

Announced Inspection Report: Independent Healthcare

Service: Ultrasound-Direct, Aberdeen

Service Provider: Ultrasound Scotland Ltd

19 November 2025

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1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Ultrasound-Direct on Wednesday 19 November 2025. We received feedback from seven patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Aberdeen, Ultrasound-Direct is an independent clinic providing non-surgical treatments, ultrasound antenatal scanning and pregnancy-related blood tests.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Ultrasound-Direct, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
The mission statement was shared with patients and staff and its values was embedded in the activities of the service. Performance against measurable key performance indicators was monitored. Good communication kept staff up to date and informed.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
The service had a structured approach to gathering and analysing patient and staff feedback. A quality improvement plan demonstrated a culture of quality improvement. Staff kept up to date with developments in pregnancy ultrasound. Detailed patient information and advice was available on the service's website and social media.		✓✓ Good
Development of the emergency policy would help prepare for potential adverse events. Written consent would provide documented evidence in the patient care record. Consistent and correct complaints information would provide clear information for patients and staff.		
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The care environment and patient equipment were clean. Equipment was fit for purpose and regularly maintained. Employment checks helped make sure that all staff were safe to work in the service. Patients were satisfied with the care they had received and had confidence in the staff.		✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](https://www.his.scot/guidance-for-independent-healthcare-service-providers-healthcare-improvement-scotland)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Ultrasound Scotland Ltd to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in no requirements and five recommendations.

Implementation and delivery	
Requirements	
	None
Recommendations	
a	The service should share the changes made as a result of patient feedback (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
b	The service should ensure that all policies reflect Scottish legislation and best practice guidance (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
c	The service should further develop the emergency management policy to include how an obstetric emergency or adverse event would be dealt with (see page 17). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

Implementation and delivery (continued)

Recommendations

- d** The service should obtain documented consent from the patient for the sharing of information with other healthcare professionals, if required (see page 17).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

- e** The service should ensure that all complaints-related documentation consistently provides patients with the current regulator information (see page 17).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

We would like to thank all staff at Ultrasound-Direct for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The mission statement was shared with patients and staff and its values was embedded in the activities of the service. Performance against measurable key performance indicators was monitored. Good communication kept staff up to date and informed.

Clear vision and purpose

The service was a franchise of the Ultrasound Direct organisation, which had a values and mission statement framework in place. The service worked in line with this framework. The franchisor organisation's mission was to be: 'Committed to always doing the right thing, delivering a better diagnostic experience through care, integrity and clinical excellence' and was displayed on its website. The acronym 'ETHIC' described the values of:

- Excellence.
- Trust.
- Honesty.
- Innovation.
- Care.

The values and mission of the service were set out in new staff members' induction materials and was also evident in the appraisal process.

The values and mission statement was regularly reviewed to make sure it reflected the aims of the service. An updated mission statement had been drafted and was an agenda item on the December 2025 compliance meeting. The service then planned to finalise the statement and share it with staff.

The service produced a business report, which monitored how it was performing against defined the key performance indicators of:

- client satisfaction and feedback trends
- re-scan and incident rates
- scan accuracy and audit outcomes, and
- waiting times and accessibility metrics.

A monthly business report was produced and reviewed at the monthly governance meeting.

- No requirements.
- No recommendations.

Leadership and culture

A clinical governance framework outlined the governance, operational and regulatory protocols for the provider, Ultrasound Scotland. The purpose of the framework was to support the clinic team in the delivery of safe and effective care.

The clinic team was made up of employed clinical assistants and radiographers, as well as sonographers working in the service under practising privileges agreements (staff not employed directly by the provider but given permission to work in the service).

We saw that the clinic lead (who was also the registered manager) provided visible leadership in the service, which was a franchise. The clinic lead had support from a director and a regional team leader. The franchisor organisation (Ultrasound Direct) provided further support and had oversight of the service through governance procedures, including:

- compliance reports
- key performance indicators, and
- regular meetings.

This was discussed at monthly governance and compliance meetings. The outcomes of these meetings were shared with clinic staff at clinic monthly team meetings. Agenda items on the clinic's monthly team meeting included:

- complaints
- equipment
- positive feedback
- rota, and
- the staff feedback survey.

The meeting was held online to help make sure as many staff as possible could attend, including those whose main job was in the NHS. Minutes of the meetings were documented and shared with all staff.

Significant items from the meetings were shared with staff on an online platform that was mandatory to read. The system indicated when staff had read the specific information.

Information was also shared with staff in a monthly newsletter. Topics included:

- changes in procedures such as new consent forms
 - learning from a complaint
 - learning from unusual scan findings
 - patient feedback
 - service developments, and
 - study days.
- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

The service had a structured approach to gathering and analysing patient and staff feedback. A quality improvement plan demonstrated a culture of quality improvement. Staff kept up to date with developments in pregnancy ultrasound. Detailed patient information and advice was available on the service's website and social media.

Development of the emergency policy would help prepare for potential adverse events. Written consent would provide documented evidence in the patient care record. Consistent and correct complaints information would provide clear information for patients and staff.

Co-design, co-production (patients, staff and stakeholder engagement)

The service's website provided detailed information on the types of pregnancy ultrasound packages available, including:

- cost
- duration of the appointment, and
- what was included in the package.

The website also included an overview of the service, including staff qualifications.

The patients who responded to our online survey indicated they had felt fully informed and involved in decisions about their treatment. Comments included:

- 'Staff explained before, during and after scan. The web site was also very informative.'
- '[Sonographer] took time to talk through the procedure and answered clearly any questions.'

Patients could provide feedback to the service through various methods, including:

- an automated link to an online review platform was sent following an ultrasound examination
- email
- QR code link to online review platform
- social media platforms, and
- verbally with the clinic staff.

Survey cards were also available that patients could leave in a secure box. The survey cards had structured questions asking about how staff treated the patients and the condition of the clinic.

We saw that all feedback was logged, collated monthly and was shared through the monthly clinical governance report. Any negative feedback included a 'what lessons have been learnt' section, which was completed. Positive feedback was shared during team meetings and communicated to the staff involved and logged into their personal reviews to discuss.

Patients who had left feedback and agreed that the service could contact them, would be contacted to try to resolve what went wrong. The service would also communicate the changes that would be implemented because of the learning outcome. We saw evidence of a change that had been made as a result of a complaint. The change for improvement was shared with the complainant.

A 'workforce planning' document had been prepared that included suggestions for improvement from staff during team meetings, personal development reviews and a suggestion box. All staff had responded to a structured staff survey in November 2025. The survey asked questions about learning and development, the staff member's view of the management team and areas for service improvement.

What needs to improve

In the service's self-evaluation, we were told that changes made based on patient feedback were posted on the service's social media pages. While we had requested evidence of this, we did not receive it (recommendation a).

- No requirements.

Recommendation a

- The service should share the changes made as a result of patient feedback.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration. The service was aware that, as a registered independent healthcare service it had a duty to report certain matters to Healthcare Improvement Scotland, as detailed in our notifications guidance.

A wide range of policies and procedures were in place to maintain the effective and safe running of the service.

An infection prevention and control policy detailed the standard precautions that would be taken to reduce the risks of infection, such as hand hygiene and the use of personal protective equipment (such as disposable aprons, gloves and face masks). A contract was in place to make sure that clinical waste was disposed of appropriately.

The service had a process in place to document and report accidents and incidents. We were told that none had occurred up to the date of our inspection.

A yearly fire risk assessment was carried out. Fire safety signage was displayed, fire safety equipment was in place and checked. Appropriate safety checks had been carried out on the fixed electrical wiring and portable electrical appliances in the service. A yearly water safety check had been carried out. A contract was in place for maintenance, servicing and calibration of the ultrasound equipment.

The service's website and social media accounts included a lot of information and advice about pregnancy and scanning. Patient leaflets were also available in the clinic so that patients were well informed. Patients had the option to use a language interpreting service so that they understood the procedure. A consent form, for one type of scan (transvaginal scan) and a consent form for blood tests was emailed to patients before their appointment and discussed in-person before the scan. A transvaginal scan is an internal scan preferred for early pregnancy scanning as it provides clearer images compared to an abdominal scan.

All patients who responded to our online survey told us they had received adequate information about the scan procedure.

The ultrasound scans that the service performed were non-diagnostic (keep-sake, souvenir scans) only. However, if the sonographer found something of concern, a referral pathway was in place to direct patients to their local maternity hospital. All scanning patients received a report and digital images.

The service also carried out pre-natal blood tests on mothers. Contracts were in place with a courier and a laboratory. The laboratory blood results reports were sent to the clinic. The clinic director, who had received training in sharing bad news, read all the laboratory reports and telephones the patients if the results showed chromosomal abnormalities. A referral pathway was also in place to the NHS fetal medicine unit at the local hospital.

A safeguarding policy was in place that described the reporting process for staff to follow if they had a safeguarding concern. The service had a privacy and dignity policy, as well as a chaperone policy in place. All patients who responded to our online survey felt they had been treated with dignity and respect.

Patient care records were stored on a password-protected electronic database. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored. A date stamp was made on the patient care record that showed who looked at the record and when. This helped make sure that only authorised staff could view records and scan images. Patients could either log in to a secure system to view their scan images through a link that was emailed to them or do this through a downloadable app.

A duty of candour policy was in place (where healthcare organisations have a professional responsibility to be honest with people when something goes wrong). A yearly duty of candour report was published on the service's website. We saw that a system was in place for investigating a duty of candour incident, implementing any learning in the clinic and sharing with other clinics in the Ultrasound Direct group.

Staff had received training in duty of candour, as well as safeguarding and informed consent.

The service's complaints management process was displayed in the reception area. We saw a complaints log that documented the complaint, the outcome and the learning shared with staff. Any actions identified were added to a quality improvement plan.

The service had appropriate staffing policies in place, such as recruitment and a practising privileges policy.

The sonographers and radiographers also worked in the NHS and were subject to the mandatory training and continued professional development in their NHS role and as part of their revalidation requirements for the professional register. They attended British Medical Ultrasound Society study days. This made sure that the service kept up to date with changes in the maternity and sonography fields, legislation and best practice guidance.

We saw that all staff had to complete a role-specific competency pack as part of their induction process. A trainer had to sign off the competencies before the new staff member could perform any procedure unsupervised.

The service had a list of role-specific, ongoing mandatory training modules for all staff, including clinical assistants.

Staff had to read all policies and protocols at induction, as well as when any were updated. We saw a protocol compliance sheet, which recorded when staff had read each policy or protocol. The service had protocols in place for scanning and non-scanning procedures for staff to follow.

An annual appraisal process for all staff, including those working under a practising privileges arrangement was in place.

Staff received gifts as recognition of their work in the form of gift vouchers, flowers and a yearly outing.

What needs to improve

The service had a variety of policies in place. However, some policies did not refer to the appropriate Scottish legislation and regulator (recommendation b).

A standard operating procedure document was in place for dealing with medical emergencies that included life support. However, it did not include obstetric emergencies (recommendation c).

If the service needed to refer the patient to an NHS service, the consent to share information was documented as being obtained verbally. The patient did not read and sign a document consenting to the sharing of their information with other healthcare professionals (recommendation d).

The complaints management information for patients and staff did refer to Healthcare Improvement Scotland. However, not all information was correct, such as the complaints the regulator can investigate and when the patient can contact the regulator (recommendation e).

- No requirements.

Recommendation b

- The service should ensure that all policies reflect Scottish legislation and best practice guidance.

Recommendation c

- The service should further develop the emergency management policy to include how an obstetric emergency or adverse event would be dealt with.

Recommendation d

- The service should obtain documented consent from the patient for the sharing of information with other healthcare professionals, if required.

Recommendation e

- The service should ensure that all complaints-related documentation consistently provides patients with the current regulator information.

Planning for quality

Appropriate insurances were in-date and displayed in the service, such as public and employer liability insurance.

The service had a contingency plan in place in case of emergencies, such as:

- equipment breakdown
- flood, and
- power failure.

The plan detailed the process staff would follow, which set out how patients would be kept informed and alternative arrangements would be made.

The service had a process in place to manage risk. General risks to patients and the day-to-day running of the clinic were detailed in risk assessments, with controls mitigating the risks documented. We were told that a central risk register for all the franchise services included operational, clinical and data protection risks, with assigned owners and mitigation actions. While the director of the service did not have access to the register, we saw evidence that the register was reviewed regularly at governance meetings, along with:

- audit findings
- incident reporting, and
- quality improvement plans.

We were told that each franchise service contributed to the central risk register through local escalation processes and monthly compliance reporting.

Quality improvement is a structured approach to evaluating performance, identifying areas for improvement and taking corrective actions. The service's quality strategy outlined its commitment to maintaining and improving the quality of the service through:

- audits
- key performance indicator monitoring
- making sure the service's mission was embedded in its service delivery
- patient feedback analysis, and
- training.

Quality improvement activities were included in a quality improvement plan, informed from:

- audit outcomes
- patient feedback, and
- risk assessments.

The activities were split into one-off activities or issues that required continuous and ongoing action.

Staff, the director and regional manager carried out a programme of audits in the service. The audits covered a review of areas, such as:

- clinic environment and equipment
- infection prevention and control measures
- patient care records, including consent forms and scan images, and
- staff knowledge and practice.

The clinic was benchmarked against other clinics during governance and compliance meetings and meetings with other franchisee services in the

franchise group. Comparing its performance against similar services allowed discussions to take place during the meetings about how to improve the clinic.

What needs to improve

All the audits included details of non-compliances. However, not all stated either the action to be taken or when it had been completed. We saw that the actions from all the audits were shared in team meetings and documented in the minutes. For consistent recording of audits, a standard template should be considered. We will follow this up at future inspections.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The care environment and patient equipment were clean. Equipment was fit for purpose and regularly maintained. Employment checks helped make sure that all staff were safe to work in the service. Patients were satisfied with the care they had received and had confidence in the staff.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

The clinic environment was clean and well-equipped. Equipment was in good condition. Cleaning of the treatment rooms and equipment was carried out between patient appointments, as well as a full clean of the clinic every day with appropriate cleaning products. We saw that clinical waste, including sharps waste was well managed.

We saw completed checklists for routine cleaning and safety checks of the scanning room, ultrasound machine and other equipment. An appropriate decontamination system was in place for the ultrasound machine probe and a logbook kept.

All patients who responded to our online survey said they were satisfied with the facilities and equipment in the environment they were treated in.

Comments included:

- ‘The facilities were fantastic a nice calming environment and I was told where the bathroom was without even asking.’
- ‘Lovely, easily accessible clinic. Bright and clean. Very clean toilet facilities were on hand too.’

The four patient care records we reviewed demonstrated safe and person-centred care. The patient care records were fully completed with general patient information, including:

- current pregnancy information
- date of birth
- emergency contact
- medical and obstetric history, and
- NHS maternity healthcare provider name and contact details.

Appropriate scanning information, such as fetal position, gestation, and measurements was also documented.

We saw all appropriate pre-employment checks had been completed in the four staff files we reviewed, including:

- Disclosure Scotland checks
- interview notes
- references
- signed contract
- the professional registration status for all clinical staff, and
- training certificates.

We saw evidence that all staff had completed induction competency packs and ongoing mandatory training. One-to-one meetings with the clinic lead and annual appraisals from the director and regional manager were documented.

We saw return-to-work forms completed to support staff who returned after a period of absence, including details of measures in place to make the transition easier for the staff member.

- No requirements.
- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](http://www.healthcareimprovementscotland.org)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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