Kent Medical Imaging Limited

Kent Medical Imaging

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Inspected but not rated
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Services were available to support timely patient care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and received the right investigation and their results promptly.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Patient records did not always contain full details of referrals to other services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Our rating of this service stayed the same. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Kent Medical Imaging

Kent Medical Imaging Limited is a private healthcare provider near Maidstone 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, vascular and testicular ultrasound examinations.

It is registered to provide the following services;

- Diagnostic and screening procedures.

The service has two registered managers who are both sonographers (a healthcare professional who specialises in the use of ultrasonic imaging to produce diagnostic images). One has been in post since the company registered with the CQC in 2011.

The service was last inspected in October 2018 and was rated as good. The service treated adults and children, but most of the patients seen by the service were adults.

How we carried out this inspection

During the inspection we spoke with three members of staff and two patients. We observed clinical activity and reviewed 12 patient records and five staff records.

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

Outstanding practice

We found the following outstanding practice:

- In response to the Covid-19 pandemic, one of the managers had designed and constructed transparent screens that were positioned between the patient and the sonographer during the scanning process. This allowed scans to take place at the same time as protecting patients and staff from the spread of Covid-19 infection. This innovation has now been adopted by other ultrasound services.

Areas for improvement

Action the service SHOULD take to improve:

The service should ensure details about referrals to other services are fully completed in patient notes.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Inspected but not rated	Good	Good	Good
Overall	Good	Inspected but not rated	Inspected but not rated	Good	Good	Good

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

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

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Certificates in staff records confirmed that all staff had completed necessary training and that this was up-to-date. New staff were required to complete training within three months of starting their employment.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training compliance information was available to allow the registered managers to have oversight.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Both registered managers had completed level 3 safeguarding training for children and adults and other staff had completed training appropriate to their roles.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us that they could access the local authority's safeguarding team if they needed help or support. Telephone numbers for the local team were readily available but staff had not needed to use them in the last three years.

Staff followed safe procedures for children visiting the service. All referrals for children were referred by a GP who knew the family. No scan would take place without a parent or guardian present.

Good

Diagnostic imaging

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff cleaned all clinical areas at the end of each day. We observed staff cleaning equipment and furniture before each patient entered a scanning room. An external contractor carried out a weekly deep clean.

Staff followed infection control principles including the use of personal protective equipment (PPE). At the start of the Covid-19 pandemic, when lockdown measures were at their height, the service performed no scans for several weeks. This was in response to government guidance aimed at reducing infection rates. When further guidance was published by the British Medical Ultrasound Society, managers introduced new infection control measures which allowed the service to provide scans to service users.

Entry to the premises was controlled by intercom and a member of staff would meet patients at the front door, confirm that they had no symptoms of covid-19, and escort them to the scanning room. Patients were asked to wear a mask and clean their hands before entering. Staff wore appropriate PPE during the scan and changed this between each patient. Hand sanitiser was used before putting on new PPE.

At the time of booking, staff went through a detailed Covid-19 checklist with each patient and described the precautions that would be taken when they used the service. The service had rearranged appointments so there was 15 minutes gap between each patient. This allowed time for additional cleaning and meant there was no need for patients to wait in the waiting room with others. In order to reduce the risk of cross-contamination, friends or relatives were no longer allowed to accompany patients. The exception to this was for pregnancy scans where there was potential for abnormalities. Managers had undertaken a risk assessment and decided that one adult could accompany the pregnant woman during the scan.

Staff took a Covid-19 lateral flow test before coming to work each day. Staff kept a record of the test results in a book in the main office. Staff were not allowed to come to work if they had tested positive for Covid-19 and staff knew to follow self-isolation protocols.

One of the managers had designed and constructed a transparent screen that was placed between staff and patients during the scan. This allowed the sonographer to observe the patient during the scan but helped to prevent the spread of infection. Staff cleaned the screen before each scan took place. Staff demonstrated good knowledge of the Society of Radiographers ultrasound probe decontamination and disinfection guidance. Detailed information of this process was also available in the service's policy folders.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Staff carried out daily safety checks of specialist equipment. We saw records for the last two months that confirmed this.

The service had enough suitable equipment to help them to safely care for patients. There were two ultrasound machines, both of which were purchased between one and five years ago. Records showed equipment was serviced yearly and maintained by a recognised service team. Sonographers did basic safety checks on all equipment every week. Records of the checks were stored in the equipment folder.

Good

Diagnostic imaging

Environmental maintenance was undertaken by a third party. We saw a range of environmental risk assessments which were used to identify and manage risks associated with the fabric of the building. Fire extinguishers were readily available and fire exits were clearly signed and accessible.

Staff disposed of clinical waste safely. It was disposed of in orange clinical waste sacks. These were safely stored in locked clinical waste bins. The service had a contract for the bins to be emptied by a specialist clinical waste contractor. Certificates confirmed the waste was disposed of safely and legally.

Assessing and responding to patient risk

Staff identified, responded to and removed or minimised risks to patients. Staff identified and acted quickly when there was an emergency.

Staff responded promptly to any sudden deterioration in a patient's health. In an emergency, staff knew to dial 999 for an ambulance. They would contact the local accident and emergency department to tell them of the patient's condition and the result of the scan that had been undertaken. All staff had received basic life support and first aid training.

Staff completed risk assessments for each patient on arrival and reviewed this regularly, including after any incident. Staff carried out risk assessments specific to the type of scan to be performed at the time of booking. These were checked again immediately prior to the scan being performed. Staff could not recall any incidents associated with patient risk.

Staff shared key information to keep patients safe when handing over their care to others. If a scan was abnormal the referring clinician (for example, GP's or physiotherapists) would be contacted immediately. Staff told us this was usually by e-mail, but direct phone contact was made if the abnormality was likely to require rapid treatment. Records did not always show how the referring clinician had been informed.

If the scan showed a potential pregnancy problem the patient would be referred to a local early pregnancy unit. The sonographer would phone the unit before sending the patient so that they knew the exact nature of the problem and when the patient was likely to arrive. A copy of the scan report would be given to the patient so that they can give it directly to the early pregnancy unit. Electronic copies of the scan could be sent to the hospital if necessary.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough clinical and support staff to keep patients safe. Clinical staff comprised of two full-time and one part-time sonographer. Records showed that they all had current registration with the Health and Care Professions Council. They were supported by three part-time receptionists. There was always a male or female sonographer available should a patient request this.

No bank or agency staff were employed as the managers preferred to cover any gaps in the rota themselves. There were no vacancies at the time of inspection and very low levels of sick leave.

Records

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

Good

Diagnostic imaging

Most patient notes were comprehensive and all staff could access them easily. Staff used both electronic and paper records. They included up-to-date risk assessments, clinical history and results of previous scans. We reviewed 12 sets of patient notes and all contained information that was clear and organised. Three noted abnormalities that required referral to another clinical service. Two of these were urgent referrals that were made by telephone. However, details of the referral were minimal and it was not always clear when the referral was made or to which hospital. Managers told us that this was because normal protocol had been followed and it was not thought necessary to describe normal practice in detail.

When patients transferred to another service, there were no delays in staff accessing their records. A printed report was given to each patient before they left the imaging service. If they needed to transfer to another service, they were able to give them the results of the scan immediately. If images needed to be transferred electronically, they were sent by encrypted e-mail which was password protected.

Records were stored securely. They were easily accessible and stored in locked metal filing cabinets. Staff knew that adult records needed to be kept for seven years and pregnancy records for twenty-five years.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff raised concerns and reported incidents and near misses in line with provider policy. They followed clear guidelines and could describe the process for reporting incidents. Records showed that the cause of incidents was investigated and action taken to prevent similar incidents occurring. There had been no incidents in the last year. Managers told us this was probably because of reduced activity during the Covid-19 pandemic. The service had no never events or serious incidents.

Managers shared learning with their staff about never events that happened elsewhere. One of the managers was a consultant lecturer at a London university. As such they visited several other hospitals and were able to bring learning from incidents back to the local service.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. We spoke with two patients who both told us that staff always gave a full explanation of processes and clinical findings.

Staff met to discuss the feedback and look at improvements to patient care. Clinical staff met weekly to review cases and discuss improvements. Notes from these meetings showed that changes had been made following suggested improvements.

Are Diagnostic imaging effective?

Inspected but not rated

We do not currently rate effective for diagnostic imaging.

Good

Diagnostic imaging

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service used up-to-date, regularly reviewed policies and procedures and best practice guidance. These followed recent guidance from the British Medical Ultrasound Society, the Royal College of Radiologists and the National Institute of Health and Care Excellence (NICE).

When handing over to other clinical services, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff understood the emotional impact that abnormal scans had on patients and described the information that they would handover to other clinicians.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations, such as national standards. Every two years an external quality audit of the ultrasound scans was carried out by a senior clinical academic from a London university. The results of the most recent audit (2019) showed that the scans had been carried out and reported in line with national standards.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Audits of a random selection of scans from each sonographer were carried out every four weeks. Managers shared and made sure staff understood information from the audits.

Managers used information from the audits to improve care and treatment. If the audits suggested any improvements the information was shared with the sonographer concerned. A re-audit took place four weeks later to monitor the required improvement.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service only employed sonographers that had been educated to postgraduate level. All sonographers currently employed had completed a post-graduate diploma in medical ultrasound. One of the managers was a consultant sonography lecturer at a London university. All sonographers employed by the service were registered with the Health and Care Professions Council. Non-clinical staff underwent a training programme tailored to the needs of the service and their previous experience.

Managers gave all new staff a full induction tailored to their role before they started work. All training had to be completed within three months and new staff worked under supervision until that time.

Good

Diagnostic imaging

Managers supported staff to develop through regular, constructive appraisals of their work. The team was very small and worked together several times a week. They had decided not to have a formal appraisal process but to discuss work processes and training needs as soon as they arose. For example, the reception staff had shown an interest in receiving adult and children safeguarding level two training. Managers had provided this for them and staff told us they were given the time and opportunity to develop their skills and knowledge every year.

Managers made sure staff received any specialist training for their role. Staff files showed that all sonographers had gained additional qualifications in order to carried out specialist scans.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service made referrals to local NHS trusts, or if needed to the patient's GP. Managers followed up on referrals directly with NHS services to assure themselves that referred patients had attended for further diagnostic tests following scans that suggested an abnormality.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Staff assessed each patient's health at every appointment and provided support for any individual needing to live a healthier lifestyle. We observed relevant information being given to a patient at the end of a scan.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. If there was any doubt about a patient's capacity to make decisions, staff would refer them back to their GP before undertaking a scan.

The service had not received any referrals for patients who were subject to the Mental Health Act and there was no anticipation that this would change in the future.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. This was recorded in all the patient records we reviewed.

Clinical staff received and kept up to date with training in the Mental Capacity Act. The Deprivation of Liberty Safeguards did not apply to this service.

Good

Diagnostic imaging

Are Diagnostic imaging caring?

Inspected but not rated

Due to the Covid-19 pandemic, on this occasion we were unable to facilitate speaking with patients during the inspection and we were unable to observe patient care. We are therefore unable to rate this key question.

Compassionate care

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

Staff were discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way. We observed staff treating all patients in a friendly and courteous manner.

Patients said staff treated them well and with kindness. The two patients that we spoke with confirmed this.

Staff followed policy to keep patient care and treatment confidential. Patients were only addressed by their first name in public areas. Conversations in the scanning room could not be overheard in other areas of the building.

Computer screens containing confidential information were positioned so that unauthorised people were unable to see them. Screens were locked when unattended.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. They displayed a good understanding of these needs, particularly in relation to pregnancy. Adjustments were made to clinical processes and communication when necessary. Patient information leaflets contained information about chaperones and there were notices offering this service outside both scanning rooms.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Support included giving the patients as much time as they needed to discuss their concerns and talking in a calm and reassuring way. Patients that we spoke with told us that staff were patient and kind and provided them with the reassurance they needed.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Due to the Covid-19 pandemic, healthcare providers had been advised that no-one should accompany patients when tests or treatment were carried out. The managers of the service were concerned about the wellbeing of lone women if they had to break bad news about the health of an unborn child. Following a risk assessment, they decided that a partner or close friend could accompany women during early or high-risk pregnancy scans. This helped to ensure that a woman would not be on her own if they were given bad news.

Good

Diagnostic imaging

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their diagnostic procedures.

Staff made sure patients and those close to them understood their care and procedures. Comprehensive information was given or sent to patients when they booked a scan. Patients who booked a scan electronically would receive a phone call to ensure that they had all the information that they required. Sonographers checked the patient's understanding of this information before the scan started. Charges for each type of scan were clearly described on the service's website and we observed sensitive discussions about them when patients booked an appointment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The method for obtaining feedback from patients had changed recently. Previously, patients were handed a questionnaire as they left the service and were asked to complete and return it. Covid-19 precautions meant that this was no longer recommended. Instead, patients were encouraged to provide feedback electronically. The number of responses had reduced after this change but those we were shown were all positive.

Staff supported patients to make informed decisions about their care. When the scan was completed sonographers discussed the results in a way that patients could understand. Any referral and treatment options were set out and the sonographer would help patients decide. If it was difficult to decide immediately, and if immediate treatment was not required, patients were given the option of going home and phoning for further advice the next day.

Are Diagnostic imaging responsive?

Good

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. Patients could select the time slot that suited them. This included Saturdays so that people could attend on a non-working day. During the Covid-19 pandemic managers changed the way the service operated so that local people could access the service safely.

Facilities and premises were appropriate for the services being delivered. The service allowed full access to all areas for disabled people. There was unrestricted parking and easy access to quiet outdoor areas if needed.

Managers monitored and took action to minimise missed appointments. Anyone who missed an appointment received a phone call to see if another, more convenient appointment could be made. Staff told us that the number of missed appointments had reduced during the pandemic. It was thought this was due to risk assessments being carried out over the phone when the booking was made. This established a rapport with the patient, and they were less likely to forget their appointment.

Good

Diagnostic imaging

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff could access an interpreting service if patients had difficulty communicating in English. Managers told us this rarely happened.

People with mobility difficulties were able to access the service with ease. It was situated on the ground floor. Doors were wide enough for wheelchair access and couches in the scanning room were height adjustable. Appointment length was adjusted depending on the type of scan required. Extra time was allowed for new patients. Patients could contact the service online or by phone and ask questions in advance. The service's website also featured an area with frequently asked questions.

Managers had established a good relationship with the Early Pregnancy Units at local hospitals. If an urgent referral was needed this took place while the patient remained in the scanning room. The process was explained to patients and written confirmation of the appointment details were given to them before they left the service.

Access and flow

People could access the service when they needed it and received the right care, and their results, promptly.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. Most patients could access a scan within 48 hours of referral. Managers ensured that there were always one or two empty appointment slots each day so that urgent referrals could be scanned immediately.

Managers worked to keep the number of cancelled appointments to a minimum. It was rare for the service to cancel appointments. If a member of staff was absent at short notice another member of staff was usually available to carry on the service.

Staff supported patients when they were referred or transferred between services. Sonographers would explain the referral process to patients and allowed time to answer any questions.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Patients that we spoke with said that they knew how to raise concerns and would be happy to do so if necessary.

The service clearly displayed information about how to raise a concern in patient areas. Information about raising a concern had been removed from the waiting room during the Covid-19 pandemic. Managers did not want patients or relatives to linger in the waiting room as this might increase the risk of Covid-19 transmission.

Good

Diagnostic imaging

Staff understood the policy on complaints and knew how to handle them. Reception staff told us they would refer any complaints immediately to one of the service managers.

Managers investigated complaints and identified themes. Records showed that complaints were logged, investigated and causes addressed.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. There had only been two formal complaints since our last inspection and we reviewed one of these. Managers had carried out an appropriate investigation and there was detailed feedback for the patient concerned. Responses to verbal complaints were courteous and appropriate feedback was given.

Staff could give examples of how they used patient feedback to improve daily practice. The types of scans that could be recorded on a DVD to give to patients had recently changed as a result of patient feedback. The change in practice had been discussed with all staff before it was implemented.

Are Diagnostic imaging well-led?

Good

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

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service had a stable leadership team with both managers being experienced and well qualified. They worked regularly in the service and so were highly visible. Staff said that this helped with communication. They felt that the managers listened to them and engaged with them. Leaders supported staff in their development and encouraged them to widen their role when appropriate.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The registered managers told us that their vision for the service was to provide an affordable, flexible and high-quality ultrasound service for the local population**.** The strategy for achieving this had altered during the Covid-19 pandemic. However, the managers were confident that they had maintained the principals and values of the service despite the restrictions they had faced.

Culture

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

Good

Diagnostic imaging

Staff were positive, enthusiastic and enjoyed working for the service. They felt supported, respected and valued. All staff focused on the needs of patients. They showed kindness and consideration at all stages of the patients' contact with the service.

Leaders supported the wellbeing of staff and responded to their concerns, whether these were workplace related or concerns outside the workplace.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Leaders operated effective governance processes that confirmed and supported the quality of care. When staff were recruited their details were checked with the Disclosure and Barring Service to ensure that they were able to work with vulnerable adults and children. Managers sought and encouraged professional feedback from hospitals with which they worked.

Performance data was routinely collected and collated to make sure the service was delivering a quality service that benefited patients and provided a positive patient experience. An external audit to assess the technical quality of the scans, and the standard of reports was carried out every two years. The results from these audits demonstrated high-quality technical and professional skills.

Changes that resulted from governance processes were discussed with staff before implementation. For example, the number of nuchal scans (special scans performed to detect certain genetic abnormalities) being requested had reduced recently due to changes in services offered by neighbouring hospitals. The managers of the service decided that they were not doing the scans frequently enough to ensure consistently high quality. As a result, this service was withdrawn in the best interests of patients.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service did not have a formal risk register but clinical and non-clinical risks were identified and monitored through risk assessment processes. These were undertaken regularly to ensure the leadership team had oversight of any potential risks and were able to manage them accordingly. Financial pressures were managed so that they did not compromise the quality of care.

Records showed that staff contributed to decision making about the management of risks, issues and performance.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Good

Diagnostic imaging

Information governance was included in the mandatory training modules. All patient sensitive data was transferred via a secure, password protected email system. Patients received a copy of their ultrasound report and a copy went to their GP and the referring clinician.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

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.

Collaboration with partner organisations was well thought out and productive. Managers made follow-up calls to local hospitals to check the quality of referrals. They had established good working relationships with these services which helped to facilitate urgent referrals.

The service had a website that provided accurate information to patients and the public on the investigations provided, the fees, location and details on how to make an appointment, a comment or a concern.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

New viewing screens, linked to the ultrasound scanner, had been installed in the scanning rooms. They were situated opposite the patient so that they, and anyone accompanying them, could view the scan as it took place. This helped them to ask questions and to better understand the results of the scan.