Aligie Limited

The Nottingham Road Clinic

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Overall summary

Our rating of this service went down. We rated it as requires improvement because:

- Some staff did not have training in key skills. Staff did not always fully assess risks to patients and keep good care records. They did not always manage medicines well. Staff were not all aware of how to make a safeguarding referral. The design, maintenance and use of facilities, premises and equipment may not always keep people safe. Staff did not use a nationally recognised tool to identify deteriorating patients. Staff did not ensure patients understood the risks associated with their procedures fully. There was a lack of audit and oversight from the service on the completion of the surgical checklist. Records were not always easy to follow. Staff did not store patient images securely. There were medical gases available that staff were not trained to use.
- Managers did not always monitor the effectiveness of the service or make sure staff were competent.
- Leaders did not always have the skills and abilities to run the service. Staff were not always clear about their roles and accountabilities. The service did not run as a fully integrated team with silo working in place. The arrangements for governance and performance management across the service did not always operate effectively. There was little understanding or management of risks and issues, and there were shortcomings in performance management and audit systems and processes.

However:

- The service had enough staff to care for patients and keep them safe, provided mandatory training in some key skills, the service-controlled infection risk 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. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives 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 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 did not have to wait too long.
- 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. Leaders ran services well using reliable information systems and supported staff to develop their skills.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Requires Improvement 	Our rating of this service went down. We rated it as requires improvement because: • Some staff did not have training in key skills. Staff did not always fully assess risks to patients and keep good care records. They did not always manage medicines well. Staff were not all aware of how to make a safeguarding referral. The design, maintenance and use of facilities, premises and equipment may not always keep people safe. Staff did not use a nationally recognised tool to identify deteriorating patients. Staff did not ensure patients understood the risks associated with their procedures fully. There was a lack of audit and oversight from the service on the completion of the surgical checklist. Records were not always easy to follow. Staff did not store patient images securely or seek informed consent from patients. There were medical gases available that staff were not trained to use. • Managers did not always monitor the effectiveness of the service or make sure staff were competent. • Leaders did not always have the skills and abilities to run the service. Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff were not always clear about their roles and accountabilities. The service did not run as a fully integrated team with silo working in place. The arrangements for governance and performance management across the service did not always operate effectively. There was little understanding or management of risks and issues, and there were shortcomings in performance management and audit systems and processes. However:

Summary of findings

- The service had enough staff to care for patients and keep them safe, provided mandatory training in some key skills, the service-controlled infection risk 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. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives 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 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 did not have to wait too long.
- 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.

Diagnostic and screening services

Requires Improvement

Our rating of this service went down. We rated it as requires improvement because:

- Staff were not supervised or managed effectively.
- The service had a lack of oversight of the effectiveness of the care and treatment.
- There was no evidence of health promotion for this service.
- There was a lack of involvement of the scanning service within the governance arrangements.

However:

- 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

Summary of findings

abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.

- Staff provided care and treatment based on national guidance. Staff worked well together for the benefit of patients and supported them to make decisions about their care. The service organised clinic lists to accommodate patient access.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. 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.

Diagnostic imaging is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
We rated this service as requires improvement because it was inadequate for well led but good for safe, caring and responsive, and we did not rate effective.

Summary of findings

Contents

Summary of this inspection

Background to The Nottingham Road Clinic

The Nottingham Road Clinic is operated by Aligie Ltd. It is located in the town of Mansfield in Nottinghamshire. The premises consist of a large Victorian building which has been converted to provide waiting areas, consultation rooms, treatment rooms and a minor operating theatre.

The clinic does not have inpatient beds. The clinic provides a range of services including minor surgical procedures, cosmetic surgery and ultrasound scanning. We inspected surgery and diagnostic imaging including non-invasive pre-natal blood testing.

We undertook this inspection as part of a random selection of services previously rated Good or Outstanding to test the reliability of our new monitoring approach.

We carried out the short notice announced inspection on 9 and 11 November 2021.

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

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

The main service provided by this clinic was surgery. Where our findings on surgery - for example, management arrangements - also apply to other services, we do not repeat information but cross-refer to the surgery service level.

The clinic holds contracts with the NHS for the provision of vasectomy procedures.

The clinic has had a registered manager in post since 2010.

The main services provided by the clinic are minor surgical procedures performed under local anaesthetic and ultrasound scans. Ultrasound scans include medical scans and baby scans.

The clinic also provides the following services that we do not regulate; osteopathy, podiatry, acupuncture, physiotherapy, reflexology, counselling and cognitive behavioural therapy which we did not inspect.

No services are carried out on patients under the age of 18 years.

How we carried out this inspection

During the inspection visit the inspection team

- visited the reception and waiting areas, two consultation rooms, the ultrasound room, the treatment room and the operating theatre
- spoke with the registered manager

Summary of this inspection

- spoke with seven other members of staff including three nurses, two administration staff, two doctors and one site manager.
- spoke with four patients who were using the service
- reviewed 10 care and treatment records
- looked at 10 care and records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

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.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

Surgery

- The service must ensure it provides clinical staff with training in deteriorating patients, sepsis and VTE.
- The service must ensure that resuscitation equipment contains all the required components.
- The service must ensure that staff follow nationally recognised guidance on how to identify a deteriorating patient.
- The service must ensure there is oversight of the WHO checklist process.
- The service must ensure that patients photographs are stored securely.
- The service must ensure that where medicines and medicinal gases are available that staff are trained and competent in how to use them.
- The service must ensure that staffs competence is assessed on employment and ongoing.
- The service must ensure that governance processes cover the full range of services provided.
- The service must strengthen its risk management processes to ensure that risks are appropriately identified, managed and reviewed.

Action the service SHOULD take to improve:

Surgery

- The service should ensure that staff are aware of how to make a safeguarding referral.
- The service should ensure that staff working in the clinic have a Disclosure and Barring Service check prior to employment.
- The service should ensure that checks are completed on equipment used.
- The service should ensure continued oversight of clinical waste disposal.
- The service should ensure that patient documentation is clear and safely filed.
- The service should ensure that temperatures are taken and recorded for where medicines are stored.
- The service should ensure that policies are regularly reviewed and version control is in place.
- The service should ensure that clinic areas comply with infection control requirements.
- The service should ensure that there are ways to promote multi-disciplinary working.
- The service should ensure that data is submitted to relevant national data sets where applicable.

Summary of this inspection

- The service should consider the patient pathway and where patients recover post surgery.
- The service should consider having access to an independent complaints review service.

Diagnostic imaging

- The service should ensure it continues to have oversight of the audit process for the scanning service.
- The service should consider monitoring the outcomes of peoples scans.
- The service should consider ways to promote good health within the service.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Inadequate	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement

Requires Improvement

Surgery

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Good
Well-led	Inadequate

Are Surgery safe?

Requires Improvement

Our rating of safe went down. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in some key skills to all staff and made sure everyone completed it. However, staff did not receive training in deteriorating patients.

The service provided mandatory training in some key skills to all staff and made sure everyone completed it. Each member of staff completed an induction and mandatory training according to their specific role.

Mandatory training included: infection control, safeguarding vulnerable adults and children, basic life support and defibrillator training was required to be conducted on an annual basis.

Clinical staff had training on learning disabilities, autism, dementia and Mental capacity awareness.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Nursing staff at the clinic were not provided with sepsis training or advanced life support training in case of a surgical emergency. However, posters were available to identify sepsis and equipment was stored in the clinical room for management of a surgical emergency.

At the time of our inspection all staff were compliant with basic mandatory training requirements.

Safeguarding

Staff had training on how to recognise and report abuse and they knew how to apply it. However, not all staff were aware of how to make a safeguarding referral.

Staff received training for their role on how to recognise and report abuse.

Requires Improvement

Surgery

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 would work with other agencies to protect them if necessary, through discussion with the clinic manager.

Staff did not know how to make a safeguarding referral but were aware they needed to inform the clinic manager of any safeguarding concerns for onward referral. If the manager was off this information would be passed onto the directors for action. This could lead to a delay in safeguarding an adult or child should the need arise.

The service did not always promote safety through their recruitment processes and on-going employment checks. During our inspection not all staff had a Disclosure and Barring Service (DBS) check relevant to the role they were employed for. This was addressed and updated following our inspection.

Cleanliness, infection control and hygiene

The service-controlled infection risk. The service used a system 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. However, there were a few consultation rooms that required carpet removal and disposable curtains.

Clinic areas were clean and mostly had suitable furnishings which were clean and well-maintained. There were still a few consultation rooms that required carpet removal and disposable curtains. During our last inspection there was a programme of works to address this which was still outstanding.

The service generally performed well for cleanliness. Staff had cleaning procedures which they adhered to as well as cleaning equipment after patient use. We saw the service completed regular infection prevention and control audits of the environment. Which identified compliance in all areas.

Staff used records to identify how well the service prevented infections. After each surgical procedure information was sent to the patients GP which requested, they return an infection report notification to the clinic should the patient show any signs of post-operative infection. These were then recorded along with any information that patients may have reported directly to the clinic in the days post op or at follow up appointments.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff followed enhanced infection control principles including the use of personal protective equipment (PPE) in line with the National Institute for Health and Care Excellence (NICE) Covid -19 guidelines. Staff were observed using appropriate PPE when providing care and treatment to patients who attended the clinic. We observed adequate amounts of PPE in all clinical areas

Environment and equipment

The design, maintenance and use of facilities, premises and equipment may not always keep people safe. Staff did not always manage clinical waste well.

The service had suitable facilities to meet the needs of patients. There were toilet facilities available for all patients to use, including patients who may have accessibility issues. The reception area and consulting rooms were spacious and the theatre, where procedures were conducted, was maintained to a good standard.

All equipment and consumable items were stored appropriately and did not present as trip hazards to patients. However, a room at the back of the theatre was cluttered with a mixture of equipment some of which had not been used during the pandemic. Monthly health and safety audits of the clinic environment were conducted. However, this unused equipment was not identified as a possible hazard. There was also a specimen fridge which we were told was not in use. However, after our inspection we were told that it was used occasionally and were provided with information on checks which were to be introduced to ensure safe storage of patient specimens.

We found cleaning products stored in line with the Control of Substances Hazardous to Health (COSHH) Regulations.

Annual electrical safety testing and servicing was conducted by an external company. All items which required testing and servicing had evidence of in-date tests and services. Equipment used to fight fires also had evidence of an in-date servicing.

The service had a resuscitation trolley with a defibrillator and oxygen cylinders stored on the walls outside of the theatre. This was checked daily and we saw evidence of these checks. However, there was also a trolley for advanced life support that was not currently in use. The staff within the clinic had received no training in relation to the use of this equipment. It did not contain resuscitation fluids. This meant it was not complete should it have been used by someone with the required training. The service, however, did have had enough other suitable equipment to help them to safely care for the patients currently using the service. We reviewed a selection of consumable items including dressings, syringes and needles and found them all to be in date.

Staff disposed of general clinical waste safely. However, the disposal of anatomical waste was not in line with the guidance from there contracted waste provider. This was raised during our inspection and the required waste provision was actioned. We observed staff correctly segregated other clinical and domestic waste. Waste bins provided for the department were enclosed and foot operated. Sharps bins were correctly assembled and below the fill line. The management and disposal of sharps and waste was completed in accordance with policy. The service-maintained records on all waste collections to ensure compliance with the legislation which covers waste disposal.

Assessing and responding to patient risk

Staff did not use a nationally recognised tool to identify deteriorating patients. Staff did not ensure patients understood the risks associated with their procedures fully. There was a lack of audit and oversight from the service on the completion of the surgical checklist.

Staff did not use a nationally recognised tool to identify deteriorating patients. When we spoke with the senior leaders, they did not feel this was required as all the patients were fit and healthy prior to procedures. However, patients may still become ill at any point during or post any surgical procedure. During our previous inspection the manager and registered nurse were planning to implement the national early warning system (NEWS) track and trigger flow chart. It is based on a simple scoring system in which a score is allocated to physiological measurements (for example blood pressure and pulse) The scoring system enables staff to identify patients who were becoming increasingly unwell and provide them with increased support.

Despite not using a recognised tool there was a process for staff to follow in the event of a deteriorating patient or medical emergency. Staff would call 999 in the event of an emergency to transfer a patient to the nearest acute NHS hospital. Staff told us they have never had to escalate a patient care due to emergency circumstances.

Requires Improvement

Surgery

Staff completed basic risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. All patients who had consultations at the clinic were required to undergo risk assessments and a past medical history review. All patients had a baseline set of observations recorded to ensure they were of suitable health to undergo the procedure.

We were not assured staff knew about and dealt with any specific risk issues. However, staff provided patients with aftercare information following their procedure, which was supported by an aftercare advice leaflet. On this information leaflet was a list of numbers for patients to use if they had concerns. We did not see any written patient information to explain to patients undergoing a surgical procedure in relation to the signs and symptoms for sepsis and venous thromboembolism (VTE). Sepsis is a life-threatening reaction to an infection and VTE are blood clots which form within vessels of the body.

The service had access to specialist mental health support (if staff were concerned about a patient's mental health) during their episode of care.

Staff within service told us they, used a modified version of the WHO checklist when performing procedures. The WHO checklist is a system to safely record and manage each stage of a patient's journey from the ward through to the anaesthetic and operating room to recovery and discharge from the theatre. For patients being treated with local anaesthetic, staff followed a checklist to check allergies, including latex allergy, likelihood of fainting, and any known diagnosis of HIV or Hepatitis B. We witnessed pre and post procedure checks and were provided with an audit document that stated the WHO Checklist was audited. However, we were not provided with any audit information to corroborate this.

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 and treatment.

Managers reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough staff to keep patients safe. The nurses and operating department practitioners were employed on a bank staff basis. All bank staff were regular to the service. The surgeons and anaesthetists were employed under practicing privileges.

The service had low vacancy, turnover and sickness rates. At the time of our inspection, there was one vacancy and no long-term sickness reported at the service. Managers made sure all bank and agency staff had a full induction and understood the service. All staff, regardless of status, were required to complete their induction to the service and mandatory training.

The surgeon who performed most of the procedures was registered with the General Medical Council (GMC). The surgeon's availability was provided to the service well in advance, to enable lists to be scheduled accordingly.

Records

Records were not always clear and easy to follow. Staff did not store patient images securely or seek informed consent from patients. However, staff kept records of patients' care and treatment. Records were up to date, stored securely and easily available to all staff providing care.

Patient notes were mostly comprehensive, and all staff could access them easily. However, notes we reviewed for a patient complaint contained multiple copies of emails which made following them complicated and disjointed. We also observed this of other notes we reviewed with loose sheets within them.

The service had consultation sheets and patient operation sheets. These contained all documents required for the patient journey. However, as they were individual could become lost or misfiled. We reviewed nine sets of records and found they were not always clear. However, were legible and up to date.

Records were mostly stored securely. All documentation was locked away when not in use. In addition to the notes, patients were required to have photographs taken. During our inspection we reviewed the policy for photographic storage. This identified a secure storage arrangement. However, we observed these photos to be readily available on the doctor's mobile phone. This was not in accordance with the Data Protection Act 2018, which obliges organisations to take 'appropriate technical and organisational measures' to prevent the unauthorised or unlawful processing or disclosure of personal data. Recordings must be stored within an institutional repository or other secure server (never on a personal computer, laptop, USB or other peripheral mobile device). Whilst patients' consent was obtained for photographs management of storage was not considered. We requested further information about photographic storage after our inspection and were told it was not held on a secure server.

The service used separate documentation for discharge information. A copy of the discharge summary was forwarded to the patient's GP with their consent. Staff told us they had not experienced patients refusing this.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. However, there were medical gases available that staff were not trained or competent to use.

Staff followed systems and processes when safely prescribing, administering, and recording medicines. Medicines were prescribed only by staff registered with the GMC. Any additional medicines required during surgical procedures were prescribed and delivered on the required day.

All appropriate checks were carried out prior to administering medicines, including patient name, date of birth and allergies. The medicines refrigerator was monitored by staff daily. However, they did not review the minimum, maximum and current temperature to ensure medicines were stored correctly. We discussed this with the registered manager and changes to the management of the refrigerator medicines were made. All other medicines were stored in the assessment room/blood room, whilst the room did not feel overly warm this room did not have a daily temperature check to ensure cupboard medicines were stored at the correct temperature. This was reviewed after our inspection and temperature checks commenced.

Staff reviewed patients' medicines and provided specific advice to patients and carers about them. Staff were knowledgeable about the medicines involved with the procedures and therefore provided patients with detailed advice, including side effects and contraindications where applicable.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Staff regularly reviewed the most up-to-date Medicines and Healthcare products Regulatory Agency (MHRA) alerts which were distributed to ensure there were no complications with the medicines they frequently prescribed. If there were any alerts applicable to the practice at this service, the registered manager ensured all staff were aware of this.

Requires Improvement

Surgery

The service had a medicines' management policy and antimicrobial policy for staff to follow. We found the antimicrobial policy contained specific details about antimicrobial prescribing for the service according to local guidance.

Oxygen was available within the service and was stored correctly for use in the theatre. However, there was also a cylinder of Nitrous oxide within the theatre that was not in use due the changes in staffing during the pandemic. The current staff within the theatre did not have competencies recorded that allowed them to administer this medication. Staff told us it had not been used during the pandemic. We raised this with the registered manager during out inspection and this was to be removed until staff held competencies for its use.

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 knew what incidents to report and how to report them. There was a positive reporting culture within the service and staff received feedback on incidents raised. The service had an incident reporting policy which was in date although version control was not in place.

The service had no never events during the reporting period of November 2020 to November 2021. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

There were no serious incidents reported for the service from November 2020 to November 2021. Serious incidents are events in health care where there is potential for learning, or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.

Staff understood the duty of candour. Staff we spoke with understood the duty of candour process and the need for being open and honest with patients when errors occur. Senior staff members were able to explain the process they would undertake if they needed to implement the duty of candour following an incident which met the requirements. Information provided by the service showed there were no incidents from November 2020 to November 2021 which required the duty of candour to be implemented in accordance with the regulation.

Staff met to discuss the feedback and look at improvements to patient care. Reviewing incidents was completed by the registered manager and shared at team meetings amongst all staff.

Are Surgery effective?

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. However, we were not assured managers checked to make sure staff followed guidance.

Requires Improvement

Surgery

Staff followed policies to plan and deliver care according to best practice and national guidance. The service ensured their policies, procedures and processes were compliant with the recommended clinical guidance. For, example perioperative care in adults (2020) NICE guideline NG180. However, we were not assured managers checked staff were aware of all guidance as there was no overall lead for the nursing team. Not all policies were version controlled.

Staff protected the rights of patient's subject to the Mental Health Act and followed the Code of Practice. All patients who attended a consultation for a surgical procedure had a psychological assessment prior to any surgery being completed. Patients who required additional mental health input were then seen by a mental health specialist at another clinic.

The service had implemented an audit plan and we saw evidence of audits being conducted. Audits which were regularly conducted included but were not limited to health and safety, hand hygiene, infection prevention and control and World Health Organisation checklist.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

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

Nutrition and hydration were an important aspect when undergoing a surgical procedure. Staff provided patients with drinks to maintain hydration which included water and hot drinks as required. They also advised patients to bring a drink with them.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. For patients who did experience pain, they were appropriately managed. Staff told us post procedure pain was the most common reason why patients contacted them. All patients had a supply of pain relief to take home with them, and the after-care leaflet provided details of advised medicines regime.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. However, data was not always submitted to national data sets.

Staff regularly reviewed patients post procedure and took photographs of the patients' journey. The service were yet to complete any official outcome studies or audits, but staff told us their patients were mostly happy with the results of the procedures. Patients undergoing vasectomy completed a satisfaction survey and outcomes were reviewed post surgery to ensure the procedure was successful.

The service did not make sure that routine collection of Q-PROMS took place for patients undergoing liposuction. We were not provided with any evidence relating to this however, post inspection the registered manager had made contact with The Private Healthcare Information Network (PHIN) in order to ensure they were collecting and submitting data in accordance with legal requirements regulated by the Competition Markets Authority (CMA).

Requires Improvement

Surgery

The service regularly audited both hand hygiene and the environment. All results had demonstrated compliance, and this was reflected with three post procedure infections.

Staff within service told us they, used a modified version of the WHO checklist when performing procedures. However, we did not see this documented in patient notes. We witnessed pre and post procedure checks and were provided with an audit document that stated the WHO Checklist was audited. However, we were not provided with any audit information to corroborate this.

The clinic reported zero cases of unplanned transfer of a patient to another hospital. There were no unplanned readmission within 28 days of discharge and zero cases of unplanned return to the operating theatre between November 2020 and November 2021.

Competent staff

The service did not always make sure staff were competent for their roles. However, managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were mostly experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff involved in the patients' journey were able to demonstrate their extended knowledge and skills within the field of general or cosmetic surgery. However, there was no designated clinical team member with complete oversight of the clinic. This meant that surgical procedures were siloed according to whatever they were.

There were also no competency-based assessments completed when nursing staff commenced their work at this location or on an ongoing basis. Instead the registered manager relied on what staff said was their previous experience in ensuring they were competent in their role. The service required two references for each member of staff, the reference's we reviewed did not provide information on staff competency.

Managers gave all new staff an induction tailored to their role before they started work. All staff, including those who worked under practicing privileges were required to complete the induction.

Managers supported staff to develop through, yearly appraisals of their work. Staff had the opportunity to identify training needs with the manager. The manager told us that if staff approached them with additional training then this would be facilitated through the service. In general, the nurses sourced their training as part of their other roles. We saw evidence of appraisal meetings within all staff personal files we reviewed.

Managers supported staff to attend team meetings or access to notes when they could not attend. (Subject to social distancing)

Managers had processes in place to identify poor staff performance promptly and would support staff to improve. However, this had not been an issue since the clinic had opened and therefore the managers had not been required to use these processes.

Staff who worked under practicing privileges followed a specific recruitment process to ensure they were suitable and competent to work at the service. As part of this process, staff were required to provide evidence to the managers of their competence. We saw evidence of this in staff personal files.

There was a practicing privileges framework used for consultants wishing to practice at the clinic. The clinic director and clinic manager reviewed the practising privileges annually. If there were any concerns about an individual's performance or revalidation process these would be escalated to the nominated individual.

We reviewed the records of the consultants with practising privileges. We saw evidence of up to date revalidation, annual appraisal, General Medical Council (GMC) registration, indemnity insurance, Disclosure and Barring Service checks (to check if a person has a criminal record) immunisation status and relevant training such as mandatory training and cosmetic procedures. Each consultant with practising privileges also had a responsible officer. A nominated responsible officer is a requirement of the General Medical Council revalidation process who provides support with appraisal and revalidation.

We reviewed three staff records. There was evidence of one to one meeting with managers and annual appraisals. Staff told us they had regular meetings with the manager.

One member of staff held training in immediate life support and prior to the pandemic the anaesthetist present was advanced life support trained. However, all equipment required was not readily available to use these skills. For example, intravenous fluids and training in cannulation.

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 across health care disciplines and with other agencies when required to care for patients. Staff communicated with the patients GP when consent had been given to ensure any additional care needs were met following the procedure.

Staff could refer patients for further mental health assessments if they showed signs of mental ill health or depression after their initial consultation.

Seven-day services

The service organised clinic lists to accommodate patient access.

The service usually ran on set days of the week. The service had appointments in the evening and weekend to allow patients to easily access the service. Staff told us how they could be flexible to accommodate patient requests or if there was an increase in demand.

There was a telephone service available to patients who had undergone a procedure. All patients were given this number after the procedure had finished. However, this was not a 24-hour service, so patients were advised to contact there GP or the local NHS provider out of hours.

Health promotion

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

The service gave relevant advice and information to promote healthy lifestyles at the clinic. The information given by staff was to ensure this gave patients the best opportunity for wound healing and prevention of complications. We observed dietary advice being given to patients undergoing surgical procedures in order the enhance and improve results as well as general health.

Requires Improvement

Surgery

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 lacked capacity to make their own decisions or were experiencing mental ill health.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to patient records that they could all update.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us it was extremely rare a patient who lacked capacity would attend their service.

There was an in-date policy to ensure all staff acted in line with legislation and all staff completed electronic learning on this.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available and clearly recorded consent in the patients' record.

Staff at the service complied with the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery by ensuring there was a minimum of two weeks between initial consultation and the procedure. To ensure patients fully understood they were seen twice preoperatively by the surgeon.

Staff were aware of Deprivation of Liberty Safeguards. However, staff told us they had never provided care and treatment to a patient who was deprived of their liberty, or who they thought needed depriving of their liberty.

Are Surgery caring?

Good

Our rating of caring stayed the same. 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. Patients were positive about how staff had treated them with dignity and respect.

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. Each consultation was individual to the patient's needs.

We spoke with five patients and were provided with patient feedback survey information for August 2020- July 2021from 394 patients. Mostly feedback was positive, and patients used words such as friendly, knowledgeable and very nice being used to describe their experiences. Patients we spoke with told us they would recommend the service to their friends and family. Many patients returned for further procedures and many family members had also visited the service.

Patients said staff treated them well and with kindness. Sensitivity and kindness were essential when providing care and treatment to patients, responses given included: wonderful, lovely, friendly staff and the whole process was very smooth.

Staff followed policy to keep patient care and treatment confidential. Staff ensured blinds were shut and doors closed during the procedures and consultations.

The service provided chaperones to patients who required one. There were numerous signs around the clinic area promoting the assistance of a chaperone. All staff had completed a chaperone module on their electronic learning to ensure they were suitable to offer this role.

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. Staff told us patients often became emotional when they discussed problems, they had with confidence preoperatively. They told us it was important they provided them with support to enable them to go forward with their journey.

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. Staff took a holistic approach to the care and treatment they provided for patients. All staff understood the personal, cultural and religious needs of the patient and ensured the appropriate advice and support was provided for them.

The service had access to mental health support when required.

All patients we spoke with were complimentary of the consistency of support throughout their journey.

Understanding and involvement of patients and those close to them

Staff supported and involved patients and families 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 took the time to ensure all patients and any family members understood all the information given to them. They encouraged them to ask any questions about the care and treatment if they had not understood to begin with. Patients told us they understood the information they received, however would feel comfortable asking further questions if required.

Staff talked with patients in a way they could understand. Staff we spoke with told us of various approaches to ensure patients understood the treatment options on offer.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We spoke with five patients during the inspection and all patients were positive about the staff and their experience. A number of patients had returned for further treatment and recommended the service to their family and friends. The patient survey identified 98-99% of patients were either satisfied or very satisfied with the clinical staff/ receptionists' manner at the service.

Staff supported patients to make informed decisions about their care. Surgical staff ensured the discussions around physical changes to a patient's body/face were completed collaboratively between them and the patient. During this process, they discussed with the patient the best treatment options available to them to ensure a successful procedure took place. People's emotional and social needs were being as important. Staff demonstrated understanding of the impact a person's care or treatment or could have on them and those close to them, both emotionally and socially.

Requires Improvement

Surgery

Staff had sensitive discussions with patients about the cost of the treatment at the consultation stage of the patient journey. They ensured all potential costs were covered to ensure patients had full payment details prior to deciding on whether to go ahead with surgery or not.

Are Surgery 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.

Managers planned and organised services, so they met the needs of people accessing specific surgical procedures. The managers of the service understood the patient group well and had ensured the service offered a variety of procedures. The clinic also offered patients a range of non-surgical procedures as they were aware not all patients who attended for a consultation would require surgery. These non-surgical treatments were not regulated by the CQC and therefore are not reported on.

Facilities and premises were mostly appropriate for the services currently being delivered. The managers had ensured the environment was as comforting and calming for patients who attended for care and treatment. There was a large waiting area that allowed for social distancing measures.

There was a free car park at the service for patients to use.

Managers monitored and took action to minimise missed appointments. However, staff told us this could be better managed if patients were asked if they could come in for a short notice appointment in order that theatre slots were used concurrently.

Managers ensured that patients who did not attend appointments were contacted. These were monitored and appointments were re booked where appropriate.

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. The service had an equality and diversity policy which staff followed which covered meeting the needs of individuals with a disability.

The service could provide patients with information leaflets in alternative languages if required and had access to language line.

Staff would identify, during the booking process, if the patient had any additional needs. Staff would then ensure their needs were met during both the consultation and surgical phase, if the patient went forward with the procedure.

Requires Improvement

Surgery

The service had access to a mental health service for patients who required additional support. Staff also told us they could arrange for patients, who were anxious about a procedure, to be supported if required.

The service provided care and treatment for a diverse range of patients. All staff at the service ensured they understood the needs of each patient to enable them to offer the best treatment options to them.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within the patient agreed timeframes. Patients were at the centre of the decisions made around appointments and dates for surgery. The service was open six days a week to ensure patients could access the clinic when it suited them. Surgical procedures were booked around patient preference and surgeon and anaesthetist availability.

The service had a website which patients could arrange their consultation through, or patients could contact the service over the telephone to arrange their consultation.

Managers and staff worked to make sure patients did not stay longer than they needed to. On the day of our inspection, all clinic appointments ran on time. At the time of our inspection, there had been zero cases of staff at the service cancelling patients' appointments. Staff did tell us, if they ever did need to do this, they would ensure their appointments were rearranged as soon as possible.

Patients had their follow up appointments planned out for them. A follow up call was completed within 24 hours of the procedure, which was documented on the consultation. Further physical follow ups were completed according to individual patient requirements. Patients undergoing a vasectomy were given advice about follow up appointments post six month testing.

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. The service displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Front of house staff we spoke with would always take a patient into a private area if they wanted to raise any concerns

There was an in-date complaints policy available. There was access to an independent review of complaints for NHS services provided, however, there was no independent service available for private patients.

Managers told us they would investigate complaints and identify themes. At the time of our inspection, the service had received three complaints. These were managed in line with the service policy.

Requires Improvement

Surgery

Are Surgery well-led?

Inadequate

Our rating of well-led went down. We rated it as inadequate.

Leadership

Leaders did not always have the skills and abilities to run the service. However, they understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Leaders did not always have the skills or abilities to run the service. There was a lack of oversight from the manager of the service for specialist aspects of the service. Professional curiosity was minimal from the manager and instead a reliance placed on what staff said. There was a lack of oversight of the competence of frontline staff, both at recruitment and ongoing. This was compounded by the silo oversight of the nursing team.

However, the registered manager and directors of the service were visible and approachable within the service.

The manager informed us that support to develop individual skills would be made available if it benefited the service provision for patients.

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.

The service had a vision and core values. This included respect, dignity, professionalism

confidentiality, dedication, trust and quality. The service vision was “to deliver care with respect and dignity in a professional and confidential environment. Attracting Medical experts who are specialists in their field and ensuring we positively remain at the forefront of our patients’ minds”

Staff were aware of the vision and values and aligned themselves to them.

The service had a plan which provided staff with a strategy for achieving the vision and delivering care. The strategy in action was “driven by the satisfaction of our patients’ experience, we invite feedback from all of our services. We rely heavily on word of mouth which enables us to keep our focus and continue to offer a service which is the best that we can provide”.

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. However, there was a lack of cohesion across the team.

Requires Improvement

Surgery

Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported. There were processes to support staff and promote their positive wellbeing.

Leaders encourage pride and positivity in the organisation and focused attention on the needs and experiences of people who use services. Behaviour and performance inconsistent with the vision and values would be identified and dealt with swiftly and effectively, regardless of seniority.

When something goes wrong, people received an apology but were not told about any actions being taken to prevent the same happening again. The complaints we reviewed were still ongoing with resolution not likely to be imminent. Minutes from a MAC meeting in August identified that complaints were to be managed solely by the consultant this did not identify a culture of collective responsibility between teams and services.

There were teams working in silos and staff did not always work cohesively. Team meetings were split dependent on role and some team members were not invited to team meetings. Some staff told us that by having joint meeting this would help to work through some of the improvement ideas they had.

Equality and diversity was actively promoted, and the causes of any workforce inequality identified, and action taken to address these. Staff, including those with protected characteristics under the Equality Act, felt they were treated equitably.

Governance

Some staff were not clear about their roles and accountabilities despite regular opportunities to meet, discuss and learn from the performance of the service. The arrangements for governance and performance management across the service did not always operate effectively. However, leaders operated governance processes, throughout the service and with partner organisations.

Governance of the service was discussed at a quarterly medical advisory meeting, in addition a less formal meeting took place each month between the manager and the medical director. We saw the notes from one medical advisory meeting. The content was relevant to the governance of the service and included items such as incidents, complaints, clinical policies, NICE guidance, current activity, and practising privileges.

The manager was responsible for meetings with third party providers. Service level agreements were usually reviewed annually. We reviewed the service level agreement (SLA) for the NHS vasectomy procedures. The SLA clearly described the commissioner's expectations about patient care and treatment and key performance indicators for time from referral to first appointment. Practising privileges were reviewed every two yearly by the medical director, agreed and granted at the medical advisory meeting. A policy was in place which described what consultants should have in place and what information they should provide. This included identity checks, references, General Medical Council (GMC) Registration, Disclosure and Barring Service checks, indemnity insurance, appraisal documentation and vaccination status.

A responsible officer was allocated to consultants who did not work in the NHS, this meant that the GMC revalidation process was overseen, and the consultants complied with all the requirements. Appropriate terms and conditions were in place to ensure those who were granted practising privileges adhered to policies and procedures.

However, the arrangements for governance and performance management across the staff did not always operate effectively. There was a lack of cohesiveness in the management structure that could mean that specific risks or areas for improvement were not picked up. For example, medicines management.

Staff were not always clear about their roles, what they were accountable for, and to whom. There was a lack of systematic performance management of individual staff and a reliance on previous experience to ensure they were suitable for the roles they were in.

The manager for the company was responsible for the oversight of contracts with third party providers. During the inspection we were told that they had good relationships with the clinical commissioning group who commissioned the vasectomy service.

Management of risk, issues and performance

There was little understanding or management of risks and issues, and there were shortcomings in performance management and audit systems and processes.

Risk or issue registers and action plans were rarely reviewed or updated. This was not done in conjunction with staff working in the service and was completed by the manager and site manager so did not contain any clinical patient risks. There was a lack of evidence how front-line risks were reported, how they fed into the risk register and how these were reviewed by the management of the service.

Clinical and internal audit processes were inconsistent in their implementation and impact. Staff working in the service had differing ideas on who was responsible for the completion of audits. Although we did see that these had been completed. There was lack of information contained in some of the audit documentation on what staff should be auditing which could lead to confusion if this was completed by different members of staff. There was a lack of formal process for the feedback from the results of audits. This was done on an individual ad-hoc basis with a lack of records of actions completed and a reliance on the next audit to check if improvements had been made. There was a monthly audit of the defibrillator machine that identified actions required in June (that pads were going to expire in November 2021) which was picked up monthly until we inspected in November 2021 there was no evidence that actions had been taken.

Information Management

Patient records were generally managed securely. The service collected outcome data for the vasectomy service.

The clinic had a policy for records and information management which covered data protection, access to health records and confidentiality. On the day of our inspection we saw that patient paper records were handled and managed in line with the policy and data protection standards. In the patient records we reviewed we saw that information was clearly documented, comprehensive, dated and signed. Patient's records were stored in a locked room. However photographic records were not stored according to data protection guidelines. However, we observed these photos to be readily available on the doctor’s mobile phone. This was not in accordance with the Data Protection Act 2018, which obliges organisations to take 'appropriate technical and organisational measures' to prevent the unauthorised or unlawful processing or disclosure of personal data. Recordings must be stored within an institutional repository or other secure server (never on a personal computer, laptop, USB or other peripheral mobile device). Whilst patients’ consent was obtained for photographs management of storage was not considered. We requested further information about photographic storage after our inspection and were told it was not held on a secure server.

The service collected some data on the service. The service collected data on the success rates of the vasectomy service which was submitted to the clinical commissioning group.

Staff could easily access patient records to ensure they had access to all information needed to provide safe patient care. For the different services provided records were available in a format to suit that service.

Requires Improvement

Surgery

Limited data was submitted to external organisations when required. As staff were not aware of the need to collate some information.

Engagement

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

The service reviewed patient feedback and used feedback to make improvements to the service.

The manager for the service engaged with staff on an ongoing basis. Some of the staff had team meetings where they could feed back on services. All staff we spoke with told us how approachable the manager of the service was and that if they had any concerns, they would be able to raise them.

The manager had contact with other organisations such as those they were commissioned by. This helped to ensure that any changes to the vasectomy service were implemented.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services.

The registered manager told us that the members of the Medical Advisory Committee met quarterly to discuss ways to improve and increase the service to ensure they were “continuously offering an efficient and helpful experience to patients”.

Staff we spoke with told us they were encouraged to come up with ideas which would then be discussed and implemented if appropriate. For example, PCR testing was introduced at the start of the pandemic to help ease pressure on the NHS for those that needed testing without symptoms.

The service was also looking to streamline the referral process for vasectomy in order to simplify and reduce unnecessary appointments through a patient self-referral questionnaire.

Requires Improvement

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good

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

Mandatory training

The manager monitored staffs mandatory training completion rates.

See more information under this sub-heading in the main surgery section.

Sonographers working at The Nottingham Road Clinic were all employed under 'practicing privileges'. This is where independent practitioners work in a private practice without being an employee of the service. As part of this agreement the registered manager for the service was required to check a number of pieces of information on the individual which included their mandatory training completion at their usual place of work. For all of the sonographers working at this service they had completed all of their mandatory training in their usual role.

Safeguarding

Staff understood how to protect patients from abuse. 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. The sonographers working for the service were employed under practicing privileges, this meant that safeguarding training was completed in their usual place of work. The manager at The Nottingham Road Clinic kept a record of who had completed safeguarding training and what level. The sonographers had completed a minimum of safeguarding adults and children level 2 and some had completed level 3. The chaperones who assisted with the scanning and were employed by The Nottingham Road Clinic had all completed safeguarding children level 3.

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 make a safeguarding referral and who to inform if they had concerns.

The service did not accept patients under the age of 18 for any of the scans completed.

There was always a chaperone present during both medical scans and baby scans.

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. At the time of our inspection the service was in the process of replacing the curtain in the scanning room to a disposable curtain to comply with infection prevent control guidance.

The service generally performed well for cleanliness. The lead nurse completed a monthly infection prevention control audit and any learning identified would be fed back to staff involved.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. There was a tick-list available in the room that was used for scanning which showed the daily cleaning tasks had been completed.

Staff followed infection control principles including the use of personal protective equipment (PPE). We also observed staff replacing their PPE and washing their hands between patients. During the inspection we observed the sonographer to be bare below the elbow.

Staff cleaned equipment after patient contact. Dependent on the scan performed staff used different wipes to clean the equipment and the bed after each patient and before the start of the list. Staff also recorded the batch number of a certain type of disinfectant on patients notes so that there was a record if there were any adverse reactions.

Environment and equipment

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

The waiting room and room used for the scanning was on the first floor of the building. This could be accessed by either the stairs or by a lift.

The scanning room was spacious and contained a couch, scanning machine and seating area for family and friends. There were two monitors and a large screen positioned so that the woman and their family could see the scan clearly.

The chaperone sat at a desk behind a clear screen to further reduce the risk.

The service had recently purchased a new ultrasound scanner that staff told us was easy to use.

The registered manager held a record of when equipment was due for servicing and made sure this was completed.

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

Requires Improvement

Diagnostic and screening services

Staff responded promptly to any sudden deterioration in a patient's health. Staff told us that if there was a medical emergency then they would call 999 to get the patient transferred to an acute hospital setting. If there was any urgent findings from the scan then staff explained how they would advise the patient to attend the local ED or the midwife unit to seek assistance.

Staff shared key information to keep patients safe when handing over their care to others. Staff requested permission to share results from scans with the patients GP, the referrer for the scan or the patients midwife team. Staff also gave the patient a copy of their scan and report to take away so they could also share with the relevant professionals.

Women were asked to bring along their NHS maternity medical record when they came to the clinic. This was to help assure the service that the woman was on an NHS maternity pathway. We saw staff advising women to continue with their NHS scans as part of the maternity pathway.

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 and treatment.

The service had enough staff to run the ultrasound service. There were three sonographers, employed under practicing privileges, who each covered different clinic sessions. There were also chaperones available who were either HCA's in the service or reception staff who would always be present when there was a scanning list on.

At the time of our inspection there were no vacancies. No agency staff members were used for the scanning service.

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.

Patient notes were comprehensive and all staff could access them easily. Copies of scan report were kept on the computer system so that other staff could access previous scans. Scan images were kept on the ultrasound machine which was only accessible by the trained sonographers.

We reviewed five sets of records. Staff accurately recorded the information. Information included, the woman's estimated due date (if a baby scan), observations of the scan and conclusions. These were printed off and handed to the patient at the end of the scan.

Records were stored securely. All paper records were kept in locked cupboards in an area not accessible to the public.

Medicines

No medicines were used in the ultrasound service.

Incidents

See information under this sub-heading in the main surgery section.

No serious incidents or other incidents had been reported for this service.

Requires Improvement

Diagnostic and screening services

Are Diagnostic and screening services effective?

Inspected but not rated

We do not currently rate the effective domain of the diagnostic imaging core service.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Local policies and protocols were evidence-based in line with national guidance. The registered manager monitored updates to MHRA but left responsibility of any updates to clinical practice to the sonographers.

Staff worked to as low as reasonably achievable (ALARA) guidelines. ALARA is defined as a fundamental approach to the safe use of diagnostic ultrasound using the lowest output power and the shortest scan time possible. During our inspection, staff were working within these guidelines when undertaking an ultrasound scan.

Nutrition and hydration

Patients were given written information prior to their scans if they needed to be starved or drink extra fluids for the procedure. This information was given to patients on booking.

There was a water fountain available for patients in the main waiting area.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Staff did not formally monitor pain levels. However, we saw staff asked patients if they were comfortable during their scan. If patients required pain relief for the scan then the scan would be suspended and the patient advised to contact their GP or referrer.

Patient outcomes

The service had a lack of oversight on the effectiveness of care and treatment.

The service completed a number general clinic audits every month. These were predominantly completed by the lead nurse but could be completed by any member of staff. Actions for improvements were recorded in the audit folder which was available for staff.

At the time of our inspection the sonographers peer reviewed each other's scan outputs. This was an informal arrangement with no oversight from the registered manager. Following the inspection, we raised this as an area of concern and the manager provided us with assurance that the process had been formalised and would take place every three months with oversight from the registered manager.

The outcomes of people's scans were not monitored. For example, the service did not collect any data on the accuracy of the gender confirmation scans.

The clinic manager monitored feedback through a variety of social media platforms. Patients were given a feedback form following their scan and were encouraged to give feedback

Competent staff

Staff were not supervised or managed effectively.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Sonographers were all members of the Health Care Professions Council, Society of Radiographers and British Medical Ultrasound Society.

Managers gave all new staff a full induction tailored to their role before they started work.

Staff were not supervised or managed effectively. There were no competency assessments completed when sonographers commenced their work at this location or on an ongoing basis. Instead the registered manager relied on staff's previous experience in ensuring they were competent in their role.

Managers supported staff to develop through yearly, constructive appraisals of their work. Where the member of staff was employed under practicing privileges the manager checked that the staff member had completed an appraisal in their substantive role.

The manager told us that if staff approached them with additional training then this would be facilitated through the service. In general, the sonographers sourced their training as part of their other roles.

There were no team meetings specifically for the sonographers within the service and they were not invited/had minutes shared with them from other team meetings within the service. This meant that any updates to the service/ discussions on improvements to the service were done on an informal one to one basis and not as a team.

Multidisciplinary working

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

During our inspection we saw that the team worked well together and communicated well with each other. The sonographers worked closely with the chaperones to ensure a well ran service for the patients.

There were no multidisciplinary meetings that involved the sonographers for this service. The sonographers communicated with each other as and when required but were not invited to meetings within the service.

The sonographers liaised closely with the local maternity services and any refers for the medical scans for any follow up care that may be required.

Sonographers always advised pregnant ladies to continue with their routine NHS baby scans and share information with their midwife and we observed this during our inspection.

Staff were also able to contact the local safeguarding team should they need to make a referral.

Seven-day services

The service organised clinic lists to accommodate patient access.

Requires Improvement

Diagnostic and screening services

The service usually ran on set days of the week. The service had appointments in the evening and weekend to allow patients to easily access the service. Staff told us how they could be flexible to accommodate patient requests or if there was an increase in demand.

Health promotion

There was no evidence of health promotion for this service. Staff told us that this would fall under the remit of the NHS for the baby scanning service or the referrer for medical scans.

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 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. Staff could not recall a time when they had a concern about capacity but told us that they would not carry out a scan if they had concerns about a patients ability to consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Information on the scans was given at the time of booking and was available on the organisations website. We observed staff explain the scan and its purposed before seeking verbal consent before commencing. Patients signed an information form after the scan to confirm they were happy with the procedure. This was stored in the patients records.

Are Diagnostic and screening services caring?

Good

Our rating of caring stayed the same. 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.

We observed staff treat patients well and with kindness. Throughout the scan the sonographer checked that the patient was comfortable and had no concerns.

Staff followed policy to keep patient care and treatment confidential. The clinic room was kept shut for the duration that the patient was in the room.

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

There was a scan assistant in the scanning room with the sonographer for all scans. The scan assistant acted as a chaperone and offered support to the patient and their families.

Requires Improvement

Diagnostic and screening services

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff described how they had supported patients in the past with bad news and how the patients had later thanked staff for how well they had handled the situations. Staff told us they would support the patients with accessing additional care from other services if required.

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. We observed that staff were calm and reassuring throughout the scan the sonographer provided reassurance about what was being imaged and displayed on the screen and shared what they observed.

Staff were invested in ensuring the experience of having a baby scan was special for the women and their families and appeared to share in the excitement of the experience.

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. Family and friends (in line with current government guidance on Covid-19) were welcome in the scan room and there were large clear screens positioned in the room to ensure that everyone in the room could see the scan images.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We observed a scan taking place where a sibling was present, and the sonographer and scan assistant ensured that they were included.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. During the inspection we observed staff handing out patient feedback forms to patients who had a scan.

Patients gave positive feedback about the service. From August 2020 to July 2021 there were 394 patient feedback forms completed across all services offered at The Nottingham Road Clinic. 99% of people said they were either very satisfied or satisfied with the overall satisfaction of the clinic with 1% remaining neutral.

Are Diagnostic and screening services 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.

Requires Improvement

Diagnostic and screening services

The service operated extended opening hours to enable patients to access the service in the evening and at weekends. Staff told us that people could access an appointment when they required one and where necessary additional appointment slots could be made available. The service and the sonographers were passionate about the service being accessible for the local population so ensured that prices were kept competitive.

Facilities and premises were appropriate for the services being delivered. The clinic was housed in a large Victorian building with clear designated waiting areas and good signage.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted.

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.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff told us they would access support specific for the patients needs if required.

The clinic was accessible for people with reduced mobility. The scans were completed on the first floor and this was accessible by stairs or a lift. The toilet was accessible for people who used a wheel-chair.

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

Access and flow

People could access the service when they needed it.

The service was not open seven days however, morning, evening and weekend clinics were available to allow patients access to the service outside of working hours.

Patients could book the scans over the phone at a time to suit them. If patients required an urgent scan staff told us they could be flexible with the hours they worked to meet patient needs. Staff told us that there were plans to have an online booking system but this was not in place at the time of our inspection.

Appointment slots varied dependent on the type of scan that was required. This helped to ensure that clinics ran to time and that patients were not made to wait for long periods of time. At the time of our inspection we saw that all appointments were running on time.

There was no waiting time for scan reports, scan reports were written on the day of the scan, given to the patient and e-mailed to the referrer (if permission was given).

Learning from complaints and concerns

See information under this sub-heading in the main surgery section.

There had been no complaints in relation to the scanning service in the previous year.

Requires Improvement

Diagnostic and screening services

Are Diagnostic and screening services well-led?

Inadequate

Our rating of well led went down. We rated it as inadequate.

Leadership

See information under this sub-heading in the main surgery section.

Vision and Strategy

See information under this sub-heading in the main surgery section.

Culture

See information under this sub-heading in the main surgery section.

Governance

There was a lack of involvement of the scanning service within the governance structure for the service. The audits for the scanning service were not included within the governance structure and there was lack of oversight of the sonographers ongoing competencies.

Management of risk, issues and performance

See information under this sub-heading in the main surgery section.

Information Management

See information under this sub-heading in the main surgery section.

Engagement

See information under this sub-heading in the main surgery section.

Learning, continuous improvement and innovation

See information under this sub-heading in the main surgery section.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service must ensure there is oversight of the WHO checklist process. • The service must ensure that patients photographs are stored securely. • The service must ensure that governance processes cover the full range of services provided. • The service must strengthen its risk management processes to ensure that risks are appropriately identified, managed and reviewed.

Regulated activity	Regulation
Surgical procedures Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure it provides clinical staff with training in deteriorating patients, sepsis and VTE. • The service must ensure that staff follow nationally recognised guidance on how to identify a deteriorating patient. • The service must ensure that where medicines and medicinal gases are available that staff are trained and competent in how to use them.

Regulated activity	Regulation
Surgical procedures Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment • The service must ensure that resuscitation equipment contains all the required components.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The service must ensure that staffs competence is assessed on employment and ongoing.