

Kent Medical Imaging

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	

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.

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

Kent Medical Imaging provides ultrasound screening assessment examinations for self-referring and private patients. The main service provided by this service was ultrasound scans. The service provides approximately 4,500 ultrasounds scans a year. It was last inspected in 2013 and met all five of the standards inspected.

We inspected this service using our comprehensive inspection methodology on the 10 October 2018.

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

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

Our key findings were as follows:

- Staff had completed the necessary mandatory training and were competent to meet the needs of patients.
- The service had a safeguarding adults and children policy which was understood by staff.
- We saw good infection control practice being applied during the inspection and saw audits that showed these standards were routinely monitored.
- Equipment was regularly serviced, cleaned and checked.
- Patients individual needs and preferences are central to the planning and delivery of the service. It was delivered in a way that promoted flexibility, provided choice and ensured continuity of care.
- Staff were highly motivated and inspired to offered care was kind, and promoted dignity and respect.
- Staff were fully committed to working in partnership with patients, and they were active partners in their care.
- Policies and procedures reflected best practice and national guidance.
- Care was provided by professional, compassionate and caring staff.
- There were systems and process to manage risks identified by the service.
- The governance process took account of the quality of service delivered.
- The patients we talked to and feedback we reviewed showed a consistent level of satisfaction.

Nigel Acheson

Deputy Chief Inspector of Hospitals

Overall summary

Kent Medical Imaging is a private healthcare provider in Kent. The service provides ultrasound scanning services to patients who self-fund and those with private medical insurance. Kent Medical Imaging provides obstetric, gynaecological, abdominal, musculoskeletal, limited vascular and testicular ultrasound examinations.

The service had a registered manager. The registered manager was also a sonographer and had been in post

since the company registered with the CQC. The service was last inspected in 2013 under the previous CQC inspection methodology and met all five standards that it was measured against.

The service treated both adults and children, but the majority of the patients seen by the service were adults.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating Summary of each main service

Good



Kent Medical Imaging provides ultrasound screening assessment examinations for self-referring and private patients. Overall, we rated the service as Good. The service was rated Outstanding for caring. This was because the service was safely meeting the needs of the patients who used the service. Policies and procedures reflected best practice guidance. Staff were professional, caring and gave patients the time they needed to make decisions about their care. Patients individual needs and preferences were central to service planning and delivery. The service was flexible, provided choice and ensured continuity of care. Staff were highly motivated and inspired to offer care that is kind and promoted patients' dignity. Patients were active partners in their care and staff were fully committed to working in partnership with patients. There were systems to ensure the quality of the service was monitored and improved which prevented patients from receiving poor care. The service took account of feedback and showed high levels of patient satisfaction.

Summary of findings

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Good 

Kent Medical Imaging

Services we looked at: Diagnostic Imaging.

Summary of this inspection

Background to Kent Medical Imaging

Kent Medical Imaging is a private healthcare provider in Kent. The service provides ultrasound scanning services to patients who self-fund and those with private medical insurance. Kent Medical Imaging provides obstetric, gynaecological, abdominal, musculoskeletal, limited vascular and testicular ultrasound examinations.

The service had a registered manager. The registered manager was also a sonographer and had been in post

since the company registered with the CQC. The service was last inspected in 2013 under the previous CQC inspection methodology and met all five standards that it was measured against.

The service treated both adults and children, but the majority of the patients seen by the service were adults.

Our inspection team

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

Why we carried out this inspection

We inspected this service using our comprehensive inspection methodology on the 10 October 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's

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

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

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:

- Staff revised a sufficient level of mandatory training to meet patients' care needs.
- There was a safeguarding adults and children policy. Staff received training to be able to protect patients.
- Infection control and prevention practices which minimised the risk of hospital acquired infections.
- Patients had their individual health care needs assessed before having a procedure.
- There were systems and processes to record and manage incidents. There was learning from incidents and action taken to prevent recurrence.

Good



Are services effective?

We do not rate effective:

- Procedures had been developed in line with national guidance and staff were aware of how to access them.
- Staff were supported to develop and remain competent to do their jobs.
- Consent was obtained in line with best practice.
- Staff were aware of what steps to take in the event a patient lacked capacity.

Are services caring?

We rated caring as Outstanding because:

- Patients were truly respected and valued as individuals and were empowered as partners in their care.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that promoted people's dignity and privacy.
- Staff took time to ensure patients were given sufficient information to be able to make decision about their care.
- Staff provided emotional support to those who needed it.
- Comments were routinely sought and used to improve the service.
- Feedback we reviewed was entirely positive and very complimentary.

Outstanding



Are services responsive?

We rated responsive as Good because:

Good



Summary of this inspection

- The service was tailored to meet the needs of individual patients and was delivered in a way to ensure flexibility, choice and continuity of care.
- The business model held patient access and affordability at the heart of the service.
- The provider took patients individual needs into consideration when delivering the service.
- Patients could access services in a way and at a time that suits them.
- The complaints policy reflected best practice guidance. Staff were aware of how to assist patients should they wish to raise a comment or concern. The service did not receive any complaints in the twelve months before the inspection.

Are services well-led?

We rated well-led as Good because:

- There was a clear leadership structure.
- Staff felt supported and valued by the leadership team.
- We found a very open, candid, transparent and patient centred culture in the service.
- Risks were monitored and managed in a way that protected patients from the risk of receiving poor care.
- There was a governance processes which provided oversight of the quality of the service provided.
- There was a vision and strategy which held patient care at the centre of service delivery.
- Patient feedback was used to improve the service.

Good



Diagnostic imaging

Safe	Good 
Effective	
Caring	Outstanding 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

Mandatory training

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Mandatory training was provided through an online platform and the content was dependent on the staff role. Modules included, but were not restricted to, health and safety, information governance, equality and diversity, infection control, manual handling and basic life support.
- At the time of writing the inspection report (100%) had completed the required level of training to meet the needs of the service.

Safeguarding

- Staff understood how to protect patients from abuse because they were trained on how to recognise and report it.
- Staff were trained to recognise adults and children at risk. The service had an up to date safeguarding vulnerable adults and children's policy. Both policies reflected national guidance. Staff we spoke with demonstrated they understood their responsibilities and adhered to safeguarding policies and procedures.
- We saw a policy which provided staff with guidance on what to do should they identify Female Genital

Mutilation (FGM). Female genital mutilation is the ritual cutting or removal of some or all the external female genitalia. Staff told us what actions they would take in the event of identifying this.

- The lead for children and adults safeguarding was also the CQC registered manager who was trained to level three in line with national guidance.
- Administration staff and received level one adult and children's safeguarding training. This training ensured staff could respond to and raise a safeguarding concern.
- Two members of the clinical team had received level three adults and children safeguarding training which meant there was always someone available to support staff should they need to report a concern.
- The administration team expressed a wish to undertake level two adults and children safeguarding training because they recognised the importance of safeguarding services users. The provider was supporting the team to make this training available.
- Staff had easy access to the local authority safeguarding contact numbers, and referral forms as they were stored in a folder and easily accessible.
- No safeguarding referrals had been made to CQC or the local authority in the twelve months prior to inspection.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff had access to an ample supply of personal protective equipment (PPE). We saw staff using PPE appropriately when interacting with patients and we observed staff washing their hands in between patient contacts in line with the World Health Organisation (WHO) 'Five moments for hand hygiene'.

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- All consultation rooms appeared clean and tidy on the day of inspection. We reviewed cleaning record which demonstrated clearing was undertaken regularly.
- Patients told us they considered the environment as clean and well maintained.
- We were provided with evidence of hand hygiene and environmental audits which were completed every six months. Both audits showed high levels of compliance with infection control practice.
- Hand-washing and hand gel dispensers were available for staff and visitors in the centre. We saw these used during the inspection.
- There was no formal infection control lead for the service because both members of the senior leadership team had a shared responsibility to ensure standards were maintained.
- Staff demonstrated good knowledge of the Society of Radiographers ultrasound probe decontamination and disinfection guidance. This information was also made available in the service policy folders which could be easily access by staff. We saw staff apply this during the inspection.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
 - Environmental maintenance was undertaken by a third party. We saw a range of environmental risk assessments which were used to identify and manage risks. These did not indicate there were any concerns with the way the building was maintained.
 - We saw evidence of a bi-annual fire evacuation exercise which ensured staff were kept up to date on their responsibilities in the event of a fire. Fire extinguishers were readily available and fire exits were clearly signed.
 - Staff told us that the ultrasound machines were serviced annually and maintained by a recognised service team. There was a service level agreement with an external company who serviced the ultrasound machines once a year. We saw records which confirmed this.
 - Staff carried out daily safety checks before using the equipment. We saw records which confirmed this.
 - If a fault was detected there was a spare ultrasound machine available at the clinic. We saw records that indicated suitable arrangements with the manufacturers to service or replace broken equipment. This meant that the service was not interrupted in the event of equipment failure.
- There was a suitable Control of Substances Hazardous to Health (COSHH) policy and procedures for staff to follow. We saw a dedicated COSHH cupboard which was locked. Compliance with COSHH standards was audited yearly and showed good levels of compliance.
 - We saw a suitable waste management policy and valid contract with a new clinical waste company. Waste was separated and disposed of in line with best practice guidance.
 - The service had its own waste disposal area outside the clinic. We saw the bins were locked and in a secure storage area.

Assessing and responding to patient risk

- Patients who used the service had risks assessed to ensure their needs could be met before they came into the service.
- The service had referral criteria which was reviewed for each patient at the time of booking the appointment or receipt of referral. The criteria was developed by the provider to ensure it could meet the needs of patients who wished to use the service. The service only accepted patients who were physically well and could transfer themselves to a couch without support.
- Administration staff ensured key information was recorded at the point of booking. Clinical staff then reviewed the information to ensure the service could meet the needs of patients.
- When patients attended for their appointment they were asked to complete a questionnaire. Each questionnaire was tailored to the specific investigation provided by the service which included obstetric, musculoskeletal, testicular, fertility and abdominal scans.
- An example of the questions for the obstetric scan included questions relating to the menstrual cycle, estimated delivery date, current symptoms, relevant changes, and past medical history.
- We saw each patient had a three-point check completed prior to their investigation procedure which was in line with best practice. Staff confirmed patients had their name, address and date of birth checked before starting an investigation.
- Scan reports were completed immediately after the scan had taken place, which we observed during our inspection. If there were any abnormalities detected, the sonographers contacted the referrer immediately. If the findings required urgent attention patients were asked

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to attend their local NHS hospital. The sonographers had a process where they phoned the local trust (Early pregnancy unit or Accident & Emergency) to give staff a verbal handover of the concerns identified and the potential need for admission. A copy of the scan was provided to the patient so they could present it to hospital staff.

- There was clear guidance regarding the use of trans-vaginal scans and the types of patients that could be referred for these investigations. Due to the invasive nature of these scans, women who were virgins could not be referred for these scans. Staff told us that if on arrival there was any doubts or concerns regarding the appropriateness of a trans-vaginal scan, they would not proceed.
- All staff had received basic life support training. There was a policy for staff to follow in the event of an emergency. This included provided basic life support and calling an ambulance to care for patients who may deteriorate.
- The service had a daily safety check list for staff to follow before opening each day. We saw this was regularly completed to ensure the safety of patients.
- Patients rarely Did Not Attend (DNA) their appointments. Whilst there was no formal DNA policy in the service we saw evidence the administration staff followed these up via telephone call. An email was also sent to the refer to make them aware of the non- attendance.

Staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staffing levels were reported as 1.2 whole time equivalent sonographers who were supported by 1.2 whole time equivalent administration staff. There were an additional two sonographers who were employed by the service who also worked at the local trust, and provided between two to four hours support to the service on a weekly basis.
- The service did not use any bank or agency staff, preferring to cover any unexpected vacancies with the clinic's own staff.
- Staff worked flexibly to ensure appropriate staffing was maintained.

Records

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Records were managed in a way that kept patients safe and staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. We observed the sonographer checked the electronic systems for previous scan details and clinical history before starting procedures.
- We reviewed fifteen patient records, all of which were complete, legible and current We saw scan records were followed up and the clinical findings confirmed.
- Scan reports were sent electronically to the refers daily via a secure portal. Reports were also provided to patients.
- We reviewed fifteen sets of patient records, all of which were complete, legible and up to date.

Medicines

- The service did not use any controlled drugs or medicines.

Incidents

- The service managed patient safety incidents well.
- There was an incident policy for staff to follow which ensured a standardised approach to handling reported incidents.
- Kent Medical Imaging did not report any never events within the twelve months before the inspection.
- Two incidents were reported between October 2017 and October 2018. We found they were minor resulting in no harm to patients.
- Staff told us the service had a 'no blame' approach to incident reporting. Staff were aware of how to raise an incident and were also clear on what they considered as a reportable incident. They could describe actions taken to prevent recurrence following the two reported incidents.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had a duty of candour policy. Staff were aware of their role in upholding the regulation. Staff told us they attended duty of candour training.
- We saw patients were involved in the incident review process.

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Are diagnostic imaging services effective?

We do not rate the effective domain.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service had written locally agreed examination protocols for each examination. These were developed in line with best practice guidance. For example, the gynaecological scan protocol reference National Institute for Health and Care Excellence (NICE) quality standard (QS) 18 for ovarian cancer – this stated that patients with raised cancer markers should have an ultrasound scan performed within two weeks.
- We also saw guidelines for professional ultrasound practice 2015 and 2017 guidance from the British Medical Ultrasound Society being used by the service. This was reflected in a range of the policies and procedures used by the service. For example, transducer cleaning and disinfection, screening examinations including transvaginal scan policy and pregnancy wellbeing scans, communication and consent, equipment and quality assurance.
- The leadership team had affiliated links with a London university where they lectured on ultrasonography. We also saw they participated with, and attended many British Medical Ultrasound Society events. This ensured a link between the service and the national body which provided a way of keeping the service up to date with relevant changes in guidance and practice.

Nutrition and hydration

- Patients requiring specific scans whereby a full bladder was required, were provided with sufficient information about how much to drink before coming to their appointments.

Patient outcomes

- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service had an audit programme which focused on the quality of the images, accuracy of the clinical findings, and quality of records.
- Patients outcomes were within the expected ranges. There was a separate audit process which monitored

the clinical findings and the outcomes for these who require emergency referrals to local services. If the service had to refer the patients to a third party (which occurred with some early pregnancy scans and any scan where an anomaly was detected) the service kept an audit trail of the clinical outcome for these patients. We saw evidence the service did this for all patients who were referred on to local services.

- All suspected ectopic pregnancies findings were audited. This audit included a review of the ultrasound image, and a follow up with the local NHS trust to confirm the finding. Any discrepancies were recorded and discussed amongst the team for learning purposes.

Competent staff

- The service made sure staff were competent for their roles.
- Sonographers do not have a protected title and are therefore not required to be registered with the Health and Care Professions Council (HCPC). However; radiographers that have an extended scope in sonography are required to be registered with the HCPC. The service at Kent Medical Imaging was provided by two radiographers who had an active registration.
- There was no formal appraisal process in place on the request of the team. The team was very small and they evidenced conversations with their line managers that indicated their training and development needs were regularly discussed and met. For example, the reception staff showed an interest in receiving adult and children safeguarding level two training. The provider provided this training as requested.
- Clinical staff kept themselves up to date and proactively sought development opportunities. This included undertaking on line training modules, attending and partaking in national conferences, teaching in a university setting and working with leading stakeholders in the ultrasound field.
- There was a quality assurance process monitoring the clinical competence of the sonographers. This showed staff had the competencies to carry out ultrasound investigations.
- We found an open approach to learning and development in the service that was extended to all staff regardless of role.

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- New staff were provided with a formal induction and support package which included but was restricted to service policies and procedures, fire safety handling complaints, and customer service.

Multidisciplinary working

- Staff of different kinds worked together as a team to benefit patients.
- We saw good working relationships with local GP's and consultants from the local NHS trust. The service routinely sought the feedback about the quality of the service from clinicians.

Seven-day services

- The service was provided six days a week, between 9 am and 5 pm on Monday to Friday. On Saturdays, a morning clinic was provided between 9 am and 12 pm. There was an additional late evening clinic provided on a Wednesday.

Consent and Mental Capacity Act

- Patients consent was gained prior to an intervention. Staff understood their role in identifying patients who did not have capacity to consent.
- There was a process to ensure verbal consent before an intervention happened. Patients were provided with information about their procedures before their appointments. They were provided with sufficient time to ask any questions before they had their procedures. This gave an opportunity to gain verbal consent before the scan.
- The sonographer was aware of 'Gillick' competencies for patients under the age of 18. To be Gillick competent, a young person (aged 16 or 17) can consent to their own treatments if they are believed to have enough intelligence, competence and understanding to fully appreciate what is involved in their procedure.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. The safeguarding training delivered to staff included a module on mental capacity. Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. For example, staff told us how they would raise a concern about a patient who lacked capacity.

Outstanding



We rated it as **Outstanding**.

Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff consistently treated them well and with kindness.
- We observed all staff treating patients with dignity, respect which showed they were truly respected and valued. We saw patients' privacy and dignity being consistently maintained during the inspection. This was in line with The National Institute for Health and Care Excellence (NICE) Quality Statements 02,13, and 15.
- We spoke to six patients during the inspection. They told us they were very happy with the service they received. Some of these patients used the service on previous occasions, and confirmed they received a good standard of care at each consultation. Examples of the comments we reviewed during the inspection included: "Extremely helpful and brilliant advice given", "Very friendly staff", and "I've had a pelvic scan for years and I've always had excellent treatment".
- The service actively sought the views of patients. We saw twenty-five feedback forms that indicated consistently high levels of satisfaction with the care and treatment provided. Examples of the comments we saw received included: "Really good thorough examination. Felt unrushed despite baby being uncooperative, very friendly service" and "Very professional service". Patients we talked with told us they felt staff went the extra mile and the care they receive exceeded their expectations.
- Patients emotional and social needs were highly valued by staff and are embedded in their care and treatment. Staff recognised and respect the totality of people's needs. A patient that suffered a bereavement provided the following feedback of the service: 'No improvements. I just wanted to say what brilliant client care you all provide. Once I had a pregnancy scan and the baby hadn't survived, the staff were wonderful and supportive and arranged my appointment at the hospital. Thank you all so much, I have never forgotten your kindness.'

Are diagnostic imaging services caring?

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- This information was reviewed regular by the provider but was not collated in a way that helped to identify trends and themes. However, the feedback was found to be overwhelming and consistently positive.
- We saw multiple signage displayed which indicated chaperones were available for all appointments. However, we did note that staff providing chaperone support did not have the required training to do so. This was raised with the provider during the inspection. We have received assurance that all staff have received chaperone training.

Emotional support

- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients in decisions about their care and treatment. During the inspection we saw staff interact with patients which provided assurance and the emotional support before their scans.
- Staff provided emotional support to patients to minimise their distress for example patients with anxiety. Support included giving the patients as much time as they needed to discuss their concerns, talking in a calm and reassuring way. We saw this during the inspection. Staff were very patient, kind and provided anxious patients with the reassurance they needed.
- Patients were given time to ask questions after their scan and staff provided clear the required information in a way that was easy to understand.

Understanding and involvement of patients and those close to them

- Patients told us they felt involved in planning their care.
- People who use services were active partners in their care. Staff made sure that patients and those close to them, felt able to ask questions about their care and treatment. They gave patients sufficient time to ask questions.
- The service enabled a parent/family member or carer to remain with the patient for their scan if this was necessary after they have been screened for safety to provide the necessary support.
- Staff were fully committed to working in partnership with patients. Staff provided clear explanations about the procedures and encouraged patients to ask questions. Patients told us they were provided with sufficient information before and during their appointments. For example, we saw the sonographer

summarising the scan findings and providing follow up advice for example: GP appointment for follow up, re-scan in line with best practices guidelines, or no follow up necessary.

- Patients were provided with a copy of their scan after their examination. Patients were offered the option to have their scans on a compact disc at no additional cost.
- Comments we reviewed showed patients were given enough time to ask questions and be involved in their care. An example included: “The staff are always considerate and helpful and take time to explain the procedures and results”.
- The provider was fully committed to delivering an accessible service by ensuring the fees were affordable. The investigation fees remained unchanged since the service opened.
- The service actively sought patient opinions and feedback. The feedback was consistently complimentary and used to improve the service.

Are diagnostic imaging services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

- The service was tailored to meet the needs of individuals and was delivered in a way to ensure flexibility, accessibility, choice and continuity of care. The main aim of the service was to provide a high quality yet affordable service to as many patients as possible.
- The provider’s focus held patients at the heart of the business and service fee’s were continuously reviewed to ensure greater access to self-funding patients.
- Service opening hours gave patients extended choice to access the service at a time that was convenient to them.
- Patients could also make a self-referral to the service.
- There was ample parking facilities.

Meeting people’s individual needs

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- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality.
- The centre was compliant with the Disability Discrimination Act 1995. The service was provided on the ground floor of the building, had a low-level reception desk and suitable toilet facilities.
- The waiting room had a service information file available for patients. This had detailed information about the service which included: chaperone policy, and health promotion material. It also included details on how to make a comment and concern, and details of the fees for each procedure.
- A telephone interpreting services was available to those whose first language was not English. This was provided by a telephone interpreting service.
- Patients who were diabetic, or had other specific care needs were offered early appointment slots or double appointment slots if their needs required more time and personal input from staff. These were identified during the booking process and reviewed on an individual basis by the clinical staff.
- The provider ensured continuity of care. Patients rarely Did Not Attend (DNA) their appointments. Whilst there was no formal DNA policy in the service we saw evidence the administration staff followed these up via telephone call. An email was also sent to the refer to make them aware of the non- attendance.
- If for any reason patients required a re scan, the service provided within a suitable time frame, free of charge.
- The service was flexible and provided patient choice. The service saw very low numbers of patients' mental health problems and learning difficulties. The service adjusted how it was delivered to meet the individual needs of these patients by offering appointments at the beginning or end of a list to reduce anxiety and welcomed a trusted individual to accompany the patient for their examination.
- The service did not cater for bariatric patients as it could not meet their needs. Staff patients were signposted to other local providers.
- Most referrals received by the service were self-referrals and GP self funding referrals. They were received and process by the administration team and later reviewed by the sonographers.
- The service held several daily appointment slots to ensure it could meet the need for same day GP referrals.
- Most patients were provided with same day appointments. If patients required specific preparation before a scan, they were offered the next available appointment. Patients wishing to access the musculoskeletal or testicular screening service waited between two to five days for an appointment. The service monitored the trends and themes in referrals to ensure it could meet demand.
- Staff told us that when there was a surge in referrals, extra clinics could be arranged with the service manager covering additional lists. . The service monitored the trends to ensure it could predict a year on year increase in workload.
- Patients who did not require same day scans were sent an appointment letter which included travel directions and a as contact number for patients to call if they required additional information or had to change the appointment.
- Upon arrival to the service, patients checked in at the front desk and took a seat in the waiting room until called to the room by the sonographer. The sonographer then reviewed the referral form, the health questionnaire and talked to the patient about their understanding of why they were referred and were encouraged to give a history of their symptoms.
- During our inspection we did not observe any long waits or delays for patients. The patients we talked to told us they did not experience long waits for an appointment.

Learning from complaints and concerns

- The service treated concerns and complaints seriously. There was a complaints policy which outlined how complaints would be acknowledged, investigated and responded to.
- There was an active and consistent review of comments and feedback. The managers told us they welcomed comments and concerns and always offered an opportunity for local resolution in the first instance.
- There were no complaints made in the last twelve months before the inspection. However, the provider provided an example of how it responded to a historic complaint. This showed the concerns were reviewed

Access and flow

- Patients could access the services in a way and at a time that suited them.

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and responded to in line with the service policy. This also showed patients could be confident a complaint would be acknowledged and treated fairly, politely and with respect.

- Staff we talked with were aware of their responsibilities in handling complains.
- The service had information on how to make a comment or complaint posters displayed around communal areas. This information was also included in the information folders in the reception area.
- Patients we talked with were confident they could raise a comment or make a complaint.

Are diagnostic imaging services well-led?

Good 

We rated it as **good**.

Leadership

- The service was led by managers with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a clear organisational structure with a medical director, and two senior radiographers who led the service, one of who was also the CQC registered manager. This team was supported by three administration staff, and two sonographers from the local NHS trust who provided additional staffing to the service.
- Staff told us managers were open, approachable and very supportive.
- The senior team were visible, and worked in the service regularly which provided continuous visibility.
- The leadership team were very committed to the staff, the patients and the service. This was reflected in the way they led their small team and kept patients at the heart of service delivery. They also felt strongly about trusting and empowering the staff team, and advocated an autonomous approach to the work undertaken.
- Due to the size of the team communication appeared easy and staff said they felt well informed and involved in the service.

Vision and strategy

- The provider had a vision for what it wanted to achieve and workable plans to achieve it. The vision was to provide quality imaging at an affordable price to the local community.
- Staff were aligned to and understood the service strategy which was to provide high quality service to patients at an affordable price to ensure the service was accessible and affordable to those who did not have private health insurance.

Culture

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The staff spoke positively about the leadership team. They told us they felt valued and supported.
- From our interactions and observations of the staff, we found a cohesive, open and team oriented staff group. We saw a positive attitude being applied to all aspects of the work undertaken by the service.
- We saw the team communicated well with each other and with patients who attended for consultations and those who contacted the team via telephone.
- Staff told us that members of staff who had commitments outside of work, or additional social stressors were supported where possible with flexible working arrangements and this supported a good work/life balance
- The service had a whistle blowing policy and duty of candour policy which supported staff to be open and honest.

Governance

- The provider used a systematic approach to continually improve 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 manager was responsible for investigating incidents and responding to complaints, in conjunction with the Senior radiographer who was the governance lead.
- Governance meetings were held every quarter and had a standard agenda in line with the agreed terms of reference. There was a standardised approach to these meetings and the minutes we looked at showed actions were reviewed appropriately and in a timely manner.

Diagnostic imaging

- Performance data was routinely collected and collated to make sure the service was delivered a quality service that benefited patients and provided a positive patient experience. This data was presented and challenged at the governance meetings.
- Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered within the service. Staff were supported to ensure they knew how to identify and report incidents and assist patients raise a concern or complaint.

Managing risks, issues and performance

- The provider had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Risks were identified and monitored through a risk assessment processes. We saw these were undertaken regularly to ensure the leadership team had oversight of any potential risks and managed them accordingly. An example of the risk assessments undertaken included but were not restricted to: environment, equipment and Control of Substances Hazardous to Health (COSHH).
- If the sonographers identified anomaly during a scan and the patient required urgent care, or a rapid medical review, the outcome for each patient was obtained and recorded. This helped identify trends and themes and fed into the image quality assurance process.
- There was a disaster recovery plan for staff to follow in the event of an unforeseen event.
- We found a well establish feedback process aimed at GP's and consultants who referred to the service. All the comments we reviewed were positive and complimentary about the service. Comments we reviewed included: "Always been very happy with your service", 'good that you follow up complex patients' and 'excellent service-easily the best in the area'.
- The provider displayed their CQC registration and an in-date certificate of public liability insurance in the public waiting area.

Managing information

- The provider had updated the information management procedures which took account of the new General Data Protection Regulation (GDPR).
- Information governance was included in the mandatory training modules.
- All patient sensitive data was transferred via a secure password protected email system. All patients received a copy of their ultrasound report and a copy went to their GP.
- The service had a website that provided information to patients on the investigations provided, the fees, location and details on how to make an appointment, make a comment or concern.

Engagement

- The provider engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.
- Care was provided by a small and well-integrated team. This meant, staff engagement happened daily and was not formalised, other than in staff meetings.
- The service had a website for members of the public to use. This held information regarding the types of scans offered and what preparation was required for each type. There was also a feedback form that patients could complete regarding their experience and contact details for the service.

Learning, innovation and improvement

- The leadership team had affiliated links with a London university where they lectured on ultrasonography. We also saw they participated with, and attended many British Medical Ultrasound Society events. This ensured a link between the service and the national body which provided a way of keeping the service up to date with relevant changes in guidance and practice.

Outstanding practice and areas for improvement

Outstanding practice

- The service was delivered in a way that ensured patients were treated with the greatest respect, dignity and compassion. This was consistently reflected in the written feedback we reviewed, and the feedback received from patients during the inspection.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality.
- Patients were held at the heart of the business strategy.
- Staff ensured patients outcomes were followed up when patients required a referral to another provider.

Areas for improvement

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.

This section is primarily information for the provider

Enforcement actions

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.