

## Ultrasound Scanning Services Limited

# Ultrasound Scanning Services Ltd

### Inspection report

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

### Ratings

#### Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

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

The service had enough staff to care for patients and keep them safe. Staff had training in key skills. Staff assessed risks to patients, acted on them and kept good care records. The service understood how to manage safety incidents.

Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Leaders ran services well using reliable information systems. Staff understood the service's vision and values. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and staff were committed to improving the service.

However:

Staff did not have the complete training on how to recognise and report abuse for adults and children using or coming in contact with the service.

Some areas of the service were dusty due to renovation work and equipment was slightly unclean.

The maintenance and use of equipment were not in line with national guidance as the service did not conduct regular quality assurance tests for the ultrasound scanner and we observed some use of expired equipment for the purposes of blood tests.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	

# Summary of findings

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# Summary of this inspection

## Background to Ultrasound Scanning Services Ltd

The service was an independent ultrasound scanning service which provided musculoskeletal, abdominal, gynaecological and maternity related scans. The service also provided a wide variety of blood tests. The service was based in northwest London and provided services to the local population.

The service was registered for the following regulated activities:

Diagnostic and screening procedures

Treatment of disease, disorder and injury

We have inspected this location previously in February 2019. A registered manager has been in place since the service first registered with the CQC.

The service has conducted 9329 ultrasound procedures and 109 blood tests in the 12 months prior to this inspection. The top ultrasound scanning areas were; pelvic, early pregnancy and abdominal.

## How we carried out this inspection

***We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process***

We conducted an unannounced inspection on the 23 August 2022. This inspection was conducted as part of the CQC methodology audit to check if inspection findings corroborate the findings of the direct monitoring call activity. The inspection team consisted of a lead inspector and specialist advisor. The inspection team was overseen by an inspection manager and the inspection was overseen by the Head of Hospital Inspections, Nicola Wise. During the inspection we visited all areas of the service. We spoke to three members of staff which included sonography staff and administrative staff. We spoke to two patients. We checked three records.

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

## Areas for improvement

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

### **Action the service MUST take to improve:**

The service must ensure that staff be provided with training on how to safeguard children in line with national guidance.

# Summary of this inspection

The service must ensure that it conducts regular quality assurance tests on ultrasound equipment.

The service must ensure that all equipment being used for clinical use is within the manufacturer use by date.

**Action the service SHOULD take to improve:**

The service should ensure that adult safeguarding training is of appropriate level indicated in national guidance.

The service should ensure that the premises and equipment is clean and free from dust.

The service should ensure that the ultrasound probe is cleaned adequately after each use.






# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Diagnostic and screening services

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

## Are Diagnostic and screening services safe?

Requires Improvement 

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

### Mandatory training

#### The service provided mandatory training in key skills to all staff.

Sonography staff received and kept up to date with their mandatory training. Out of eight staff members including clinical and non-clinical staff only one member of staff had not yet completed all their training. The mandatory training was suitable to service provided and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training.

### Safeguarding

#### Staff did not have the complete training on how to recognise and report abuse for adults and children using or coming in contact with the service. However, staff understood how to protect patients from abuse.

Staff received training specific for their role on how to recognise and report abuse, however the training provided was specific to adults only. The registered manager was unable to verify the level of adult safeguarding training staff which was provided. Staff were not provided children safeguarding training, although the service only saw adult patients, best practice guidance as set out in the, 'Safeguarding children and young people: roles and competences for health care staff INTERCOLLEGIATE DOCUMENT Third edition: March 2014' states that all healthcare staff working in any setting should complete at least level one safeguarding training for children.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

### Cleanliness, infection control and hygiene



# Diagnostic and screening services

**Some areas of the premises were dusty due to renovation work. However, the service understood how to control infection risk. Staff used equipment and control measures to protect patients, themselves, and others from infection.**

Clinical areas had suitable furnishings which were clean and well-maintained. The service had a cleaning schedule for different areas, however due to the premises undergoing renovation and expansion some areas were visibly dusty. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were provided with training on cleaning procedures for the ultrasound probes following intimate examinations, however on the day of the inspection we found the probe to be slightly unclean. This was rectified as soon as we notified the registered manager of our observations. The service has a policy that stated staff should clean equipment after patient contact. The service had suitable handwashing facilities

## Environment and equipment

**The maintenance and use of equipment was not in line with national guidance. Staff managed clinical waste well.**

The design of the environment followed national guidance. First aid equipment was available for use and appropriate for the level of service, however only the general manager was trained for first aid. We did not see any evidence to suggest that the lead sonographer (also the registered manager) had completed any life support training or first aid training. Other clinical staff worked at NHS trusts when they were not working for the service and were expected to complete life support training at their NHS trusts. We saw evidence to show first aid equipment was regularly checked.

The service had access to appropriate equipment, but we observed the use of expired equipment for the use of blood tests. We checked the storage areas and clinical areas of the service and found expired needles, syringes and test tubes which were out of date ranging from several weeks to several months. Staff disposed of all expired equipment when it was brought to their attention. When we spoke to the registered manager about this, we were told that they did not intentionally use expired equipment and that they understood the need to use sterile equipment. Staff disposed of clinical waste safely.

The service had a service and maintenance contract in place for the ultrasound machine, however this contract did not cover routine quality assurance (QA) testing. QA is the testing of diagnostic imaging equipment in a controlled way on a regular basis to determine if there is any change in quality of image. Staff told us that they did not conduct routine quality assurance testing and did not have a quality assurance programme. This was not in line with national guidance or the machine manufacturer guidance.

The service had an appropriate environment for taking blood and had an adequate sharps disposal system. Blood was usually taken the same day by private courier. Bloods that needed to be kept for more than 24 hours were stored in a secure area.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration**

# Diagnostic and screening services

Staff responded promptly to any sudden deterioration in a patient's health. Staff aimed to monitor the patient and provide any first aid, in all emergency situations patients would be transferred to the nearest NHS service by the '999' system.

The service had clear processes to escalate unexpected findings. The service had contact details for local maternity services and would liaise with these services if there were any unexpected results. Patients were advised to seek a second opinion at an NHS service.

Patients attending the service were advised to continue with their NHS scans as part of their maternity pathway. Written information was provided to patients to explain the scope and remit of their scan at the service. Women were provided with information about the risk of frequent scanning. Patients presenting themselves too frequently for scans were refused.

Staff completed risk assessments for each patient on admission. The service was able to signpost patients to local mental health support. Staff shared key information to keep patients safe when handing over their care to others.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm.**

The service had enough sonography staff and administrative staff to keep patients safe. The service had a full-time lead sonographer who was also the registered manager, two part-time sonographers, one general manager, one finance manager and three administrative staff. There was a local induction policy for new starters. The service had no staff vacancies. The service had low turnover rates. The service had low sickness rates.

## Records

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

Patient notes were comprehensive, and all staff could access them easily. There were no delays in staff accessing their records. Records were stored securely. Ultrasound scan images were stored securely on the cloud-based server.

## Incidents

**The service understood how to manage patient safety incidents. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff knew what incidents were and how to report them. Staff told us they would raise concerns and reported incidents and near misses in line with the service's policy. The service had no never events. The service had no incidents in the last 12 months. Managers said they would share learning about incidents with their staff. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff met to discuss improvements to patient care.

# Diagnostic and screening services

## Are Diagnostic and screening services effective?

Inspected but not rated 

We do not currently rate the effective domain for this core service.

### Evidence-based care and treatment

#### **The service provided care and treatment based on national guidance and evidence-based practice.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The registered manager regularly reviewed public sources for national and professional guidance, this would then be disseminated to relevant staff and policies were updated accordingly. We saw evidence to show that the service had a system to review policies on a regular basis.

### Patient outcomes

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

Clinical outcomes for patients were positive, consistent and met expectations. The service had a contract with an external company to audit the quality of scans performed at the service. These audits were completed by radiologists who are medical doctors. We saw the results for the period of March 2022 to May 2022 which showed that there were not any significant errors for that period. Managers and staff used the results to improve patients' outcomes. Managers shared and made sure staff understood information from the audits.

### Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work. Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Staff undertook activities and attended events which would contribute to their continuous professional development. The registered manager had undertaken appropriate training in phlebotomy in order to carry out blood tests.

### Multidisciplinary working

#### **Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. The service worked well with external healthcare providers for the benefit of patients.**

# Diagnostic and screening services

Administrative and sonography staff worked effectively together, and staff described a positive team environment. The service communicated with GP's and local maternity services when they found a possible anomaly or result of concern. The service had links with local safeguarding teams and mental health support. The service would check-up on patients with these local services to ensure they had the right care delivered. The service had arrangements in place with the external laboratory where blood tests were processed. The service was able to track the sample through the laboratory and receive results in a timely way.

## Seven-day services

### **Key services were available to support timely patient care.**

The service was available Monday to Friday from 8am to 6pm. There was provision for a limited weekend service.

## Health promotion

### **Staff gave patients practical advice to lead healthier lives, but did not provide written information.**

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle, but the service did not provide any written information.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

### **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff informed patients of the limitation and risks associated with the scans and provided this in a written format.

The lead sonographer who was also the registered manager received training on the mental capacity act and deprivation of liberty safeguards. Other clinical staff were not permanent and were expected to complete this training at their NHS trusts, managers checked this on an annual basis. The service kept records of this training.

## Are Diagnostic and screening services caring?

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

## Compassionate care

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

# Diagnostic and screening services

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patient feedback survey results we saw for the 12 months prior to this inspection showed most patients were 'very satisfied' with their experience.

## Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff were able to refer patient directly to local maternity services if they received unexpected results.

## Understanding and involvement of patients and those close to them

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make advanced decisions about their care. Staff supported patients to make informed decisions about their care. Patients were advised to contact their GP, NHS maternity service or referrer if they wished to discuss the results of the ultrasound scans or blood tests. Patients were provided with a clear pricing structure available on the service website.

## Are Diagnostic and screening services responsive?

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

## Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served.**

Managers planned and organised services, so they met the changing needs of the local population. The service minimised the number of times patients needed to attend the service, by ensuring patients had access to the required

# Diagnostic and screening services

staff and tests on one occasion. Facilities and premises were appropriate for the services being delivered. Managers monitored and took action to minimise missed appointments. The service had a did not attend rate of 5.5%, this was 477 appointments missed out of 8576 appointments booked. Managers ensured that patients who did not attend appointments were contacted.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Written information about the procedure was provided to patients in paper and electronic format. The service ensured appointment slots were booked with enough time for patients to ask questions. The service utilised online booking through their website.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. We saw evidence to show that the average wait time for an appointment at the service from the time of referral by a GP was 2.7 weeks for the month of June 2022. Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.**

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. For the period of the 12 months prior to this inspection there were no formal complaints and two informal complaints received by the service.

## Are Diagnostic and screening services well-led?

Our rating of well-led stayed the same. We rated it as good.

# Diagnostic and screening services

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**

The service was led by the lead sonographer who was also the director and registered manager of the service. The general manager supported the lead sonographer in all non-clinical duties. The lead sonographer line managed the other sonography staff. The general manager line managed the other administrative staff. The leadership team was available for patients and staff to speak with and all staff we spoke with on the day of the inspection told us they felt the leadership team was approachable.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action.**

The service had a vision and strategy document which outlined what the service wanted to achieve a brief summary of a strategy to achieve the service's vision. The service aimed to work closer with the NHS through the expansion of existing contracts. The service had aligned its vision regarding its work force to the NHS People Plan. Managerial staff we spoke to during the inspection explained that the service was to be expanded to increase the volumes of both NHS and private scans.

## Culture

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

We observed a culture of openness and teamwork and found that all staff worked towards the goal of a positive patient experience. Administrative and sonography staff worked well together and there was a positive working culture between the two staffing groups. Staff we spoke with told us they found their experience of working at the service to be positive. Administrative and sonography staff both agreed that the culture was non-hierarchical, and that equality and diversity were promoted. The service published treatment prices on their website. Staff were enthusiastic about receiving patient feedback and encouraged patients to provide both negative and positive comments.

## Governance

**The service had an appropriate governance system. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The service had a basic governance system which was appropriate for the size and scope of the service. The registered manager chaired monthly staff meetings where certain governance topics were discussed and training in policies was provided, these meetings were recorded, but we found that the notes were not detailed. The registered manager also had monthly meetings with the sonography staff, where they discussed the results of the image quality audit conducted by an external company.

# Diagnostic and screening services

Staff underwent the appropriate employment checks and the service requested copies training done at NHS trusts on an annual basis. The service level agreements between the service and external companies were overseen by the registered manager and general manager.

## Management of risk, issues and performance

**Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

Staff completed risk assessments and recorded them appropriately on the comprehensive risk register. We found the risks recorded on the register were in line with what staff told us during the inspection. We saw evidence to show that managerial staff reviewed the risks regularly and conducted mitigating actions to reduce the risk. The service had a plan in place for disruption caused by equipment or environmental failure.

## Information Management

**Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure.**

Patient identifiable information was stored on secure software system. All staff had individual accounts to log on to the computers, passwords were changed at regular intervals. Scan images were stored on a cloud-based server with an external company which ensured that the data was secure and accessible. Information requested by the NHS was sent through NHS secure email system. Scan information requested by other independent organisations was transferred securely through an image exchange portal.

## Engagement

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

Patients were engaged with informally over the telephone and in-person when they attended their appointment. Staff encouraged patients to provide feedback regarding the service. Patients were provided with a link to a satisfaction survey to formally record their feedback. Due to the small size of the service, it was not appropriate for the service to use an anonymised staff feedback survey. Staff were engaged with by leaders during formal staff meetings and informal discussions.

## Learning, continuous improvement and innovation

**All staff were committed to improving the service.**

Staff we spoke with felt that they were encouraged to speak about ways the service could be improved. Managerial staff explained that they wanted the service to be focussed on improving the patient experience. The service did not have a formalised improvement plan.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Diagnostic and screening procedures

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Staff were not provided children safeguarding training, although the service only saw adult patients, best practice guidance as set out in the, 'Safeguarding children and young people: roles and competences for health care staff INTERCOLLEGIATE DOCUMENT Third edition: March 2014' states that all healthcare staff working in any setting should complete at least level one safeguarding training for children.

#### Regulated activity

Diagnostic and screening procedures

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- Staff used expired equipment for the use of blood tests. We checked the storage areas and clinical areas of the service and found expired needles, syringes and test tubes which were out of date ranging from several weeks to several months.
- The service had a service and maintenance contract in place for the ultrasound machine, however this contract did not cover routine quality assurance (QA) testing. Staff told us that they did not conduct routine quality assurance testing and did not have a quality assurance programme. This was not in line with national guidance or the machine manufacturer guidance