H.E.M. Clinical Ultrasound Service Ltd

Quality Report

5 Conqueror Court
Sittingbourne
ME10 5BH
Tel: 01795 436465
Website: http://www.hem-ultrasound.com/

Date of inspection visit: 25 April 2019
Date of publication: This is auto-populated when the report is published

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Not sufficient evidence to rate
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Services we rate

We rated it as **Good** overall.

We found the following good practice:

- There was a system and process in place for identifying and reporting potential abuse.
- The service had a positive approach to learning from incidents and complaints.
- There was a process in place for escalation of unexpected findings during ultrasound scans.
- Clinical environments were visibly clean and tidy and suitable to meet the needs of the patients.
- There was a pro-active approach to training and continued professional development.
- Patients were cared for by clinically competent and professional staff.
- Feedback from patients was overwhelmingly positive during the inspection.
- Appointments were scheduled to meet the needs and demands of patients.
- Staff understood the visions, values and mission of the service, and these were well embedded in their daily work. Staff were proud to work for the service.

However

- During the inspection staff did not always decontaminate their hands in between patient contact in accordance with the World Health Organisation 'five moments of hand hygiene'.
- There were no patient information leaflets 'easy to read' formats or alternative languages.
- The clinic did not have dementia friendly signage despite having a patient group that may have a diagnosis of dementia.
- The clinic needs to consider providing a more child friendly environment.

Name of signatory

Nigel Acheson

Deputy Chief Inspector of Hospitals, London and South East.

Overall summary

H.E.M. Clinical Ultrasound Limited is operated by H.E.M. Clinical Ultrasound Limited. The service has one registered location and one satellite clinic.

The service provides diagnostic imaging services (ultrasound scans) for the local community.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection at the main location on 25 April 2019. We did not visit the satellite clinic as the staff and policies covered both sites.

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

Summary of findings

needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

The only service provided at this location and the satellite clinic was diagnostic imaging.

Summary of findings

Our judgements about each of the main services

Service	Rating		Summary of each main service
Diagnostic imaging	Good		H.E.M. Clinical Ultrasound provides a diagnostic ultrasound service for NHS patients and a small number of privately funded patients. In the last 12 months the service has scanned 8019 adults and 50 children. We rated this service as good. This is because we found there were enough staff that were trained, skilled and competent to provide the service. Safeguarding and incidents were identified and reported. The centre was clean, and the equipment well maintained. All patients had a chaperone during their scan. Patients were overwhelmingly positive about their experience of having a scan at the centre. Patients were treated as individuals and we observed patients being treated with the upmost respect. Managers supported staff in an open and friendly culture. All staff were positive about working for the service and felt encouraged to develop and flourish.

Summary of findings

Contents

Summary of this inspection — Page

Background to H.E.M. Clinical Ultrasound Service Ltd 8

Our inspection team 8

How we carried out this inspection 8

Information about H.E.M. Clinical Ultrasound Service Ltd 8

The five questions we ask about services and what we found 9

Detailed findings from this inspection

Outstanding practice 24

Areas for improvement 24

Good

H.E.M. Clinical Ultrasound Service Limited

Services we looked at
Diagnostic imaging

Summary of this inspection

Background to H.E.M. Clinical Ultrasound Service Ltd

H.E.M. Clinical Ultrasound Limited is operated by H.E.M. Clinical Ultrasound Limited. The service opened in 2015. It is a private clinic in Sittingbourne, Kent providing non-obstetric ultrasound scans as part of a subcontract to the NHS. The service primarily serves the communities of Medway, Swale and West Kent. It also accepts patient referrals from outside this area and referrals from private patients.

The service has had a registered manager in post since 17 March 2015.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, one other CQC inspector and an assistant inspector. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection, South East.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection at the main location on 25 April 2019. We did not visit the satellite clinic as the staff and policies covered both sites.

Information about H.E.M. Clinical Ultrasound Service Ltd

H.E.M. Clinical Ultrasound Limited is operated by H.E.M. Clinical Ultrasound Limited. The service has one registered location and one satellite clinic.

The service provides diagnostic imaging services (ultrasound scans) for the local community.

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?

Good

Are services safe?

We rated it as **Good** because:

- Staff had training on how to recognise and report abuse, and they knew how to apply it. There was a safeguarding lead to support staff and patients. All staff who scanned children were trained to level three safeguarding.
- The unit was visibly clean, and most staff adhered to infection prevention and control practices in their interaction with patients.
- Records were clear, up-to-date and easily available to all staff providing care.
- There were enough staff with the right skills and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- There was a system in place to ensure equipment was serviced every six months and the service kept a log of this.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However:

- At the time of the inspection, the service did not have a hand hygiene audit in place and although staff wore gloves while scanning the patient, they did not always wash their hands in between patient contact in line with the World Health Organisation (WHO) 'Five moments for hand hygiene' or the services hand hygiene policy.

Are services effective?

Not sufficient evidence to rate

We do not rate effective.

- Sonographers who were not on a professional register had registered on to the Society of Radiographers voluntary register.
- Staff were knowledgeable about the consent process.
- The service provided was based on national guidance and managers checked to make sure staff followed the guidance.
- Managers appraised staff work performance and provided individualised support.
- Staff worked as a team to benefit patients.
- Staff understood their roles and responsibilities under the Mental Health Act 2005.

Summary of this inspection

Are services caring?

Good

We rated it as **Good** because:

- All patients we spoke with during the inspection were positive about the service they had received and the staff providing the service.
- During all episodes of care, we observed staff being compassionate, respectful and providing emotional support to patients who required this.
- Patients received relevant information about their ultrasound scan and staff gave patients many opportunities to ask questions. Language and terminology were adapted to ensure the patient understood.
- There were systems in place for the service to receive feedback from every patient who attended for a scan. Most feedback from patients in the 12 months prior to the inspection was positive. All feedback was displayed in the reception area for patients to see.

Are services responsive?

Good

We rated it as Good because:

- The clinical environment was suitable and appropriate to meet the needs of the patients.
- The service made sure there were appointments available to meet the needs of the patients. Clinics were organised in two locations, six days a week.
- There was an opportunity to have same-day appointments if the scans were urgent.
- Interpretation services were available for patients whose first language was not English.
- The service provided information leaflets in braille for patients with visual impairments.

However

- There were no patient information leaflets in 'easy to read' formats or languages other than English.
- The clinic did not have dementia friendly signage despite providing a service to patients with a dementia.
- The clinic was could improve its provision for child patients.

Are services well-led?

Good

We rated it as **Good** because:

- Leaders had the right skills and abilities to manage a service providing high quality care.
- Leaders were excellent role models who promoted a positive and open culture that supported and valued staff.

Summary of this inspection

- Governance processes were well embedded to enable staff to monitor the quality of the service.
- The service robustly managed and used information well to support its activities.
- The service continually sought feedback from patients and staff to learn and improve the service provided.
- The service used innovative ways to recruit, develop and retain their own staff.

Good

Diagnostic imaging

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

Are diagnostic imaging services safe?

Good

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
  - Training was completed via an online training resource which all staff had access to. Staff told us the service sent them a reminder email which informed them of when they were due an update and supported them to complete the training. Records showed 100% of staff had completed the required mandatory training.
  - Courses included, but were not limited to, moving and handling patients, basic life support for children and adults, infection prevention and control, data protection and General data protection regulation (GDPR), information governance, equality and diversity and safeguarding.
  - The service had appointed two first aiders on site and had organised a first aid training day next month for all staff to attend.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.**
- There were systems, processes and practices to keep both adults and children safe from abuse. The service had a safeguarding vulnerable adults and children policy which was due for review in February 2020. The policy provided staff with information about what constitutes abuse and advice on what to do in the event of a concern. It also contained a flowchart to be used by member of staff when reporting a safeguarding incident.
- Staff we spoke to had not made a safeguarding referral however they knew how to raise a safeguarding alert and were aware of who the leads were. The service had reported one safeguarding alert at their satellite clinic. Learning from this was shared with the whole team and we saw this in the meeting minutes for the recent safeguarding meeting.
- The service performed ultrasound scans for patients from birth. All staff who scanned children had received training in safeguarding children and young people level three. This met and exceeded 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.
- Records showed that 100% of staff had completed adult and children safeguarding training and had an enhanced disclosure and barring service certificate within their personal file. The service had a safeguarding lead who was trained to level three in safeguarding children. The safeguarding policy included radicalisation but did not include training on female genital mutilation (FGM) and there was no separate policy for this however; staff clearly described FGM and the actions they would take in the event of identifying a patient at risk.

Cleanliness, infection control and hygiene

Good

Diagnostic imaging

- **The service generally controlled infection risk well. Staff kept equipment and the premises clean.**
- The service had an infection control and decontamination policy dated March 2019. In addition to infection control, the infection control policy also contained policies on latex, personal protective equipment and prevention and management of blood borne viruses.
- All the clinical areas that we visited during our inspection were visibly clean and tidy. General cleaning of the premises was undertaken daily and the cleaning audits were shared amongst all staff. Clinical assistants were responsible for cleaning the scanning rooms and completed the cleaning schedules accordingly.
- Clinical and non-clinical waste was handled and disposed of in a way that kept people safe. The service used colour coded system to dispose of waste. Staff we spoke with told us this was taken away for disposal each week. We observed the staff disposing of clinical waste in a yellow bin and non-clinical waste in a black bin, which both met the required standard of health technical memorandum 07/01 management and disposal of healthcare waste.
- Staff had access to personal protective equipment (PPE) and we saw them using PPE when providing care. Staff told us these were readily available in all clinical areas.
- The ultrasound probe was cleaned with universal cleaning wipes after every use. We observed staff using new couch roll to cover the examination couch during a scanning procedure in between each patient. The service had a policy for the use and decontamination of transvaginal scanning probes. We observed staff following this policy during the inspection.
- Antibacterial hand gel was available throughout the service and inside the scanning rooms. We observed staff using this at the time of our inspection.
- Each clinical area had a clinical sink which met the health building note 00:09 infection control in the built environment. Posters above the sink reminded staff how to effectively wash their hands during and in between patient care.
- At the time of our inspection, we observed staff decontaminating their hands with antibacterial hand gel but not always washing their hands in between patient contact in line with the World Health Organisation (WHO) 'Five moments for hand hygiene'. We also saw that a sonographer was not bare below the elbow when scanning patients which was not in line with best practice. Clinical staff should be bare below elbows to help prevent the spread of infection. We fed this back to the service manager who told us that they would take urgent action.
- The service did not have a hand washing policy and did not undertake any hand hygiene audits. Audits provide additional assurances that good practice was consistently upheld throughout the service. Since the inspection the service provided CQC with a hand washing policy and three completed hand hygiene audits. The audits showed a difference in hand hygiene practice between staff members and an action plan had been developed to improved hand hygiene techniques.
- The service had soft fabric seating in the reception area. This increased the risk of contamination as these types of chairs cannot be cleaned as easily as non-fabric chairs. Senior staff were aware of this risk and this was documented on a risk assessment. If a chair became contaminated, staff removed the chair from the service, disposed of it and replaced this with a new chair.

Environment and Equipment

- **The service had suitable premises and equipment and looked after them well.**
- Ultrasound equipment was maintained every six months and the service kept a log of this. We saw service records for two ultrasound machines from February to October 2018.
- The service had two ultrasound scanners, each in its own clinic room. The scanning room was spacious and had good lighting which, when dimmed, allowed ultrasound scans to be clearly seen.

Good

Diagnostic imaging

- The waiting room for the service was light and airy, with adequate seating available. There was no separate waiting room for children, however the service had a container of toys for children. Records showed the children's toys were cleaned according to the services policy.
- A toilet and disabled access toilet were available next to the main corridor for patients and relatives. Baby changing facilities were available.
- We saw well stocked clinic store cupboards with equipment needed for ultrasound such as gels and paper towels. Staff told us they had enough equipment and supplies to provide a good service. The service also carried out a weekly stock take, so staff were always aware of what supplies were available and when to order more.
- Fire safety training formed part of the mandatory training programme. At the time our inspection, the mandatory training records showed 100% of staff were compliant with training. We observed fire notices indicating the nearest exit and assembly point. We also checked four fire extinguishers and found they were within their service date.
- The service did not perform formal quality assurance checks. Staff told us they were in the process of implementing this. At the time of the inspection they conducted visual checks to ensure the equipment was safe to use.
- The service kept glider sheets, banana boards and a walking frame to help patients with mobility issues and all examination couches accommodated patients up to 28 stone in weight.
- The service did not have resuscitation equipment or defibrillators in any of the clinical areas and had no access to these. This was as in line with a service of this type. All staff had received training in basic life support for children and adults and in the event of a patient cardiac arrest would commence basic life support and call the emergency services. A first aid kit was always available.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**

- The service had a referral form which included the criteria for referral. All referrals were triaged on receipt and the patient contacted to offer an appointment. Referral forms contained information regarding the type of ultrasound scan requested, and any pre-existing medical conditions which could affect the scan. Staff told us that they rarely got referrals missing key information, however when this occurred, administration staff would contact the referrer and ask for further information prior to booking the patient appointment.
- The service had a procedure to manage unexpected scan findings. Staff we spoke with told us that results of this nature were immediately sent to the referring GP via email and followed up with a telephone call to the GP surgery. This ensured that unexpected findings were promptly and properly investigated.
- Basic life support of children and adults was part of the mandatory training programme. The service reported a compliance rate of 100% for this. In the event of a medical emergency, staff we spoke with told us would commence basic life support and call for an ambulance. Staff we spoke with reported no incidences of having to call an ambulance in the last 12 months.
- Staff followed the British Medical Ultrasound Society and Society of Radiographers 'pause and checked' checklist. This was a safety checklist completed before a scan. We observed this tool being used during our inspection. Pause and check was designed to act as a ready reminder of the checks that need to be made when treating a patient.
- Staff we spoke with told us that they had access to a consultant radiologist for a second opinion on unexpected findings.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
  - The service was led by a registered manager and a service director. The registered manager worked clinically as a sonographer as well as having an area of non-clinical responsibility.

Good

Diagnostic imaging

- The service employed one full time sonographer, one full time trainee sonographer and two part time sonographers. The service used locum sonographers on a part time basis to fulfil the services requirement. In the last three months the service used locum staff to cover 13 shifts. Records showed locum staff had an orientation and induction prior to commencing work.
- In the last 12 months there was one clinical staff vacancy. This was mitigated by a long-term locum sonographer joining the team.
- Data provided to us prior to the inspection demonstrated that in the three months before the inspection, there had been a 3.8% sickness rate for clinical staff and 11.4% for administration staff. There was no sickness target level. In the event of a staff member going off sick, staff were flexible and covered each other's absences. Senior staff told us administration and clinical staff rotated through all areas within the service so that they were able to cover most departments and activities. Records we viewed and staff we spoke to on the day of inspection confirmed this was the case.
- The rota showed all clinics were staffed with one sonographer and one clinical assistant.

Medical staffing

- **The service had enough medical staff to provide the right care and treatment.**
- There were no doctors employed by the service. However, the service had access to a medical radiology service for clinical advice and to review scans showing unexpected pathology.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- All referrals were received via a secure email portal and via the services e-Referral system for both NHS and private patients. Patients who had previously attended the service had their details checked to ensure they were up to date. Once triaged the service scanned all referrals and attached an electronic copy onto the patients' profile.
- The service used an electronic patient management system to store patient records. Staff had secure emails to enable secure emails to be sent and received from GPs and referrers. We observed the sonographer checked the electronic system for previous scan details and clinical history before starting procedures.
- We reviewed three sets of electronic notes and found records were accurate, complete, legible and up to date. Each report included; patient identification, clinical information, the name of the referrer, sonographer and consent forms. We observed the sonographer typing the report up immediately following the scan.

Medicines

- The service did not use any medicines.

Incidents

- **The service managed patient safety incidents well.**
- The service had a serious untoward incident policy which was due a review in September 2019. This policy outlined the various incidents that would result in serious harm, or the possibility of serious harm, and the full process for assessing if a trigger has been reached. All staff we spoke with knew how to complete the form and were aware of this policy and the incident reporting procedure. Records showed learning from incidents were discussed at staff meetings. Minutes of the meetings were shared with the whole team by email to ensure every staff member was updated on learning points to take forward.
- There were no never events reported for the service from February 2018 to January 2019. 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.
- The service reported one serious incident from the same period. The incident related to the clinical competency of a locum sonographer which led to a

full retrospective audit of the sonographers work during the period they were working for the company. The incident was reported to the CQC and an investigation is currently in progress.

- 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.
- Staff we spoke with understood the duty of candour process and the need to be open and honest with patients when an error occurs. All staff had received training in duty of candour. Duty of Candour is covered under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 introduced in November 2014. This required the organisation to be open and transparent with a patient when things go wrong in relation to their care, which falls into defined thresholds.

Are diagnostic imaging services effective?

Not sufficient evidence to rate

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance.
- We reviewed policies, procedures and guidelines implemented within the service. These were based on guidelines produced by the Royal College of Radiologists, British Medical Ultrasound Society and National Institute for Health and Care Excellence.
- Each scan room had a folder containing current copies of all clinical guidelines. Staff told us they could always access policies. Policies were all in date and had a planned review date.
- Policy updates and new policies were shared with the wider team at a 'new policy station' within the main office. We saw staff signature sheets that showed when staff had read and agreed to the updated clinical policy. After the sheet had been signed it was stored in the individual staff record.
- The service had developed locally agreed examination protocols and standard reporting templates for each examination. These were based on current national guidelines and ensured a consistent approach from each clinician. Completed reporting templates were audited and the results shared with the clinical team.

Nutrition and hydration

- There were no nutrition and hydration services for patients who attended for ultrasound scans. Patients had access to water while waiting for their scan. Staff told us they would provide sandwiches for patients who were in the service longer than planned due to being on patient transport. Staff would establish any food allergies with the patient or carer as appropriate before providing food.

Pain

- No formal pain level monitoring was undertaken however we saw patients being asked if they were comfortable during the scan. None of the procedures undertaken are likely to cause pain to patients.

Patient outcomes

- **The service monitored the effectiveness of care and treatment and used the findings to improve them.**
- The standard of scan reporting was monitored by sending 5% of all scan results to an external quality assurance company to be re-reported. Any discrepancies were discussed within a monthly clinical governance meeting and used as a learning tool for the clinical team. Scans were selected at random and sent using a secure electronic system.
- We saw the service had an internal peer review of the examination scans and reports of new clinicians and locum staff that ensured a high standard of examination and ultrasound report.
- Monthly performance audits were discussed as a team and shared with the referring clinical commissioning group. The performance monitored included time

taken to triage the referral, offer a scan appointment, send the report back to the referrer; patient satisfaction, complaints received, and serious incidents having occurred. The leadership team met with the clinical commissioning groups four times a year to discuss this data.

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 monitor the effectiveness of the service.
- Sonographers do not have a protected title and therefore do not need to be registered with the Healthcare Professionals Council however sonographers at the service had a voluntary registration with the Society of Radiographers.
- New members of staff were issued with a service handbook which outlined the role responsibilities within the organisation. During the orientation period new staff members shadowed each role and were supervised when completing tasks. Staff told us they completed mandatory training during their induction period that included data protection, information governance, safeguarding adults and children, infection prevention and control.
- Records showed that new clinical staff had 100% of examination scans and reports peer reviewed until signed as competent by the clinical lead. This gave the service assurance that the clinical staff were competent in their role. We saw evidence of completed competency documents stored on staff's individual files.
- Staff of all grades told us they rotated into all roles so were competent in a variety of skills and could work in different areas as per the needs of the service.
- All staff received an annual appraisal and supervision as required. We reviewed five staff records which confirmed this took place.All staff had received an appraisal in the 12 months prior to the inspection. The staff had access to support from Consultant radiologists if needed.

Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients.** Sonographers, clinical assistants, administrators and management staff supported each other to provide good care.
- There was effective internal multidisciplinary team working. Staff we spoke to described close and happy working relationships between all grades of staff.
- During our inspection we observed staff working well together and enjoying being at work.

Seven-day Services

- **The service offered a range of flexible appointment times.**
- The service did not operate seven days a week but could offer morning, afternoon and sometimes evening appointments between Monday and Saturday.

Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.** They followed the centres policy and procedures when a patient could not give consent.
- We observed staff obtaining and recording consent from patients. Written consent was obtained before scanning and this was recorded in the patient notes.
- Staff we spoke with could describe the importance of gaining consent from patients before conducting any procedures.
- Patients were provided with written information when booking the scan and were given the opportunity to ask questions when they arrived. This ensured their consent was informed.
- Mental Capacity Act 2005 training was completed as part of mandatory training. Records showed 100% of staff had completed the training.
- Staff we spoke with demonstrated an understanding of mental capacity and what actions to take if they had concerns about a patient's capacity.

Good

Diagnostic imaging

- They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Are diagnostic imaging services caring?

Good

We rated it as **good.**

Compassionate care

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- We observed staff interacting positively with patients and those attending the appointment with them. Staff spoke to patients sensitively and appropriately depending on individual need. During the inspection we spoke to six patients and one relative.
- All patients were asked to complete a comment card before leaving the department. All comments were collated monthly and displayed on a power point presentation in the reception waiting area. The presentation was shared with the wider team. Patient comments included "very friendly service" and "great service I was not looking forward to the scan, but everything was so lovely it made me a lot more comfortable thank you".
- We observed the administration team responding to calls with a caring and compassionate manner. The sonographers were very friendly, professional and put patients at ease. Patients told us that all the staff they met made them feel comfortable.
- The sonographers provided patients with a paper skirt to ensure their dignity was always protected. They also provided additional paper for the upper body when required to ensure their clothes were protected from the jelly used for the procedure.
- All patients were chaperoned during the procedure by the clinical assistant. In addition, a relative could accompany them into the scan room. Records showed all staff completed chaperone training which included role play to explore the actions to take in various scenarios.
- For an intimate scan (transvaginal or testes) the patient was informed that the door would be locked to ensure that nobody else could enter the room during the scan. There was a privacy screen for patients to dress and undress behind.
- All staff introduced themselves by name to the patient and explained their role during the procedure. The patient feedback survey showed 100% of patients said all staff introduced themselves to the patient and those attending with them.

Emotional support

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Staff provided support as required. We saw staff providing reassurance and comfort to patients. Patient feedback comments included comments about the support and reassurance staff had given during the scan. Patients told us that worries they had, had been eased by the staff caring for them.
- Patients were also given an opportunity and encouraged to ask questions during the procedure. Staff told us that talking to patients during their scan helped to manage their anxiety.

Understanding and involvement of patients and those close to them

- **Staff provided emotional support to patients to minimise their distress.**
- Patients and those close to them told us they had received information in a way they understood. Telephone conversations to book appointments were followed up by a mobile phone text message or letter if requested. Patients were encouraged to contact the service with any concerns. Patients told us they appreciated this and had enough information to understand what was happening during the scan.
- Relatives or friends who accompanied the patient were also encouraged to ask questions about the ultrasound scan if they needed something clarifying.
- Patients had an explanation about the jelly used during the scan. The jelly was warmed prior to use for patient comfort.

Good

Diagnostic imaging

Are diagnostic imaging services responsive?

Good

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 local people.**
- The service operated under contracts from three local clinical commissioning groups to provide non-obstetric ultrasound scans. This meant they did not do any maternity monitoring scans. The service had regular contact with external stakeholders which provided the opportunity to assess the needs of local people.
- The service matched the service delivery to the needs of the people. The service monitored waiting times and adjusted the clinic templates to prevent excessive waits for a scan. For example, extra clinics were provided to ensure patients were scanned without having to wait longer when referral rates were high.
- There was free car parking, including a disabled space, which the patients could use. There was clear signage for patients to follow to find the clinic. The clinic was accessible by public transport. A location map of the clinic was provided for patients with the appointment letter.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- Staff were aware of the individual needs of patients living with dementia and those living with a disability however they rarely had patients attending for an ultrasound scan with complex needs.
- During the inspection, we saw the referral form had a box for the referrer to identify any additional needs the patient may have. This information could be transferred to the electronic patient record, so all staff were aware.
- The clinic was accessible to wheelchair users and had a disabled access toilet with emergency call bell available.
- Bariatric patients up to 28 stone in weight could be scanned in the clinic. Although all scanning couches could accommodate bariatric patients; for comfort, privacy and dignity they were scanned in the larger clinic room.
- A telephone interpretation service was available for patients who did not speak English. Staff could tell us how they would access this when needed. A braille version of the leaflets was available for patients who needed this. There was a plan to install a hearing loop for patients and train some staff in sign language.

Access and flow

- **People could access the service when they needed it.** Waiting times from treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Most referrals were received from GPs. These were sent via secure email to the administration team in the main office. There was a referral form that included patient demographics, allergies, past medical history and clinical indication for the scan. Clinicians within the service triaged the referral by the end of the next working day and patients were contacted by telephone to offer them an appointment.
- Records showed all scans results were sent to the referring clinician within five working days of the scan having taken place.
- Records showed urgent appointments could be offered on the same day the referral had been received. All patients were offered an appointment within ten days of receiving the referral.
- Patients could have an appointment at the satellite clinic if that was more convenient.
- To help reduce the number of patients who did not attend for appointments a text reminder was sent to the patient the day before the appointment. Patients who did not attend two appointments were referred to their referring GP. Staff used electronic system to

monitor patient attendance and act when patients did not attend their appointment. Records showed every month between six and 11% of patients did not attend their appointment.

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.**
- There were processes to ensure patients and their relatives could make a complaint or raise concerns and were aware how to do so.
- There was a complaints policy which was updated on a regular basis. This provided staff with detailed actions to take if a patient or their relative wished to make a complaint.
- There was one written complaint received in the 12 months prior to inspection. Records showed this had been dealt with according to the service policy. This complaint was not upheld.
- All complaints and negative feedback were treated with equal importance. There was an operational manager who had oversite of the complaints received and ensured the complaints policy was followed correctly.
- Staff constantly asked patients if they were happy with the service and the ultrasound they had received. All efforts were made to resolve issues before the patient left the department.

Are diagnostic imaging services well-led?

Good

We rated it as **good.**

Leadership

- **The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.**
- All leaders maintained their skills and knowledge through continuing clinical practice. This showed the staff their clinical expertise and demonstrated positive role modelling. The registered manager was a sonographer and was subject to the same clinical practice development as their colleagues.
- All staff we spoke to were overwhelmingly positive about the management of the service. This included their line managers and the senior leadership team. All leaders were visible, knowledgeable and approachable. Senior managers divided their time between the main location and satellite centre.
- Staff told us the leaders were keen to continue developing the service to provide a high-quality service they currently provided for patients.
- Leaders had a genuine interest in developing staffs' abilities and skills to benefit the service. This was demonstrated by the appraisal documentation and confirmed by the staff we spoke to during the inspection.
- Staff understood the reporting structure and felt well supported by the managers. Records showed a clearly defined management structure with showed all colleagues position within the service.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from all staff, patients, and key groups representing the local community.**
- The service had a clearly described vision to offer a values-based service to meet the needs of the patients attending. The mission of the service was clearly stated within the service, on social media and the service website. The mission statement was to always put the patient first.
- Senior leaders told us the strategy for the future was to grow the company by opening a second satellite centre. The non-obstetric ultrasound sub-contract had been very successful for the company and senior staff recognised the potential for expanding the service.
- Minutes of the management team showed the vision and strategy of the service was reviewed and progression against the current vision and strategy was discussed.

Good

Diagnostic imaging

Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- There was a positive culture and attitude where staff valued each other. Staff described excellent team working at all levels and described a sense of pride in providing continuity of care using a team approach. For example, staff rotated to all roles to gain understanding of the work of their colleagues.
- There was an open culture that encouraged incident reporting to learn and improve the service. Colleagues of all levels shared an open plan office which allowed for open discussion between the whole team. All staff told us they were passionate and proud of the care they provided for patients
- The service had a freedom to speak up lead to enable staff to talk in confidence about any concerns.
- During the inspection we informed the leadership team of areas of the service that required improvement. They responded positively to this feedback and put immediate actions in place to make improvements clearly demonstrating an open culture of learning and improvement.
- The provider ran an annual staff survey. The 2018 annual staff survey showed all staff felt proud to work for the service, planned to still work for the service in 12 months' time, felt supported and were committed to the services future growth. Comments included "I love my job at HEM's and plan to be here for a long time, our team are fantastic & I feel that everyone goes above and beyond to make sure that the clinic runs smoothly & that the patients leave happy that they have received the best service we can offer" and "Everyone is very supportive of each other and helpful. I think further training in how to deal with difficult situations such as safeguarding and what to say in that situation would be a benefit to the clinic"

Governance

- **The service used a systematic approach to continually be improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.**
- The service had a clear organisational structure with a clinical lead, information governance lead, quality assurance lead and service manager as the senior leadership team.
- The service held monthly clinical governance meetings. Records showed a standard agenda that discussed the results of clinical audits, interesting pathologies and any new clinical guidelines. Meeting minutes showed the meetings occurred monthly, were well attended and all staff contributed to meetings.
- The serviced used an external company to review 5% of scans every month. Learning and actions from the results were discussed within the monthly clinical governance meeting. This ensured the service were confident with the quality of their scan reporting.
- During the inspection we reviewed five staff files. All files contained identity checks, immunisation records, enhanced disclosure and barring service records, professional qualifications required as per the role and previous employment references.
- The provider did not require their clinical staff to hold individual indemnity insurance. All staff were covered under the providers indemnity insurance. A copy of the employers' liability insurance certificate was on display in the upstairs staff office.

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 had a risk management policy which was reviewed on a regular basis. The top three identified risks for the service were staff training, infection protection and control and information governance.Risk assessments were completed on a standard template to ensure consistent information was used. All templates had the risk identified, the

Good

Diagnostic imaging

mitigating actions and the residual risk that remained. We saw evidence of clinical, chemical and office risks completed with adequate information and updated with further information as needed.

- The service had a monthly audit program which included physical security audit, information asset digital security, staff audit, checklist audit, information quality and retention audit, regular compliance checks, health and safety. Results and learning from audits were discussed by the whole team. Each audit had a named member of staff who was responsible for completion and where appropriate submission to our service users.
- The service had a current business continuity policy and procedure. It provided guidance to staff in the event of catastrophic, major and minor disruption to the service. The policy had been activated twice in the 12 months prior to the inspection due to bad weather and equipment failure. Staff told us they followed the policy to ensure business was able to continue as planned.
- All clinical areas had a resource folder which contained the most current versions of policies and procedures as well as other useful information and contact details.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- The service was aware of the requirements of managing patient information in accordance with relevant legislation and regulations. General data protection regulations had been reviewed to ensure the service was operating within regulations. A senior manager took the role of information governance lead.
- The service had an information governance agenda policy which outlined the level of access staff had to information kept by the service. This ranged from 'red access' which allowed full access to information with no exemptions to 'blue access' allowing third party access with data confidentiality agreements in place. This policy was reviewed on a regular basis.
- All staff had individual logins to access the services electronic systems. All computer terminals were locked by staff when not in use.
- Information governance and data protection was included in the staff mandatory training. Staff we spoke to could clearly describe how to keep information safe.

Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.**
- Public engagement was via comment cards completed following the scan, email, the service website, NHS choices and the services social media pages. Themes and trends were collated monthly and shared via a power point presentation playing on a loop in the reception area and with the wider team via email. Feedback was not filtered and included all feedback both positive and negative.
- The service had quarterly meetings with each clinical commissioning groups and liaised with a nominated contact within each group as needed in between the meetings.
- The service held monthly staff meetings. Minutes showed these were well attended and all levels of staff were heard and able to contribute. The service completed an anonymous annual survey which was overwhelmingly positive about working within the service.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.**
- Staff told us the leaders within the service were always looking for ways to provide a more enhanced service for their patients. For example, a text message reminder service was developed as patients often didn't have a pen to hand to write the details of the appointment during a phone call.

Good

Diagnostic imaging

- The service had recognised a difficulty in retaining staff sonographers as locum agencies paid more. Their response, in conjunction with a university, was to develop an onsite sonographer training programme. The aim of this was to grow, develop and retain their own staff.
- The service worked in partnership with a national apprentice scheme to recruit non-clinical staff into the team. There was also a plan to work with a radiology team to mentor their own students in different specialisms to enable the service to diversify.

Outstanding practice and areas for improvement

Outstanding practice

- The service provided leaflets in braille for patients who needed them.
- The service provided same day appointments for urgent scans.
- The service used apprentice schemes to recruit into administrating roles.
- All staff were trained to be chaperones. The training included role play to allow them to experience different scenarios.
- The service collaborated with a university to provide clinical, on the job education to recruit and retain their own clinical staff.
- The service conducted an annual staff survey and had a freedom to speak up lead, which is not regularly seen in similar size services.

Areas for improvement

Action the provider SHOULD take to improve

- The service should consider installing dementia friendly signage as a proportion of their patients have a diagnosis of dementia.
- The service should consider providing leaflets in 'easy to read' formats and in other languages.
- The service should consider improving facilities to make them more child friendly.
- The service should consider regular hand hygiene audit to demonstrate compliance with the hand hygiene policy.