

The Harley Street Centre for Women Limited

The Harley Street Centre for Women

Inspection report

78 Harley Street
London
W1G 7HJ
Tel: 02070348945

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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?

Requires Improvement 

Are services effective?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We rated this service for the first time. We rated it as good because:

- **The service provided mandatory training and monitored if staff completed their training. Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse. The service controlled infection risk well. The design, maintenance and use of facilities, premises and equipment kept people safe. 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 used systems and processes to safely prescribe, administer, record and store medicines. Incidents were recorded and managed appropriately.**
- **The service provided care and treatment based on national guidance and evidence-based practice. Staff monitored the effectiveness of care and treatment. 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 worked together as a team to benefit patients. Staff gave patients practical support and advice to lead healthier lives. Staff supported patients to make informed decisions about their care and treatment.**
- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**
- **The service planned and provided care in a way that met the needs of people who used the service. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.**
- **Leaders understood and managed the priorities and issues the service faced. The service had a vision for what it wanted to achieve. Staff felt respected, supported and valued. The service had an appropriate governance system. Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. The information systems were secure. Leaders actively and openly engaged with patients and staff.**

However:

- **Records were not stored in an organised manner in line with professional guidance.**
- **Some staff were not aware of the provider's internal procedure in handling a deteriorating patient, but were instead following the procedure of the hospital the provider rented space from.**

Summary of findings

Our judgements about each of the main services

Service

Outpatients

Rating

Good



Summary of each main service

We rated this service for the first time. We rated it as good because:

- **The service provided mandatory training and monitored if staff completed their training. Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse. The service controlled infection risk well. The design, maintenance and use of facilities, premises and equipment kept people safe. 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 used systems and processes to safely prescribe, administer, record and store medicines. Incidents were recorded and managed appropriately.**
- **The service provided care and treatment based on national guidance and evidence-based practice. Staff monitored the effectiveness of care and treatment. 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 worked together as a team to benefit patients. Staff gave patients practical support and advice to lead healthier lives. Staff supported patients to make informed decisions about their care and treatment.**
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Summary of findings

- **The service planned and provided care in a way that met the needs of people who used the service. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.**
- **Leaders understood and managed the priorities and issues the service faced. The service had a vision for what it wanted to achieve. Staff felt respected, supported and valued. The service had an appropriate governance system. Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. The information systems were secure. Leaders actively and openly engaged with patients and staff.**

However:

- **Records were not stored in an organised manner in line with professional guidance.**

We rated this service as good because it was effective, caring, responsive, and well-led although safety requires improvement.

Diagnostic imaging

Good



We rated this service for the first time. We rated it as good because:

- **Records related to diagnostic imaging were kept in an organised manner in line with professional guidance. The service provided mandatory training and monitored if staff completed their training. Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse. The service controlled infection risk well. The design, maintenance and use of facilities, premises and equipment kept people safe. 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 used systems and processes to safely prescribe, administer, record and store medicines. Incidents were recorded and managed appropriately.**

Summary of findings

- **The service provided care and treatment based on national guidance and evidence-based practice. Staff monitored the effectiveness of care and treatment. 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 worked together as a team to benefit patients. Staff gave patients practical support and advice to lead healthier lives. Staff supported patients to make informed decisions about their care and treatment.**
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- **Leaders understood and managed the priorities and issues the service faced. The service had a vision for what it wanted to achieve. Staff felt respected, supported and valued. The service had an appropriate governance system. Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. The information systems were secure. Leaders actively and openly engaged with patients and staff.**

Diagnostic imaging is a smaller proportion of hospital activity. The main service was outpatients. Where arrangements were the same, we have reported findings in the outpatient section.

Summary of findings

We rated this core service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

Contents

Summary of this inspection

Background to The Harley Street Centre for Women

Page

8

Information about The Harley Street Centre for Women

8

Our findings from this inspection

Overview of ratings

10

Our findings by main service

11

Summary of this inspection

Background to The Harley Street Centre for Women

The Harley Street Centre for Women is a small independent health service which specialises in women's reproductive health, gynaecological health and care during pregnancy. All care provided at the service was consultant led. The service operated on the second floor of 78 Harley Street, London which the service rented from an external independent health hospital provider. The service offered outpatient consultation services and ultrasound pregnancy scans. The service only saw patients aged 18 and upwards.

For the period of November 2020 to October 2021 the service conducted;

- 2329 outpatient consultations
- 1640 ultrasound scans

The service is registered for the following regulated activities:

- Treatment of disease, disorder and injury.
- Diagnostic and screening procedures.
- Maternity and Midwifery services
- Family Planning

The service has had a registered manager in place since it first registered in 2013. This was our first inspection of this service since it registered. The service had a total of 16 staff with 10 being consultants, four administrative staff, one phlebotomist and one practice manager.

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

How we carried out this inspection

This inspection was carried out by a CQC inspector and a specialised advisor. It was overseen by an inspection manager and the head of hospital inspection, Nicola Wise. We spoke to six members of staff on the day of the inspection which included; managerial staff, medical staff and administrative staff. We observed the care and treatment of patients. We spoke to three patients. We visited all areas of the location which included; waiting areas, clinical rooms, offices and toilet facilities. We reviewed 10 patient records.

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

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.

Summary of this inspection

Action the service MUST take to improve:

- The service must ensure that records are kept in an organised manner. Records should be organised in compliance with professional guidance. Staff should avoid the use of blank paper unless necessary when recording patient interactions.

Action the service SHOULD take to improve:

- The service should ensure that all staff are aware of the internal procedure for deteriorating patients in line with the provider policy.
- The service should ensure all staff and governance related meetings are recorded in writing and stored in an accessible location.
- The service should ensure all written patient information can be made available in languages it's patients and visitors require in addition to English.






Our findings

Overview of ratings

Our ratings for this location are:

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

Outpatients

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

Are Outpatients safe?

Requires Improvement 

This is the first time we rated safe for this service. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to staff and monitored if staff completed their training.

Staff kept up-to-date with mandatory training. Medical staff training completion rates varied between 80% and 100% at the time of the inspection. All administrative staff had completed the required mandatory training, however at the time of the inspection we noted that this staffing group was not provided with basic life support training. After the inspection we were provided with evidence to show that this staff group had been booked to receive basic life support training. Medical staff working at the location were all trained in advance life support through their NHS practice. The mandatory training for medical staff was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted administrative staff when they needed to update their training. Medical staff training was monitored annually as part of their practising privileges contract by a third-party organisation who the provider had a service level agreement with.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse.

Medical staff received training specific for their role on how to recognise and report abuse by their NHS practices. We saw evidence to show that 100% of medical staff had completed safeguarding level 2 for adults and 90% had completed safeguarding level 2 training for children. At the time of the inspection, administrative staff were only trained up to level 1 for both adults and children, however we were provided evidence after the inspection to show that all administrative staff were booked onto level 2 training for both adults and children. Medical staff we spoke with told us that female genital mutilation training was delivered as a part of their safeguarding training conducted at their NHS practices. Staff we spoke with understood the importance of this training due to the nature of the service they provided. There was a service level agreement in place for the provision of level 3 safeguarding support from a local independent health provider. Staff could give examples of how to protect patients from harassment and discrimination; including those with protected characteristics under the Equality Act. The service had an appropriate safeguarding policy and staff knew how

Outpatients

to make a safeguarding referral. Staff we spoke with described how they followed safe procedures for children visiting the service, but they told us that it was uncommon for children to visit. The service did not see children or babies as patients. A chaperoning service was advertised, and staff told us of examples when this was used, such as for intimate 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. The service generally performed well in the monthly cleanliness audits conducted by an external organisation. For the period of September to November 2021, the service scored 90%, but the results showed the service had a repeat problem with dust build-up on low-use surfaces. The registered manager told us that they had relayed this information to the external cleaners and were monitoring the situation regularly. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles including the use of personal protective equipment (PPE) and conducted hand hygiene audits. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw evidence to show that staff followed professional guidance in relation to the cleaning of probes after intimate scans

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 service had suitable facilities to meet the needs of patients' families. The building was suitable for disabled access and the service was accessible by lift and toilet facilities were able to accommodate wheelchair users. Staff carried out regular safety checks of specialist equipment such as ultrasound machines. There was a service level agreement in place with the ultrasound machine manufacturer for the regular maintenance and quality assurance of the machine. The service had enough suitable equipment to help them to safely care for patients. Staff had access to appropriate personal protective equipment in relation to Covid-19 national guidance. A service level agreement was in place for the use of resuscitation equipment, which was provided and safety checked by the independent hospital the service rented their clinical space from. We saw evidence to show the resuscitation equipment was compliant with national and professional standards and was checked on a regular basis. Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Clinical staff completed risk assessments for each patient. Staff aimed to minimise risks to patients and visitors, however not all staff were aware of the deteriorating patient policy.

The service had a deteriorating patient policy which outlined the roles and responsibilities of staff during an emergency scenario, the service was also able to utilise assistance through the independent hospital they rented space from. Staff we spoke with told us they would respond promptly to any sudden deterioration in a patient's health. However, medical staff told us that they would call the internal emergency number "2222" for assistance first which was not in line with the provider's own policy of dialing "999" first. This increased the risk to patients and visitors in an emergency scenario as the service and the independent health hospital the service rented space from were not equipped to provide care to patients in a serious condition. Administrative staff we spoke with correctly told us they would first dial "999" before using the internal system for help. Medical staff were trained in advance life support, however at the time of the inspection administrative staff were not provided with life support training of any kind. This meant they were unable to

Outpatients

help medical staff in an emergency scenario; however, we were provided with evidence after the inspection which showed that managers recognised this risk and had since booked all administrative staff onto basic life support training. Staff completed risk assessments for each patient during consultations, using a recognised tool, and reviewed this regularly during ongoing consultations. Staff shared key information to keep patients safe when handing over their care to others. Patients were provided with an ante-natal book which recorded any observations or important clinical notes so that if the patient needed to present to another provider in an emergency the staff providing the emergency care were aware of any specific medical issues. The service had access to mental health support and psychiatry service if staff were concerned about a patient's mental health.

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 regularly reviewed staffing levels.

The service had enough staff to keep patients safe. The service had one practice manager, four administrative staff, one phlebotomist and 10 medical consultants, this was appropriate for the service. The service did not have any vacancies at the time of the inspection. Sickness rates for staff were low with 1.2% for administrative staff and no sickness recorded for medical staff. The service did not use bank or locum staff. Managers made sure newly employed staff had a full induction to the service before they started work.

Records

Records were not stored in an organised manner. Records were stored securely and easily available to all staff providing care.

Patient notes were paper based and were not kept in an organised manner. We reviewed 10 patient records and found them all to contain a mixture of letters, scan results, notes from patient interactions held at external providers and notes made on blank paper. Notes recorded on blank paper did not contain identifiable patient details and were illegible. This meant that if these notes were detached from their respective folders it would be difficult to ascertain which patient these notes were regarding. Medical staff were not recording notes according to professional guidance as the notes did not always contain patient details, were not always legible, did not always have a date, signature and name of medical staff. Patient records regarding scans conducted at the provider were stored on the ultrasound machine and backed-up on an external hard-drive. Patient records were stored securely in a locked cupboard and the cupboards were stored in a locked room overnight. Staff were able to easily access patient records.

We were provided with information after the inspection to show that the provider was in the process of purchasing an electronic record system. The provider believed that this system would mitigate the issues identified about the patient records as described above.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed all medicines and prescribing documents safely. There were no controlled drugs stored at the location. Patients were provided with prescriptions to collect medicines from an external pharmacy. Prescription documents were stored securely in a locked drawer. Staff learned from safety alerts and incidents to improve practice.

Outpatients

Incidents

Staff recognised incidents and near misses and reported them according to provider policy. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with trust/provider policy. The service had not reported any never events. Managers shared learning about incidents with staff. Staff understood the duty of candour but told us that there had not been any incidents where duty of candour had to be applied. Staff met to discuss the feedback and look at improvements to patient care. Managers debriefed and supported staff after any incidents were reported. We saw evidence to show the service had three incidents in the period of November 2020 to November 2021. No incident resulted in harm to patients.

Are Outpatients effective?

Inspected but not rated 

We do not rate effective for this core service.

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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The directors of the service reviewed and disseminated professional guidance in relation to their respective medical specialities to medical staff and the registered manager oversaw the implementation of all national guidance such as Covid-19 guidance, guidance from the National Institute of Clinical Excellence and safety alerts.

Pain relief

Staff assessed and monitored patients to see if they were in pain and provided support where necessary.

Patients were routinely assessed for pain using recognised tools during consultations and ultrasound scans. Staff prescribed suitable pain relief in line with individual needs and best practice. The service did not provide or dispense pain medication. Staff advised patients on how to safely manage their pain during pregnancy.

Patient outcomes

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

Medical Staff conducted annual audits to check the quality of the scans conducted at the service. The results for the latest audit conducted in April 2021 showed that all scans were in line with professional guidance, however the results noted that medical staff did not always record the name of the chaperone in the patient record. Staff also conducted audits for the quality of patient records, prescriptions, environment and treatment delays or cancellations. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

Outpatients

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. We were provided with evidence to show that all medical staff working at the service participated in local or national leadership roles, had participated in peer review work and had aided in authoring national or professional guidance. Medical staff told us they were encouraged by the service directors to participate in external leadership and academic roles. Administrative staff we spoke with told us they felt supported in seeking training and development opportunities relevant to their role. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work, we saw data to show that all staff had their appraisals. The registered manager completed appraisals for administrative staff whilst the medical staff had their appraisals completed at their respective NHS practices. Managers made sure staff attended team meetings or had access to full notes when they could not attend. Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

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

Medical staff attended regular and effective multidisciplinary team (MDT) meetings at an external independent health hospital to discuss patients and improve their care. Due to the size and scope of the service it was not appropriate to hold MDT meetings at the location, therefore the medical staff discussed complicated cases which were seen at the service in an MDT held externally. We were provided with examples how the service worked with other independent health providers and the NHS when required to care for patients, such as when liaising with GPs or NHS staff about a patient's health after discharge.

Seven-day services

Key services were available when patients and their families required it.

The service was available Monday to Friday from 8am to 7pm. The service was able to accommodate walk-in patients requiring same day scans. Patients that were seen as part of an ongoing care plan were provided with the contact details for their consultant which they could use whenever they required.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. Patients were provided with a range of information aimed at addressing lifestyle and health concerns for pregnant women and new born infants with topics such as diet, smoking, Covid-19, preventing illnesses, and drugs. Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff recorded verbal

Outpatients

consent for intimate scans in patient records, this was audited on an annual basis, the latest results from April 2021 showed that compliance was high. Patients were not required to sign consent forms for any procedure or scans conducted at the location. Staff made sure patients consented to scans based on all the information available. The service did not scan or see patients who could not consent by themselves, patients which were identified as requiring additional mental health support were referred on to more appropriate services for their needs.

Are Outpatients caring?

Good 

This is the first time we rated caring for this service. 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 said staff treated them well and with kindness. The service undertook an annual patient feedback survey, the latest result from April 2021 had a 63% response rate and showed 97% of patients would be extremely likely to recommend the service to friends and family. The data showed 100% of responding patients said that they were treated with respect and dignity. Staff followed policy to keep patient care and treatment confidential. Patients that required intimate scans or examinations were provided with a chaperone. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients we spoke with on the day of the inspection spoke positively about the care provided. We saw numerous examples of letters and cards of gratitude where patients had expressed their positive feelings towards the staff and service provided.

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 that patients that received bad news were provided with a private space and they were regularly checked upon. Patients that were emotionally distressed were not provided with billing information on the day of their appointment but were contacted on a later date. Staff told us of examples where they had called taxi's free of charge for patients that had received bad news. Medical staff had undertaken training in their NHS practices on breaking bad news and demonstrated empathy when having difficult conversations. Administrative staff provided patients with informal emotional support and aimed to make patients comfortable. 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. The registered manager told us that patients were able to be referred to a local psychiatry and counselling service if required.

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.

Outpatients

Staff made sure patients and those close to them understood their care and treatment. Staff supported patients to make informed decisions about their care. All patients that responded to the feedback survey said they were involved to the level they wanted to be in decision making about their care and treatment. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Data from the feedback survey showed 100% of responding patients agreed that staff listened to what they and their families had to say. 63% of patients said they received answers to the questions they raised, with the other 37% responding that they did not want to ask questions. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We saw that there was a comment box in the waiting area, however staff told us that this was rarely used and that patients often just provided verbal feedback. Patients gave positive feedback about the service.

Are Outpatients responsive?

Good 

This is the first time we rated responsive for this service. 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 people who used the service.

Managers planned and organised services so they met the needs of the people using them. The service minimised the number of times patients needed to attend the service, by ensuring patients had access to the required staff, scans and blood tests on one occasion. Facilities and premises were appropriate for the services being delivered. Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments. The service provided remote consultations conducted by telephone or video conferencing service for patients that required it.

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. The service was accessible for patients living with disabilities and the facilities were accessible for people who use wheelchairs. The service was unable to cater for patients living with dementia or learning difficulties as it was an inappropriate setting for this patient group. This was noted in the inclusion and exclusion criteria which is a document that explains what types of patients the service is able to safely accommodate. Staff told us that patients living with learning difficulties were referred to more appropriate services at external independent health hospitals or NHS services. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed, however the service had information leaflets available in English only.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. There was no waiting list to access the service and patients were able to walk-in and receive same day appointments for scans. Consultant appointments required booking and was dependant on the clinician the patient wanted to see. Staff conducted an audit for patients waiting to be seen on the day of their appointment, the

Outpatients

previous audit conducted in April 2021 showed that most patients were seen between 5 to 15 minutes of their scheduled appointment. Staff told us that any delays were usually due to consultants spending extra time with patients. The registered manager told us that non-attendance was a rare occurrence for the service, however when patients did not attend for a scheduled appointment then staff would contact them and re-schedule.

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.

Patients, relatives and carers knew how to complain or raise concerns. Patients were able to raise concerns informally by speaking to a member of staff or through the formal complaints process in writing. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. The service received a total of two complaints both formal and informal for the period of November 2020 to November 2021. We saw evidence to show that the complaints were resolved within the timeframe of 31 days as per the provider policy. The main themes around the complaints were regarding waiting time, staff attitude, cancellations and billing disputes. Staff conducted an audit to check if the complaint policy was being followed accurately and the results for the previous audit conducted in October 2021 showed 100% compliance. The service was signed up to a third party service where patient complaints could be escalated. Managers investigated complaints and identified themes, we saw evidence of this and examples of the actions taken. 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 such as the service recently implementing online booking system for patients to access through the service's website.

Are Outpatients well-led?

This is the first time we rated well-led for this service. We rated it as good.

Leadership

Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The service was led by two directors whom also practiced as medical consultants at the service. Daily managerial duties were the responsibility of the practice manager who was also the registered manager. The practice manager also had line manager duties for the administrative staff. The leadership team was available for patients and staff to speak with and all staff we spoke with on the day of the inspection told us they felt the leadership team was approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve.

The service had a vision and strategy document, outlining the vision which was to “deliver the highest possible standard of care, treatment and support that meets patients’ needs, enabling us to strive towards excellence through best

Outpatients

practice.” Managerial staff we spoke with on the day told us that they did not monitor the progress of their strategy and they did not have a timeline of goals that they wanted the service to achieve as this was not appropriate for their service due to its size and scope. Managerial staff explained that they envisioned the service continuing as it was with improvement being driven by patient feedback.

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. The service had an open culture where patients could raise concerns without fear.

We observed there to be a culture of openness and teamwork and found that all staff worked towards the goal of a positive patient experience. Administrative and medical staff worked well together and there was a positive working culture between the two staffing groups. Staff we spoke with told us they found their experience of working at the service to be positive. Administrative and medical staff both agreed that the culture was non-hierarchical, and that equality and diversity were promoted. The service published treatment prices on their website. Staff were enthusiastic about receiving patient feedback and encouraged patients to provide both negative and positive comments.

Governance

The service had an appropriate governance system. 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.

The service had a basic governance system which was appropriate for the size and scope of the service. The registered manager chaired quarterly staff meetings for administrative staff where certain governance topics were discussed and learnings disseminated, such as incidents, complaints, infection control and patient experience, these meetings were recorded in writing and we saw evidence of this. The registered manager also had monthly meetings with the service directors where operational, governance and business related topics were discussed, however these meetings were not recorded in writing. Medical staff had an annual meeting to discuss certain governance and business topics with the service directors. The approval and monitoring of practising privileges for medical staff was conducted by the external independent health provider the service rented their space from, this was stipulated in a service level agreement. The provider assured themselves by requesting a copy of the checks conducted on an annual basis. The service also had a service level agreement with the external independent health provider for cleaning services, waste management, provision of emergency equipment and assistance, business continuity in case of equipment or environmental failure and use of common waiting areas. The service level agreements were overseen by the service directors and practice manager.

Management of risk, issues and performance

Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Staff completed risk assessments and recorded them appropriately on the comprehensive risk register. We found the risks recorded on the register were in line with what staff told us during the inspection. We saw evidence to show that managerial staff reviewed the risks regularly and conducted mitigating actions to reduce the risk. Risks and mitigating actions were discussed during the quarterly administrative staff meeting and the monthly director meeting. The service had a plan in place for disruption caused by equipment or environmental failure. The service had a plan in place for staff to safely work during the Covid-19 pandemic, the registered manager monitored government guidance and advised staff accordingly.

Outpatients

Information Management

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure.

The service used an electronic system to store patient identifiable information and scan images and results were stored on an electronic system built into the scanning machine. The information on these systems were backed-up on a secure network. The service had a service level agreement with an external IT company for the management of its electronic systems and data security. Staff followed professional guidance in relation to managing sensitive patient information. Patient records were paper based and were kept securely in locked cupboards. Information was easily accessible to staff and available when they required it. Polices were stored in paper folders and on a shared drive in the IT system.

Engagement

Leaders actively and openly engaged with patients and staff. They collaborated with staff to help improve services for patients.






The service conducted a patient feedback survey on an annual basis, the feedback received was used to improve the care and treatment provided. Leaders encouraged patients and those visiting with them to provide feedback both formally and informally. We were shown an example of how patient feedback caused the service to add an online booking option to the website. Due to the small size of the service it was not appropriate for the service to use an anonymised staff feedback survey. Staff were engaged with by leaders during formal staff meetings and regular informal meetings. Staff we spoke with told us they were encouraged to raise concerns and comments about the service and felt at ease to do so. We saw examples of changes to working practices due to staff engagement such as: hiring of new administrative staff due to increased workloads, a new coffee machine and free treatment for staff and their families.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service had a quality improvement plan which outlined the improvement goals for the service over the next 12 months. The improvement plans included; improving the policies stored on the share drive, increasing the amount of audits conducted, improving the quality of audits conducted, improving how the service monitored risks, improving how the service managed incidents and increasing the amount of written information provided to patients. Staff we spoke with on the day of the inspection told us they felt encouraged to raise suggestions on how to improve the service. Leaders we spoke with told us that they welcomed innovation, but the care and treatment they provided to the service users was comprehensive of their needs.

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good 

This is the first time we rated safe for this service. We rated it as good.

Mandatory training

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

Please refer to outpatients core service section of the report.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse.

Please refer to outpatients core service section of the report.

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.

We saw evidence to show that staff followed professional guidance in relation to the cleaning of probes after intimate scans. We saw evidence to show staff disinfected and cleaned the ultrasound machine on a regular basis in line with professional guidance and manufacturer recommendation.

Please refer to outpatients core service section of the report for additional information.

Environment and equipment

Diagnostic imaging

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

Staff carried out regular safety checks of specialist equipment such as ultrasound machines. There was a service level agreement in place with the ultrasound machine manufacturer for the regular maintenance and quality assurance of the machine. We saw staff use appropriate personal protective equipment when scanning patients.

Please refer to outpatients core service section of the report for additional information.

Assessing and responding to patient risk

Clinical staff completed risk assessments for each patient. Staff aimed to minimise risks to patients and visitors, however not all staff were aware of the deteriorating patient policy.

Please refer to outpatients core service section of the report.

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 regularly reviewed staffing levels.

The service did not employ sonography staff, all ultrasound scans were conducted by medical consultants.

Please refer to outpatients core service section of the report for additional information.

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 records regarding scans conducted at the provider were stored on the ultrasound machine and backed-up on an external hard-drive. Diagnostic scan records were kept and stored in line with professional guidance. The service provided access to ultrasound results and images through an electronic portal, which the patient was able to access 48 hours after the scan. Staff explained that external organisations such as NHS services could access patient records and images in the same manner if required.

Please refer to outpatients core service section of the report for additional information.

Medicines

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

Please refer to outpatients core service section of the report.

Incidents

Diagnostic imaging

Staff recognised incidents and near misses and reported them according to provider policy. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

Please refer to outpatients core service section of the report.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not rate effective for this core service.

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.

Please refer to outpatients core service section of the report.

Pain relief

Staff assessed and monitored patients to see if they were in pain and provided support where necessary.

Please refer to outpatients core service section of the report.

Patient outcomes

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

Please refer to outpatients core service section of the report.

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.

Please refer to outpatients core service section of the report.

Multidisciplinary working

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

Please refer to outpatients core service section of the report.

Diagnostic imaging

Seven-day services

Key services were available when patients and their families required it.

Please refer to outpatients core service section of the report.

Health promotion

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

Please refer to outpatients core service section of the report.

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.

Please refer to outpatients core service section of the report.

Are Diagnostic imaging caring?

This is the first time we rated caring for this service. 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.

Please refer to outpatients core service section of the report.

Emotional support

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

Please refer to outpatients core service section of the report.

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.

Please refer to outpatients core service section of the report.

Good 

Diagnostic imaging

Are Diagnostic imaging responsive?

Good 

This is the first time we rated responsive for this service. 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 people who used the service.

Please refer to outpatients core service section of the report.

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.

Please refer to outpatients core service section of the report.

Access and flow

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

Please refer to outpatients core service section of the report.

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.

Please refer to outpatients core service section of the report.

Are Diagnostic imaging well-led?

Good 

This is the first time we rated well-led for this service. We rated it as good

Leadership

Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

Please refer to outpatients core service section of the report.

Diagnostic imaging

Vision and Strategy

The service had a vision for what it wanted to achieve.

Please refer to outpatients core service section of the report.

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. The service had an open culture where patients could raise concerns without fear.

Please refer to outpatients core service section of the report.

Governance

The service had an appropriate governance system. 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.

Please refer to outpatients core service section of the report.

Management of risk, issues and performance

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Please refer to outpatients core service section of the report.

Information Management

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure.

Please refer to outpatients core service section of the report.

Engagement

Leaders actively and openly engaged with patients and staff. They collaborated with staff to help improve services for patients.

Please refer to outpatients core service section of the report.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Diagnostic imaging

Please refer to outpatients core service section of the report.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure that records are kept in an organised manner. Records should be organised in compliance with professional guidance. Staff should avoid the use of blank paper unless necessary when recording patient interactions.