London Women's Clinic Limited

London Women's Clinic

Inspection report

113-115 Harley Street
London
W1G 6AP
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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 caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This was the first time we rated this service. 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 managed infection risks well. Staff assessed risk to patients, acted on them and kept good care records. They managed medicines well. The service had policies in place to manage incidents well and had the scope to practice shared learning.

Staff provided care and treatment based on national guidance and evidence-based practice. Managers monitored the effectiveness of the service and recorded good outcomes for patients. Managers ensured staff were competent in their roles. Patients were given pain relief when required. Staff worked well together for the benefit of patients and supported them to make decisions about their 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 take account of patient's individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait long for treatment.

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	This was the first time we rated this service. 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 managed infection risks well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. 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. Key services were available seven days a week. 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 individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. Leaders ran services well using reliable information systems 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. The Surgical procedures that are regulated under CQC were a small proportion of hospital activity, which

Summary of findings

commenced in October 2022. The main regulated service was diagnostic services. Where arrangements were the same, we have reported findings in the diagnostic service section.
We rated this service as good because it was safe, effective, caring and responsive, and well led.

Summary of findings

Contents

Summary of this inspection

Background to London Women's Clinic

The London Women's Clinic is an independent clinic operated by The London Women's Clinic Limited. The clinic is situated at 113 Harley Street.

The clinic provided a range of fertility treatments, diagnostic services and surgical procedures. Fertility treatments are not a regulated activity under the Care Quality Commission.

The service has recently registered for surgical activities as a new regulated activity in October 2022 to cover hysteroscopy procedures. This regulated activity commenced on 11 October 2022 and the provider has performed 13 hysteroscopies since then. Whilst we looked at some aspects of this regulated activity the provider has only provided these services for less than 12 months and sufficient evidence could not be collected to rate surgery as a separate core service.

We looked at the diagnostic services and hysteroscopy services (surgery) which are the only two services subject to regulation by the CQC. The service is also licensed by the Human Fertilisation and Embryology Authority (HEFA). All surgeries are day cases and there are no overnight facilities.

A hysteroscopy is a procedure which examines the inside of the womb, using a hysteroscope. This is a narrow telescope, with a light and a camera on the end. These procedures were done as a part of a fertility treatment and all treatments were self-funded.

The service had 2 specialist nurses, 2 ultra-sonographers, 5 consultants, 1 anaesthetist and 3 administrative staff.

We carried out an unannounced inspection on 10 January 2023.

The service has been registered with the CQC since 2022.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. The inspection was carried out by a CQC inspector and a specialists advisor. The inspection was overseen by Nicola Wise, Head of Hospital inspections.

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.

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	Good	Good	Good	Good
Overall	Good	Not inspected	Good	Good	Good	Good

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

This was the first time we rated safe. 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 service provided statutory and mandatory training which was primarily e-learning. Cardiopulmonary Resuscitation (CPR) and fire training was face to face training. We reviewed the staff training matrix and found that all staff had up to date mandatory training. Staff were required to complete one mandatory training module per month and reminders were sent out to staff.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training modules included a range of subjects including basic life support, data security awareness and infection prevention control.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Staff were expected to complete one mandatory training module a month.

All new staff had completed an induction process and had undergone the relevant mandatory training applicable for their role.

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. Safeguarding children and adults formed part of the mandatory training programme for staff. Records showed that 100% of staff had completed their safeguarding training.

Good

Diagnostic imaging

Staff were able to give examples of abuse including financial abuse, physical abuse and Female Genital Mutilation (FMG). FGM was not listed in the forms of abuse in the safeguarding Standard Operating Procedure (SOP) but staff we spoke with had a good understanding of FGM. Post inspection FGM had been added as a form of abuse to the safeguarding SOP. The safeguarding SOP detailed the relevant contacts to contact should there need to be a safeguarding referral.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. A safeguarding policy was available to staff on the intranet. When asked staff knew to escalate a safeguarding concern to senior members staff and were able to name the safeguarding lead.

Non clinical and clinical staff had children and adult safeguarding training at level two and the safeguarding lead and nurse practitioner were trained to level 3. The safeguarding SOP listed the relevant contacts for staff to refer safeguarding cases to.

The safeguarding SOP included a policy on chaperones.

Male consultants that were scanning a female patient were always required to have a chaperone in the room, this was a standard protocol set out by the service. All patients were asked if they wanted chaperones after their initial appointment via email. The provider told us that signs for chaperone services were placed in the relevant clinical areas post inspection, however we did not see this on the day of the inspection. There were no safeguarding incidents reported in the last 12 months.

The service recruitment pathway and procedure ensured relevant recruitment checks had been completed for all staff including Disclosure and Barring Service (DBS) check and professional registration checks. Registration pins were checked yearly by human resources for all medical staff.

Cleanliness, infection control and hygiene

The service managed infection risks well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The service performed well for cleanliness. An infection control risk assessment had been completed in the last 12 months. The service performed infection control audits, which was very detailed. One audit found minimal areas of non-compliance, which was addressed and actioned within three days of the audit.

The patient room areas were visibly clean and dust free. Cleaners were employed as part of the work force and cleaned the premises twice a day. There were 5 cleaners in total.

Cleaning records were up to date and demonstrated that all areas were cleaned regularly. We saw a daily cleaning check list in all clinic rooms and toilets which was signed and dated. The service completed daily cleaning checklists for the consultation and treatment room.

Good

Diagnostic imaging

Staff followed infection control principles including the use of personal protective equipment (PPE). The clinic provided staff with PPE such as gloves, aprons, and face masks, glove and apron holders were in place in the clinic rooms.

Clinical areas were visibly clean and had suitable furnishings which were clean and well maintained. Hand washing and sanitising facilities were available for staff and visitors. Alcohol gel with pump dispensers were accessible to all. Handwashing could be achieved between patient contact as there was a sink in the clinic rooms, an effective handwashing technique poster was displayed above the sink.

The service performed well in their hand washing audit. There was 100% compliance from the 14 staff members audited during their last audit. The service also performed well in their infection control audits, which was very detailed. Instruments that were single use were disposed of correctly. All equipment was cleaned and sterilised after patient contact. I am clean stickers were used all on equipment. Medical equipment, rooms, staff areas and patient zones were visibly clean and dust free.

The ultrasound probe was decontaminated on site. The probe was fitted with a single use sheath before use and the probe was wiped clean after use.

The clinic rooms were compliant with Health Building Note 00/09 infection control in the built environment and HBN 00/10 Part A flooring with curved flooring to allow for effective cleaning.

The service was fully compliant with Health Technical Memorandum (HTM) 04/01 safe water in healthcare parts A, B and C. This meant that all taps were flushed in the services and water sampling was tested for legionella.

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.

The design of the environment followed national guidance. The clinic had undertaken safety risk assessments and developed action plans to mitigate any risks identified.

The service had suitable facilities to meet the needs of patients' families.

Staff carried out daily safety checks of specialist equipment. We observed the scan suite treatment room January 2023 check list which was up to date and well completed.

The service had enough suitable equipment to help them to safely care for patients. Personnel protective equipment such as gloves were latex and powder free. The sheath used over the probe was also latex free. The service used paper roll on the couch between use.

Storage of surgical equipment were well maintained and suitable for the surgery. Hysteroscopy scopes were all single use eliminating the risk of cross contamination and infection.

We observed in date electrical safety checks of 649 pieces of equipment displayed in an easy to follow chart. All testing was conducted on 22 November 2022 and was repeated on a annual basis.

Good

Diagnostic imaging

We looked at the digital equipment library, which was up to date and each item was colour coded in accordance with their next service. This included the four ultrasound probes. The service had two spare back up probes should a probe be sent off for repair to minimise reduction in patient activity.

Ultrasound gel was stored in single use individual packets, we looked at five individual packets and found all to be in date, their expiry date was September 2026.

The service managed waste well and was fully compliant with HTM 07/01 The Safe Management and Disposal of Healthcare Waste 2013. Waste containers were colour coded and could be quickly identified as to which waste should be disposed into them. This included hazardous waste, offensive waste and confidential waste. Sharps bins were fully compliant, not over filled and partially shut when not in use.

Staff disposed of clinical waste safely. Clinical and non-clinical waste were correctly segregated and collected separately.

We looked at four fire extinguishers in the service which had all been serviced and were in date.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on commencement of their surgical treatment, using a recognised tool, and reviewed this regularly, including after any incident. The clinic used a nationally recognised checklist for surgical safety. We looked at compliance for the surgical safety checklist through audit processes and saw that the service was 100% compliant for their last three audits.

Staff knew about and dealt with any specific risk issues. Nurses knew to alert other colleagues and senior staff for unusual results. Scans would be repeated in this instance to verify the results by nurse sonographer or a consultant, patients could also be referred to a doctor on site. Patients who required further investigations were referred to the NHS.

All medical staff were aware of sepsis but had not had specific sepsis training. We spoke to the provider about this and the service was going to implement sepsis training for all medical staff within the next 30 days.

There was a limited exclusion criteria for patients using the service, this included a Body Mass Index of 38. This was higher than the exclusion criteria for similar NHS procedures as cases were looked at on an individual bases. This exclusion criteria was set because ultrasound rays would not be able to provide a clear enough image of the areas to be looked at for treatment.

Staff had training in basic life support and medical staff were trained in immediate life support to manage a patient in cardiac arrest. We observed a fully compliant resuscitation trolley in theatres and staff knew to call 999 for patients that were deteriorating. The service had risked assessed the resuscitation trolley but had not risked assessed the location of the resuscitation trolley. This was discussed with senior leaders and a risk assessment of the location of the resuscitation trolley was sent to CQC post inspection.

To safeguard patients from having the incorrect type of procedure staff would confirm the patients' names, date of birth and procedure. The staff followed best practice of pause and check.

Good

Diagnostic imaging

We observed a first aid kit and eyewash kit that was easily accessible adjacent to the reception.

The service was required to report all patients that had been admitted to a hospital to Human Fertilisation and Embryology Authority (HFEA). The HFEA then conducted an investigation and fed back to the clinic.

Staff provided patients with an information leaflet for hysteroscopy service, prior to the procedure. The leaflets summarised key points and had useful information links to webpages for further reading. Patients had follow up appointments with their consultant two weeks post procedure to discuss the results of the hysteroscopy. Follow up appointments were made after an ultrasound scan and between two and ten days after the initial consultation.

Staff assessed and managed patients' risk such as allergies which was recorded as an alert on the patient record system. Full medical histories were documented, and different forms were used for male and female patients to obtain comprehensive knowledge of the patient prior to treatment.

The ultrasound scanning handbook highlighted the importance for a meticulous approach to scanning to ensure significant pathology or changes were not missed.

In house councillors were available for patients who needed psychiatric support.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. Staffing numbers for nurses were greater than required and could accommodate for sick leave and annual leave.

Managers accurately calculated and reviewed the number and grade of nurses for each shift in accordance with national guidance.

Nurses had access to gynaecologist and obstetric sonographs based at another location in London and from another provider adjacent to the service. Staff were able to access these staff members for assistance.

The service had low turnover rates and the service did not use bank or agency nursing staff.

All nursing staff had in date appraisals.

Medical staffing

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

Good

Diagnostic imaging

The service had enough medical staff to keep patients safe. There were five full time consultants. and an anaesthesiologist. The medical director informed us that there was always an anaesthetist on site on all operating days. The service also had access to two agency anaesthetist's every day seven days a week.

The service had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs and the procedures for the day.

All doctors that worked at the service were required to be signed off by another senior doctor; despite the amount of experience they had. Medical staff attended conferences to keep up to date with practices and for continuous professional development.

All medical staff had in date appraisals and in date indemnity insurance.

Records

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

Records were stored securely. All patient data, medical records, scan and pathology results were documented via the clinic's secure patient electronic record system in line with legislation and national guidance.

Patient notes were comprehensive and all staff could access them easily. We reviewed three patient records and found them to be complete, clear and up to date.

Notes taken in surgery were scanned onto the patient's electronic record. The paper notes were then placed in a confidential waste bin and were then taken to be destroyed on a weekly basis.

Electronic records had the ability to attach private alerts to inform staff of critical information regarding that patient for example safeguarding and allergies.

All staff had access to patient records, this included patient care coordinators and they were able to update information and care upon communicating with a patient. This was signed and dated and logged in a particular section on the patients record.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and patients were able to ask for advice about their medications at any time.

Staff completed medicines records accurately and kept them up to date.

Good

Diagnostic imaging

Staff stored and managed all medicines safely. Staff informed us that stock was regularly rotated to prevent medication waste and use medication with recent expiry dates first. We did not find any out of date medication at the service. There were no controlled drugs stored at the service. Fridge temperatures were monitored by WIFI connection and was monitored 24/7.

Prescribing documents were all electronic and managed safely.

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.

Staff knew what incidents to report and how to report them. The service had an adverse incident, non-conformance and deviation policy. This described how staff should report incidents and how incident should be investigated and followed up.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff reported that incidents were discussed at team meetings and they knew how to access the team meeting minutes. There were suitable procedures in place in the event of an incident. Staff knew how to report an incident and felt comfortable in doing so. Staff understood the duty of candour. They were aware of their responsibilities, being open and transparent, and gave patients and families a full explanation, if and when things went wrong.

We were given an example of a never event that had occurred in the last 12 months. A duty of candour took place as a result of this. Managers investigated the incident thoroughly and shared learning about the never event with their staff. The service informed us the doctor involved was having their communication skills audited. Processes were reviewed and changes were made a result of the never event to ensure repeated incidents of a similar nature could not reoccur again.

Patients and their families were involved in investigations.

Are Diagnostic imaging effective?

Inspected but not rated

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed uptodate policies to plan and deliver high quality care according to best practice and national guidance. The service followed guidelines from; The World Health Organisation, The National Institute for Health and Care

Good

Diagnostic imaging

Excellence, The Royal College of Obstetricians and Gynaecologists, the European Society of Human Reproduction and Embryology and the Human Fertilisation and Embryology Authority (HEFA). The service had signed up to received updates from national guidelines via email to keep up to date with best and current practice. These updates were discussed at clinical governance meetings and the information was disseminated to all staff at the service.

Polices were available in date and provided guidance for staff on good practice. Policies included safeguarding, equality and diversity and infection prevention control.

The service was able to give us examples of working with new legislation to provide safe and effective care for patients. This included changing and writing up new polices to ensure that practice was in line and updated with new legislation.

The service held in date memberships with HFEA which was up for renewal in March 2026.

Nutrition and hydration

Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

The service provided unlimited tea and coffee making facilities for all patients and relatives.

Patients waiting to have internal ultrasound scans were not required to be nil by mouth prior to their procedure.

Hysteroscopy surgery required patients to be nil by mouth before the procedure for six hours. Patients were offered light refreshments after the procedure such as tea and biscuits. Patients were not left waiting for excessive time whilst being nil by mouth.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Patients were informed that internal ultrasounds may cause mild discomfort but should not cause any pain.

Hysteroscopes were performed under sedation to minimise the discomfort or pain patients may experience during the procedure.

Post operatively, patients were given a mild pain relief orally, to assist with any post operative pain that may occur. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately in patient records.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

Good

Diagnostic imaging

The service did not participate in relevant national clinical audits.

Performance data for ultrasound scans were collected as part of the doctor's key performance indicators whereby audits were conducted to see if the number of eggs correlated with the number of follicles seen on the scan. Managers and staff used the results to improve patients' outcomes.

The service reported no return rates to theatre post hysteroscopy procedure. All patients were scanned two weeks post operatively to monitor and record the success of the procedure.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The information gathered from their audits was used to improve care and treatment.

Managers and staff investigated outliers and implemented local changes to improve care and monitored the improvement over time. Managers shared and made sure staff understood information from the audits.

The service was accredited by International Standards ISO 9001 2015 Quality management standard.

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 recruitment processes where thorough and required two reference and looked at the right to work and appropriate qualifications.

Consultants supported nursing staff to develop through regular, constructive clinical supervision of their work. Nurses were required to complete a set number of competencies before they were allowed to scan on their own. These competencies were checked by a consultant and repeated annually. The lead nurse had been scanning patients for three years.

Managers gave all new staff a full induction tailored to their role before they started work, this included both clinical and non-clinical staff.

Managers supported nurses and administrative staff to develop through yearly, constructive appraisals of their work. Doctors' appraisals were outsourced externally and completed on annually.

Managers made sure staff attended team meetings or had access to full notes when they could not attend, this was circulated too all staff via email.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Good

Diagnostic imaging

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked together as a team to benefit patients. Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. There was effective communication within the service and staff said they felt like part of a team.

Staff referred patients for mental health assessments when they showed signs of mental ill health, for example, depression.

We observed active communication and supportive working practices between different staff groups.

Seven-day services

Key services were available five days a week to support timely patient care.

The service was opened five days a week from 8.30am to 5.30pm.

The director of nursing oversaw the out of hours emergency phone. Patients could call this number for support or in the event of an emergency. All patients had direct access to their patient care coordinator during operating hours.

Health promotion

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

The service did not display any relevant information promoting healthy lifestyles.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients.

Information leaflets were available on the mobile phone application and covered information such as nutrition, exercise and wellbeing before, during and after treatment.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Good

Diagnostic imaging

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. We observed three patient records and saw that all patients were consented before scanning.

Staff made sure patients consented to treatment based on all the information available. Patients were sent a copy of their consent and was able to access this digitally.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity.

Patients with mental health needs were discussed at the weekly medical meetings. Patients with mental health needs were offered psychiatric support if they wanted it and had access to in house support groups. The clinic tried their hardest to treat every patient but some patients with mental health needs were deemed unsuitable for treatment. Doctors at the service were required to work together to come to this conclusion and no sole doctor could make that decision on their own. Once the decision was made to not go ahead with treatment, a child's best interest form was completed by the patients consultant.

Are Diagnostic imaging caring?

Good

This was the first time we inspected caring. We rated it as good

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients we spoke with described the service as brilliant, attentive, kind and that staff had good bedside care.

The clinic environment ensured privacy for all patients. Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Good

Diagnostic imaging

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Staff treated patients with compassion and kindness. Strong professional relationships were built and patients had named their child's middle name after their patient care coordinator. 61% of patients were extremely likely to recommend the service to a friend or colleague.

Patients we spoke with described the service as friendly and calm. Patients said staff treated them well and with kindness.

Patients we spoke with told us that they were happy with their overall experience, their patient care coordinator and their consultant.

Emotional support

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

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. Consultants assessed every patient and would refer them to an in-house councillor if required. If a patient was already under psychiatric care the patient would also be referred to the councillor for emotional support.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff said they reassured nervous patients and answered any questions. Patients we spoke with told us that they were able to get all their questions and queries sorted promptly.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand. Staff told us that they took the time to explain the procedure before and during the scan using appropriate language. The service gave patients long appointments times which allowed patients to ask any questions before. during and after their scan.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were invited to fill out a patient satisfaction survey and could post reviews anonymously on internet browsers.

Patient coordinators we spoke with treated patients with dignity and respect. The manager taught and encouraged staff to treat patients as individuals and to treat them as if they were a member of their family. The manager would encourage staff to treat patients as they would like to be treated.

Good

Diagnostic imaging

Since October 2022 costs of treatment were sent to patients prior the commencement of any treatment. This meant that patients knew exactly how much a treatment would cost before starting their fertility journey. The cost was a fixed price and would not alter throughout their treatment course. Patients we spoke to made comments regarding costs and said that there were no hidden costs and quotes were given upfront.

Are Diagnostic imaging responsive?

Good

This was the first time we inspected responsive. 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.

Facilities and premises were appropriate for the services being delivered.

Managers monitored and took action to minimise missed appointments. Managers encouraged patients to download a mobile phone application tool that had reminders for appointment times and dates.

Appointments were rarely cancelled, if a doctor was off sick the service was able to rearrange the appointment with another doctor.

The service organised blood tests for patients in other clinics that were near the service. Results of the blood tests were sent back to the service. Same day results were available for certain tests, if carried out in the morning. Results were discussed over the phone with patients by a nurse.

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.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service accommodated for patients that were hard of hearing and had access to a British Sign Language (BSL) service. If patients brought in their own BSL interpreter, the patient was reimbursed for this cost to ensure this patient was not being discriminated against for being hard of hearing.

The service did not have information leaflets available in languages spoken by the patients and local community.

Good

Diagnostic imaging

The service had a diverse team and could speak numerous languages to communicate with patients where English was not their first language. The service also had access to a translation service when the team could not meet the patients need.

Protocols were used as a template for each patient and treatment could be adapted and adjusted for each individual need of that patient. Each patient had a consultation with a nurse prior to commencing their treatment.

The building was equipped to support patients using a wheelchair. There were large lifts and toilets that could accommodate a wheelchair. Staff also arranged a portable ramp to be put over the external steps before the arrival of a patient using a wheelchair.

Most ultrasound scans were internal, and patients were able to insert the probe themselves if they felt discomfort. Abdominal scans were also offered if the patient requested.

The service had two spare back up ultrasound probes should an ultrasound probe be sent off for repair to minimise reduction in patient activity to keep the service running.

The service introduced patient care coordinators. Each patient was assigned to a patient care coordinator and had their direct number and email address should they wish to contact the service with queries or questions. This could then be passed on to the patients' consultants and patients call backs were offered that same day. Patients could also opt for an email response. Queries involving medication were escalated to a nurse or doctor. Patients were able to request a different patient care coordinator if they wanted to.

Live chat was available where patients were able to talk to nurses.

The service provided free internet access to patients and their relatives.

The service had information leaflets that were sent out to patients and information was also readily available on the mobile phone application.

Access and flow

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

Managers monitored and took action to minimise missed appointments. Managers encouraged patients to download a mobile phone application tool that had reminders for appointment times and dates.

Appointments were rarely cancelled, if a doctor was off sick the service was able to rearrange the appointment with another doctor for the same day and time.

There were no waiting lists for ultrasounds, or surgeries. There was a two to three week wait to be seen by a consultant and patients could access a registered nurse in this time, if required.

Patients were informed on arrival of delays to treatment by reception staff. There was ample of space for patients and relatives to wait.

Good

Diagnostic imaging

The service was closed during the COVID 19 pandemic. The service created tasks forces via online meetings and new protocols were put in place, to manage the care of pre-existing patients. This included patients that were pregnant and were seen under tight infection prevention control policies once a week. New patients were put on a waiting list and when the service reopened the service had a waiting list of 450 patients. The service managed to clear the waiting list in four months.

If patients were unsuccessful in their treatment the service would arrange for a follow up appointment. Successful patients were offered an early pregnancy scan between seven to eight weeks and then referred to the patients GP to see out their pregnancy.

Patient care coordinators were assigned to the same group of doctors to be able to anticipate the needs of both the patient and the doctors. This also avoided discrepancies in the care provided for patients.

Patients could access the service when they needed it, 54% of patients found the services website easy to navigate and 75% of patients used emails to communicate with the clinic.

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. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff could give examples of how they used patient feedback to improve daily practice. Poor communication was a theme identified from patient satisfaction surveys that required improvement. As a direct result and to improve communication a mobile application was introduced for patients to access remotely on their personal phones. Information on the mobile application included information on their treatment, appointment times, medication and useful contact information.

The clinic had recently improved transparency of cost of treatment and this in turn had reduced the number of complaints around this theme.

Are Diagnostic imaging well-led?

Good

This was the first time we rated well-led. We rated it as good.

Good

Diagnostic imaging

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.

Senior members of the senior leadership team were visible and were based at the Harley Street location. Staff reported that senior leaders were easy to access and were approachable. Staff we spoke with spoke highly of the leadership team and stated that leaders recognised drive and talent.

Staff stated that the leadership team were open to new ideas and that they were comfortable in raising issues with simple resolutions that may arise.

Staff we spoke with felt comfortable in communicating with senior members of the team and built up a professional relationship with them.

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 the service.

The service had a clear vision and strategy. Staff we spoke with were able to relay the mission statement 'Family Makers'.

The service had a department for marketing and had recently improved their website in accordance with The Content Marketing Association (CMA) recommendations, in particular displaying costs of treatments.

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.

Staff we spoke with told us that the service provided social events in the summer and had a Christmas party every year. Staff would be encouraged to wear Christmas jumpers during the festive period and staff also participated in a choir.

The service promoted equality and diversity and actively provided opportunities for career development. For example, a staff member was promoted three times in 21 months to a senior management position.

Staff said the clinic had an open-door policy and they felt supported by readily accessible, visible leadership. Staff said that leaders were open to change and acknowledged ideas from all levels. The service had an in-date whistle-blower policy which encouraged staff to raise any concerns with their immediate line manager and to escalate concerns to senior management where appropriate.

Staff we spoke with described a positive working relationship with the executive staff and said that there was no discrimination between hierarchy.

Good

Diagnostic imaging

All staff we spoke with, included senior managers, responded positively to CQC staff and the inspection at hand.

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.

Clinical governance meetings were held monthly, and the director of nursing ensured minutes were disseminated to all staff by email. Meetings had several standard items on the agenda to discuss. Tasks raised in the meeting were sent to that individual staff member to action and complete before the next meeting. Patient satisfaction results were discussed at these meetings and trends were identified, this included poor communication and unexpected costs. Staff were able to give examples of how the service used these trends to improve the service.

Weekly clinical meetings were held every Thursday with senior medical staff.

The service had effective systems, such as a comprehensive audit schedule and risk assessments to monitor the quality and safety of the service.

Monthly newsletters were sent out to all staff, and updates to changes in practice were sent out upon receiving the update to inform staff and act upon immediately.

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.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. Audits were conducted on a monthly basis and the clinic had a compliance target of 100%. If audits yielded a negative result corrective action was put in place to improve compliance and audits were repeated three months later. We saw evidence of this during the inspections and through additional data requests.

We looked at the risk register at the service and all risks on the registered had been actioned and closed. The service completed risk assessments such as slips, trips and falls, fire and electrical failure and scored each risk and provided measures to keep the business safe from these risks.

The service had an up-to-date disaster recovery plan to keep the service running during an unplanned event. For examples plans were in place to keep the service running in the event of a power outage, loss of patient data, loss of phone services and so on.

Changes to law, evidence-based practice and legislations were frequent in this medical field. The service was able to give an example when changes in the law meant that existing patients were required to be risk assessed against the risks of new legislations. In order to facilitate this the service had set up a change project with meetings, action plans and a new policy to ensure that new legislations were being met.

Good

Diagnostic imaging

There was a clear marketing strategy to address and improve performance in all areas of the service. The service had a dedicated department for marketing and adhered to the regulations set out by the CMA.

If poor performance by medical staff was identified this was addressed and plans were put in place to improve 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.

The service was compliant with General Data Protection Regulation (GDPR) and had a data protection officer employed at the service. We saw that computer monitors were always locked and were password protected. Computer monitors were also fitted with privacy screens. There were keypads on all doors to prevent non staff personnel from accessing rooms and data. Most patient records were paper less and surgical notes that were then scanned on to patient's records were shredded. All emails were encrypted and in line with legislation.

The service had worked well with marketing legislation and had recently updated the information on costs of the services on their website and in their information pack. The service wanted to improve their current updates to their website and the information packs sent out to patients and stated that it was a work in progress to get it to adhere fully to CMA.

The service regularly submitted data to HEFA as required and senior members of the team were able to give recent examples of this.

Engagement

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

The service had a staff notice board

Staff actively sought patient feedback and patients provided this feedback through emails and surveys and using Quick Response (QR) codes. The service displayed patient reviews on their website.

Leaders commented that they had a good relationships with other local providers to provide seamless care for their patients.

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.

Good

Diagnostic imaging

The service was planning to open new theatres in the future and was planning to expand their service. This included developing a phlebotomy clinic at the service.