no never events reported for the service from August 2017 to September 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 for the service from August 2017 to August 2018. Serious incidents are events in health care where there is potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response. Staff were able to clearly articulate what they would report as clinical or non-clinical incident.

Diagnostic imaging

- Senior staff were aware of the requirements for reporting serious incidents to the CQC using the statutory notification route if this met the criteria, under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
- PCS had a dedicated reporting of clinical and non-clinical incidents policy which had been reviewed in January 2018. The aim of the policy was to provide guidance to the advanced practitioner/sonographer or consultant radiologist of their role in the event of an untoward incident while undertaking ultrasound scans in a primary care or health care facility. Each significant incident was reported to the director of PCS Ltd and lead responsible clinician at the referring GP practice. All reported incidents were investigated and discussed in detail within the practice's clinical governance structure with agreed actions documented. Information was fed via the GP system to the overarching significant event reporting system within the CCG/NHS structure. The service had recorded zero incidents from August 2017 to August 2018.
- From March 2015, all independent healthcare providers were required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. Staff were aware of the duty of candour regulation (to be open and honest) ensuring patients received a timely apology when there had been a defined notifiable safety incident. The service had a duty of candour policy in place which was issued in January 2018. The policy defined when the principles of duty of candour should be followed. No duty of candour notifications had been made from August 2017 to August 2018.

Safety Thermometer (or equivalent)

- The service did not complete the safety thermometer as this was not applicable to the service they provided their patients.

Are diagnostic imaging services effective?

We do not rate effective.

Evidence-based care and treatment

- There was an effective system in place to demonstrate that policies had been developed, reviewed and updated to reflect current practice. The service's policies were based on evidence-based guidance, standards, best practice, and legislation. PCS staff adhered to and worked within the policies and procedures of each practice where the service was provided.
- Staff were aware of current evidence-based guidance, standards and best practice was used to develop how their service, care and treatment was delivered. They followed the guidance for the standards for provision of ultrasound service which had been detailed by the Royal College of Radiologists and the Society and College of Radiologists, as well as the Health and Social Care Act 2012.
- PCS had given training to GPs for referrals to be in line with the Royal College of Radiologist guidelines making the best use of an imaging department.
- Advanced practitioner reports and scanning procedures were in keeping with the United Kingdom Association of Sonographers Guidelines.
- Staff followed "Making the best use of an imaging department" guidance which had been published by The Royal College of Radiologists.
- Advanced practitioners employed by PCS ensured adoption of up-to-date scanning protocols and onward referral procedures were common to both the local acute trust and PCS. Follow-up of patients was readily available between organisations.
- The Society and College of Radiographers standards and Code of Conduct for Sonographers sets out the required standards of conduct and ethics, as well as other principles for safe and effective practice by sonographers. It provides a framework for assessing the conduct and ethics of sonographers for the purposes of membership of the college and other recognised bodies. The service expected sonographers to understand and appreciate the importance of patient care and the significant role ultrasound plays in the delivery of healthcare to the community and local health economy.

Diagnostic imaging

Nutrition and hydration

- There were no nutrition and hydration services for patients that attended for ultrasound scans. Patients did not require to stay in the GP practice for long. A cold drink could be provided on request.

Pain relief

- Patients were asked by staff if they were comfortable during their appointment, however no formal pain level monitoring was undertaken as these procedures were pain free.

Patient outcomes

- Information about the outcomes of people's care and treatment was routinely collected and monitored. PCS undertook regular clinical audits both internally within the organisation and jointly with primary care clinicians. They took appropriate action to monitor and review the quality of the service and to effectively plan for the implementation of changes and improvements required.
- The service carried out a joint audit on gall bladder polyp surveillance with a GP practice. This audit was undertaken because gall bladder polyps may be found as an incidental finding on abdominal ultrasounds and there is a chance that some of these polyps may cause problems or have malignancy (cancerous) potential. Findings indicated that six patients had ultrasound evidence of gall bladder polyps, five patients were identified as patients already on the electronic reporting system. Three patients were referred for upper gastrointestinal surgery.
- Staff carried out a comparison of scanning protocols and report content with adoption of secondary care protocol to ensure services "fitted" with onward care pathway.
- Sonographers held weekly peer review image quality meetings. We found there was no minutes, record of image quality findings or actions taken following image quality meetings. Therefore, we could not be assured that learning was always shared.
- The service carried out a waiting time audit for an ultrasound appointment from the date of referral from April to June 2018. The longest wait was 42 days. Results revealed that some patients were seen on the same day of referral.

- We looked at a completed trans-abdominal scan report and found it was a comprehensive and full report.

Competent staff

- Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities and on a continual basis.
- The registered manager and nominated individual was a single advanced practitioner and the only full-time employee for the service. Three consultant radiologists at the local NHS trust had agreements in place to review images or issues raised as required. Training for the advanced practitioners employed to ensure competence and up-to-date scanning techniques were fully funded by the service.
- Three locum sonographers were available for the provision of clinics when holidays were taken, or the clinics had either been re-scheduled or cancelled.
- Three part-time staff were advanced practitioners employed and regulated for most of their contracted hours in the medical imaging department of a local acute NHS trust.
- The service had insurance indemnity in place for medical malpractice including full primary cover for all sonographers. The insurance document showed cover from January 2018 to January 2019 and insured all staff for up to five million pounds.
- Each individual advanced practitioner was qualified and had a diploma or degree in medical ultrasound accredited and approved by the Consortium for the Accreditation of Sonographic Education.
- All staff working for this service had been passed competent by their relevant employing NHS acute trust to ensure technique and reporting standards were up-to-date, relevant and consistent with local protocols.
- The service followed strict recruitment protocols. We looked at all four staff records and found it contained two references, disclosure and barring service check, a written statement of terms and conditions of employment and provided proof of qualification were present within staff files.
- Each staff member was issued with a statement of terms and conditions of employment which identified their responsibility and clarified contract arrangements and

Diagnostic imaging

compliance with standards of behaviour in relation to code of conduct of sonographers, annual confirmation of professional registration, continuous professional development (CPD) and appraisals.

- We saw annual confirmation of professional registration, CPD, supervision and appraisals in all four staff files we looked at. Additional training requirements required for PCS were identified during appraisals.
- The service identified training needs and made provision for additional training to advanced practitioners. For example, staff had been booked to attend a musculoskeletal training and this was funded by the service.
- All employed sonographers held post graduate ultrasound and a senior management imaging role as well as ultrasound responsibilities and were employed by a local acute NHS trust.

Multidisciplinary working

- PCS staff and staff within GP practices told us that multidisciplinary team (MDT) working between both services was effective and well established. This also included the GPs, administrative, practice managers and senior management teams.
- Observation of practice, review of records and discussion with staff confirmed that all necessary clinicians were involved in assessing, planning and delivering care and treatment.
- Staff reported positive multidisciplinary team working. We observed this during our inspection.
- Stakeholder feedback about staff from the service was also positive. The relationship that had been built with GP primary care services had meant that an effective service was now being offered to the patients who were referred for ultrasound scans.
- We spoke to a practice manager and GP who said ultrasound reports were done immediately. Reports would go to a covering GP if the referring GP was away.
- PCS staff had no formal meetings with various GP services but had regular catch up sessions weekly.
- Staff held business meetings with GPs every Tuesday morning. They also had informal discussions and catch up sessions with other doctors and clinicians.

Seven-day services

- It was not a requirement for this service to operate over seven days. The service operated five days a week between the hours of 9am and 5pm. However, staff occasionally held Saturday clinics to assist with urgent appointments if required.
- No clinical emergency patients or persons under the age of 18 were scanned within the service.

Health promotion

- Staff could access health promotion literature available within the GP practices we visited if requested.

Consent and Mental Capacity Act

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had received training on mental capacity. They were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions.
- The staff we spoke with were aware of the need for consent and gave patients the option of withdrawing their consent and stopping the scan at any time. Patients we spoke confirmed their consent had been obtained throughout the scanning process.
- The GP ensured consent to the procedure at the time of referral and this was checked and explained by the sonographer prior to the scan.

Are diagnostic imaging services caring?

Outstanding



We previously did not have the authority to rate this service. We rated it as **outstanding**.

Compassionate care

- 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.
- Staff took the time to interact with patients who used the service and those close to them in a respectful and considerate manner. They showed an encouraging, sensitive and supportive attitude to patients who used services and those close to them.

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- Care observed met National Institute for Health and Care Excellence (NICE) QS15 Statement 1: 'Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty', NICE QS15 Statement 2: 'Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills', NICE QS15 Statement 3: 'Patients are introduced to all healthcare professionals involved in their care and are made aware of the roles and responsibilities of the members of the healthcare team' and NICE QS15 Statement 13: 'Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care'.
 - Staff understood and respected patient's personal, cultural, social and religious needs, and they took these into account. For example, staff were aware patients attending the service were often feeling nervous and anxious. We observed a positive and reassuring interaction between staff and a patient who had had a liver scan. The staff member could see the patient was anxious and responded calmly and offered reassurance.
 - During our inspection, we observed the care and treatment of five patients and engaged with them during their time at the clinic. All feedback about the service was positive with comments including "they were very reassuring and comforting", "it was comfortable and nice" and "very nice and friendly".
 - We spoke with five patients and a relative, all said they had been very happy with the service they had received. One patient described the service as fantastic, another as really well run. No patients raised any concerns about their treatment. Patients told us they were treated with respect, care, compassion and respect.
 - PCS had a procedure for dignity and respect with next review date in December 2018 which aimed to provide clear guidance to the advanced practitioner/sonographer or consultant radiologist of the accepted standards of behaviour and set out expectations of the organisation in maintaining dignity and privacy. We observed staff treating patients with privacy, dignity and respect during their procedures. Staff locked the doors to the consultation room to prevent anybody entering unnecessarily. We also observed staff drawing curtains while patients removed items of clothing for a procedure.
 - 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 prior to or during the procedure. The care staff provided was patient centred and patients clearly appreciated this.
 - We spoke to a staff member within one of the GP services who said 'patients like having their ultrasound examination within their GP service. They are good with patients and make them feel at ease'.
 - We observed ultrasound procedures and staff offered patients a step to enable them to get on to the examination couch. Staff assisted patients to come off the examination couch following ultrasound procedures.
 - A patient had attended for a kidney scan and was unsteady while trying to come off the examination couch. Staff gave them time to get a balance and provided assistance.
 - Staff used sheets to cover patients' garments to protect them from getting wet after the use of cold gel. Staff provided skin care by wiping off the cold gel following procedures.
- ## Emotional support
- Staff understood the impact ultrasound scans patients attended the service for could have on their wellbeing, especially if concerning or unexpected findings were discovered during the scan.
 - They provided reassurance, support and demonstrated a calm approach.
 - Patients were generally positive about the support they received from staff. Patients and their relatives told us that the staff were approachable and that they could talk to them about their fears and anxieties.
 - Staff signposted patients to other services appropriately if necessary. They saw providing support to patients and those close to them as an important part of their job.
 - Patients we spoke with told us they were offered emotional support during their ultrasound procedure.
- ## 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. Staff were committed to working in partnership with patients and their relatives.

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- A patient had attended an appointment with their partner. We found staff engaged the partner in the conversation as the patient was anxious.
- We observed staff explain planned care and treatment with patients. Patients and their relatives were encouraged to ask questions.
- Relatives who accompanied the patient were also encouraged to ask questions about the ultrasound scan if they needed something clarifying.
- 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. For example, staff used plain language to gather further information from a patient following a liver scan.

Are diagnostic imaging services responsive?

Good 

We previously did not have the authority to rate this service. We rated it 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 patients. Facilities were appropriate to their needs.
- Patients were examined within clinical examination rooms in individual GP practices. The host practice dictated patients' care pathway. GPs or appropriately qualified clinical nurse specialists initiated referrals, arranged and managed the appointments within a dedicated ultrasound clinic on their appointment system each being held once a week.
- Services were provided out of several dedicated clinical examination rooms within eight specific GP Practices in Worcestershire and were owned and managed by general practices.
- To enable joint working, allow for peer review and discussion and to maintain an average maximum waiting time of four weeks, the service was required to staff 11 clinics per week, with at least three clinics running simultaneously.
- Second opinions were provided by the radiology department of the local acute NHS trust. This allowed for ready access and referral to consultant opinions and enabled peer review and discussion.
- Contact telephone numbers and a secure email system were immediately available to all parties for discussion/ advice or general information.
- Each examination room was assessed for suitability prior to its use as an ultrasound room. Each GP practice had facilities for the disabled, for breast feeding and provided privacy and dignity. There was sufficient space in each examination room for individuals accompanying the patient, for example, carers, family, partners as well as patients.

Meeting people's individual needs

- Patients' individual needs were accounted for. Staff delivered care in a way that took account of the needs of different people on the grounds of age, disability, gender, race, religion or belief and sexual orientation.
- There was a system in place for managing the needs of patients living with dementia or learning disability. Staff booking appointments were able to add an alert which related to a patient's medical condition on the booking system if required.
- Care and treatment was coordinated with GP practices, to ensure the needs of patients and their relatives were met. Each GP practice had clearly defined systems and processes in place for patient care.
- Services were provided within fully functioning Primary Care facilities with GP's, nurses, clerical and support staff readily available should the need arise for advice and support in terms of medical, safeguarding, cleaning and infection control issues.
- Patients felt they were given enough information about their treatment options and what the treatment involved. People felt involved in the choice of treatments they required.
- The service facilitated a fast-primary care decision making process, to prevent unnecessary referrals and reduce any potential delays to secondary care. This helped to reduce admissions and ensure only appropriate outpatient referrals were made thereby enabling admissions avoidance.
- The ultrasound service was integral to the working of each GP practice and benefited from the services

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provided in primary care such as interpreting services and chaperones. Where required, interpreters were booked by the GP surgery to ensure they were available at the time of the examination.

- We found a leaflet on the wall in one of the consultation rooms which stated, 'if you feel you would like a chaperone present at your consultation, please inform your doctor/nurse who will be more than happy to arrange this for you'. All individual GP practices provided chaperone services. Patients were asked if they required a chaperone during our inspection.
- Access to ultrasound remained within and under the control of the GP practice at all times. This ensured a holistic and seamless approach to the care and wellbeing of the patient.
- The service provided flexible individual appointments to allow for ad hoc early access to accommodate the working patient. It also allocated longer appointment times to patients requiring extra support when attending clinics.
- Patient's mental and physical capabilities as well as allergies were readily identified on patient records with appropriate access arrangements provided by GP practices.
- Where a patient could not travel to the surgery, for example, if they were resident in a nursing home or a domiciliary home, the portable ultrasound equipment would be taken to the home after a full discussion with the referring GP.
- Clinics were held within the patient's own GP practice building to enhance familiarity of surroundings and staff and all building had appropriate disability access. Staff knew the patients and ensured any support internal or from an external agency was available at the time of the appointment.
- Patients were able to contact PCS for advice through their GP Practice if necessary.

Access and flow

- Patients had access to timely care and treatment. Referrals were prioritised by clinical urgency and based on the agreed commissioning pathway. Appointments were allocated directly by GP practices in line with the GP appointment system process. Patient appointments were co-ordinated by their GP surgery and managed on the GP practice appointment system.
- Ultrasound appointments were co-ordinated by GP practices and managed on each GP practice

appointment system. All appointments, did not attend, medical alerts and referrals were available on patients' electronic records within all GP practices. We saw appointments were booked every 20 minutes with a slot left available for patients who had been seen by a GP and required an urgent appointment.

- Referrals were reviewed for appropriateness at the time of referral by the full-time senior advanced practitioner. Indicative activity levels were identified in the contract. This meant individual practices could not unilaterally increase contracted activity.
- In the reporting period from July 2017 to July 2018, the service cancelled 12 planned procedures. Of the 12 procedures cancelled, 10 were due to imaging equipment fault. We saw evidence that the ultrasound equipment had been service tested by the manufacturers.
- Routine examination results were available within two working days and where a second opinion was necessary, results were available after a maximum of four days.
- Although there was no waiting list, staff held clinics on an ad hoc basis on Saturdays to assist with waiting lists or urgent appointments if required. This meant that the provider had made sure that people received treatment with the minimum of delay.
- From July 2017 to July 2018, three ultrasound procedures had been delayed due to short notice staff sickness.
- Staff provided flexibility in appointments times. For example, ad hoc additional clinics were arranged during weekends. Extra slots were available each day with early morning appointments on request. Patients had appointments at any of the clinics provided by PCS and were not limited to their own practice.
- Where a patient did not attend their appointment, staff contacted them and recorded it on patient notes. Staff offered patients another appointment if required.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service had received one complaint from August 2017 to August 2018. The complaint involved some aspects of infection prevention and control. We saw a detailed investigation and response to the complainant was provided within the required timescales.

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- The service had a complaints policy in place, which was last updated in January 2018. This provided staff with the details of action to take if a complaint was made. Complaints were recorded within two working days. Practice managers for relevant GP practices handled, investigated complaints and sent final responses within 14 days.
- The complaints management procedure aimed to identify and address concerns in a mutually satisfactory manner. Patients and those close to them were encouraged to raise any concerns or issues with staff on duty or the person in charge in the first instance. Staff were empowered to attempt to resolve concerns locally wherever possible.
- We spoke with people who used the service and asked them if they had made a complaint. They had not made any complaints and had been extremely pleased with the service they had received.
- Comments, recommendations and concerns of both patients and staff within GP practices were fed to the practice reporting system. There was an independent arm's length approach to ensure concerns raised were addressed.
- Staff we spoke with found the registered manager to be approachable, supportive, and effective in their roles. They all spoke positively about the management of the service.
- The leader maintained their skills and knowledge through continuing with clinical practice. This demonstrated their clinical currency to staff and positive role modelling.
- All staff told us leaders were keen to keep developing the service to ensure the patients received a quality service.

Vision and strategy

- We saw that the service had devised a business plan, which detailed the objectives, products, and services available, a strength and weakness analysis and an ongoing strategy.
- The service had a vision. The main goals over the next year was to maintain capacity, continue to ensure safety and the delivery of a high-quality service and to support primary care physicians in the decision-making process for the care of their patients. They aimed to work more closely with the local NHS trust and the clinical commissioning group to reduce excess demand on the ultrasound service across the providers
- PCS had an annual plan. The goals for 2017/2018 were to maintain a high quality responsive service integral to each GP practice and to maintain capacity and continue to ensure safety.

Culture

- The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service operated a 'no blame' culture to encourage team working both within the organisation and between organisations.
- The registered manager said there was a clear team identity with annual team bonding events and a focus on professional standards, continuous professional development and appraisals.
- PCS had adopted 'investor in people' standards, by encouraging staff training and development while supporting devolution of control and empowerment.

Are diagnostic imaging services well-led?

Good 

We previously did not have the authority to rate this service. We rated it as good.

Leadership

- The corporate management structure consisted a director and senior advanced practitioner, individual GP practices, consulting advisers and advanced ultrasound practitioners. They were supported by imaging services within a local NHS trust.
- The registered manager worked as a full-time sonographer and was contactable for any queries or discussion needs that arose with regards to imaging.
- The registered manager was fully aware of the scope and limitations of the service, based on the size, numbers and type of staff, and type of work booked for.
- The manager had the skills, knowledge, experience and integrity needed both on an ongoing basis.

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- The service had an established and embedded team ethos and worked together with primary care settings. The practices and PCS shared common goals and relied on each other being collectively accountable for the work of integrating seamlessly.

Governance

- PCS had an established ultrasound clinical governance framework which ensured a 'fit' with current and new structural arrangements within primary care. The PCS governance structure fed into the overarching committee structure already in existence within general practices but also allowed concerns and issues to be raised by outside organisations such as secondary care if required.
- All clinical governance issues that affected patient well-being or constituted a clinical event were fed to and reviewed by the relevant practices established governance arrangements, via clinical governance meetings. The frequencies of these meetings varied between practices but were usually held every four weeks. The registered manager was unable to provide minutes of governance meetings. We therefore could not be assured that governance issues were always discussed and dealt with to improve services provided. There were also no minutes of informal meetings held with GPs and other stakeholders.

Managing risks, issues and performance

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service facilitated a fast-primary care decision making process to prevent unnecessary referrals and to reduce any potential delays to secondary care. This helped to reduce admissions and ensure only appropriate outpatient referrals were made thereby enabling admission avoidance.
- The service had a risk register in place which highlighted seven risks. The top three risks were; loss of staff, contract termination and an increase in activity. Mitigation actions had been identified within the risk register. These included; to support staff, provide additional training, maintain a good working relationship with GP practices and to cap activity.

- There was a major incident plan in place which was issued in September 2017. The plan set out guidance for staff in the event of a local major incident. Staff would vacate the examination room in the event of a major incident.
- The service had a comprehensive business continuity plan which detailed key risks and contingency plans in the event of unexpected failure of IT systems, staff shortages or unavailability.
- There was a Control of Substances Hazardous to Health (COSHH) policy in place. Staff carried out a room risk assessment of equipment including risk of the use of steps and electrical equipment following the COSHH regulation 2002.
- We saw evidence that the registered manager had completed health and safety assessments. These assessments ensured the rooms had suitable lighting, were suitable for people with limited mobility and had patient privacy in mind. For example, windows that could be covered.
- PCS had a dedicated risk management and health and safety policy which had been reviewed in 2016. The aim of the policy was to provide clear guidance to the clinical staff of their role in ensuring that all scanning procedures were carried out in a safe environment. Staff completed individual scanning room suitability and assessments for all examination rooms used by PCS.
- There was a backup programme for IT issues. Staff said in the event where IT services were unavailable, they would use a manual spread sheet and transfer the information when the system became available. This would be recorded as an incident.
- The service had a service level agreement with a local clinical commissioning group in place. They had a three-year rolling contract and identified practices within the rolling contract. The practices within the contract were situated in Droitwich and Worcester.

Managing information

- Staff discussed relevant feedback received from patients to the practice responsible and actively sought to try and implement feasible and beneficial ideas.
- The service was aware of the requirements of managing a patient's personal information in accordance with relevant legislation and regulations. General Data Protection Regulations (GDPR) had been reviewed to

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ensure the service was operating within the regulations. Staff viewed breaches of patient personal information as a serious incident and would therefore manage this as a serious incident and escalate to the appropriate bodies.

- Staff were able to locate and access relevant and key records easily, this enabled them to carry out their day to day roles.
- Information from scans was reviewed remotely by authorised referrers to give timely advice and interpretation of results to determine appropriate patient care.

Engagement

- Stakeholders told us that the service was flexible, reliable, with professional and dedicated staff.
- PCS had a system in place through various GP practices to enable patients to comment by providing feedback and suggestions on the quality of service received during their ultrasound examination. GP practices shared outcomes from patient feedback which related to PCS Ltd. Although we were unable to see evidence of feedback received from patients, staff within the GP practices said feedback had been overwhelmingly positive.
- GP practices were able to provide feedback comments received during their patient surveys and through the

use of the practice patient participation group. The aim of the practice patient participation group was to give patients an opportunity to meet, exchange ideas and use information to improve the running of the practice and its services, thus enabling patients to be involved in service delivery.

- The registered manager told us patients were involved in 360-degree appraisal of the lead sonographer to identify any issues or improvements patients would like to see implemented. Monitoring and quality reports were made to the GP and primary care trust manager. Patient surveys were undertaken, and a 360-degree appraisal system based on the Royal College of Radiologists scheme is in use.
- All patients told us they would recommend the service to others and would not use another provider.

Learning, continuous improvement and innovation

- Although a small service, PCS recognised the importance of patient identifiable data management systems and processes. It had developed and originally helped design the reporting protocol led ultrasound data management system with an international information management reporting company.

Outstanding practice and areas for improvement

Outstanding practice

- Changes that had been implemented in secondary care imaging which had an impact on primary care capacity had been led by PCS Ltd such as surgical review and monitoring of polyps supported by internal and external audit.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that image peer review meetings are minuted and areas of improvement identified and worked on.
- The provider should review how minutes of governance meetings are recorded.
- The provider should ensure infection prevention and control practices are maintained in line with the World Health Organisation recommendation.
- The provider should monitor staff compliance with mandatory training.