

Ultrasound Link Ltd

London Pregnancy Clinic

Inspection report

1st Floor
36 Spital Square
London
E1 6DY
Tel: 02036872939
www.cityultrasound.co.uk

Date of inspection visit: 27 July 2022
Date of publication: 07/10/2022

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was the first time this service had been inspected and rated. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women and had access to good information.
- Staff treated women 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 women, families and friends.
- The service planned care to meet the needs of local people, took account of women's' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to London Pregnancy Clinic

Page

5

Information about London Pregnancy Clinic

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to London Pregnancy Clinic

London Pregnancy Clinic is an independent provider based in Spital Square London that offers 2D and 3D/4D pregnancy ultrasound scans, doppler scans, viability scans, 10-week scans, early foetal scans, non-invasive prenatal tests (NIPT), anomaly scans, wellbeing scans and presentation scans.

There is one scanning room and the scanner in use is a GE Voluson E10 ultrasound machine.

Staff employed at the clinic include two sonographers, a practice manager, a phlebotomist, and two administrators.

The registered manager was also the lead sonographer. This will be their first CQC inspection since registration in 2021.

The service rebranded in July 22 from 'City Ultrasound' however it offers the same service in the same location with the same team.

The service is registered with the CQC to provide the regulated activity:

- Diagnostic and screening procedures

How we carried out this inspection

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

Outstanding practice

We found the following outstanding practice:

- The service worked with two charities, the Vasa Previa Charity (<https://vasapraevia.co.uk/>) and the medical advocacy group MARS (<http://marsorg.com/>). These organisations referred patients to the service to look at special cases which require expert foetal medicine scans. These patients either did not pay fees or paid discounted fees.
- The service offered pregnant Ukrainian refugees free scans.
- The service used model's representative of different ethnicities showing different stages of foetal development during scans to convey meaningful real-world representation of the size and position of the foetus.
- The registered manager was a leader in their field and ran the regional ultrasound school as well as lecturing internationally on the topic of foetal medicine.
- The registered manager was involved as a consultant in the research and development of new ultrasound machinery with multiple companies.

Our findings






Overview of ratings

Our ratings for this location are:

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

Diagnostic and screening services

Good 

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

Are Diagnostic and screening services safe?

Good 

We have not previously rated 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.

Staff received and kept up-to-date with their mandatory training. Compliance for all staff was 100%. The target for all mandatory training was 90%.

The mandatory training was comprehensive and met the needs of patients and staff. This training included basic life support, infection control, and privacy and safety. Staff told us the training was mostly delivered via e-learning but that some modules such as chaperoning were delivered face to face in order to provide a service specific level of detail. Staff told us they received reminders when training was due for renewal.

Managers monitored mandatory training through a training matrix and alerted staff when they needed to update their training weekly.

Senior managers told us sonographers at the service completed some mandatory training at their employing NHS hospital. Evidence of this was checked routinely by managers and included within the training matrix.

Safeguarding

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

The registered manager was the safeguarding lead for the service and had completed level three safeguarding training. The service target for completion of safeguarding training was 95%. All staff received level two safeguarding training in adults and children and service data showed compliance was 100%.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Safeguarding policies and procedures were in place. These were available electronically for staff to refer to.

Diagnostic and screening services

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral following the safeguarding referral flowchart and who to inform if they had concerns.

There was a chaperone policy and we saw signs throughout the service advising women how to access a chaperone should they wish to do so. We were told the service encouraged women to use a staff member as a chaperone and found all staff at the service demonstrated good knowledge of the processes they were observing.

Cleanliness, infection control and hygiene

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

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw an in-date infection prevention and control policy that was specific to the service and was compliant with national guidance.

Both patient areas and clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

At the time of inspection, the service was compliant with all government COVID-19 guidance. All staff wore masks and patients were encouraged to do so if they wished with disposable masks being provided by the service.

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 scanning room was spacious and allowed ultrasound scans to be clearly seen on a visual display unit.

The service had a maintenance contract with the manufacturer for the servicing and repair of the scanning equipment in the event of breakdown. There was a service schedule in place with the service dates booked regularly. Routine servicing of equipment was always planned in advance to avoid disruption. Staff carried out daily safety checks of specialist equipment. The service had enough suitable equipment to help them to safely care for women.

Fire safety equipment and evacuation signs were sited at strategic points throughout the clinic, and smoke and fire alarms were fitted. External contractors had completed fire equipment safety checks.

Electrical devices were labelled with the dates of the most recent electrical safety test, which provided a visual check that they had been examined to ensure they were safe to use.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each woman and removed or minimised risks. Staff knew what to do and acted quickly when there was an emergency.

Diagnostic and screening services

The registered manager described how the service assessed clients and we saw examples of completed risk assessments in the patient records we reviewed.

The service had a deteriorating patient protocol that followed national guidance. Staff knew what to do in an emergency and all staff had completed training in basic life support. There was an in-date first aid kit located on the reception area.

Staff explained that the service used latex-free gloves and scanner probe covers to reduce the risk allergic reaction in clients or staff. The service also used individually sachets of gel for scans in line with best practice.

We saw protocols for any occasion when the sonographer saw any unexpected results on the ultrasound scan. Staff gave examples of women who were redirected to local NHS services and we saw examples of referral emails that had been completed.

The service advised women about the importance of attending their NHS antenatal scans and appointments.

Staffing

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

The registered manager of the company was also the lead sonographer, who explained that the service was operated on an appointment only basis. There was also a part time sonographer whose scans were audited by the lead sonographer.

A small team of part-time receptionists worked alongside a practice manager to support each session. The work roster was organised by the supervisor to ensure two staff were working on each session. This enabled one member of staff to always be available as a chaperone when required. The service did not use locum or agency workers.

The service had a dedicated phlebotomist and plans to provide training to an additional receptionist.

All staff underwent a full induction process which included training specific to their role as well as in depth knowledge of the scanning procedure for both clinical and non-clinical staff. This allowed all staff to act effectively as chaperones.

Records

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

Records were stored securely. The service used a password protected secure electronic system to maintain patient records. Paper records such as the consent form were scanned and uploaded to the system before being confidentially disposed of. All patient and clinical information were recorded on this system. We reviewed ten patient records and found that all documentation was completed and correct.

With the client's consent, electronic records and images could be shared with other healthcare providers.

We observed staff maintaining the confidentiality of women as computer screens were not kept open or left unattended. Staff had completed record keeping and information governance awareness as part of induction and mandatory training.

Diagnostic and screening services

Medicines

The service did not use medicines.

The service did not prescribe, administer or store any medicine.

Incidents

The service had systems to report and learn from incidents, although staff had not reported any incidents or near misses in the last year. When things went wrong, staff apologised and gave women honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff were encouraged to report and record all incidents and were able to give examples of types of incidents they would report. Staff raised concerns and reported incidents and near misses in line with the service's policy.

Staff understood the duty of candour. They were open and transparent and knew how to give patients and families a full explanation if and when things went wrong. This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support. Staff gave examples when NIPT had not provided results and the steps they had taken with women. This included another scan to provide reassurance while a second sample was sent for NIPT.

The service had no never events. Managers shared learning with their staff about never events that happened elsewhere.

Staff reported serious incidents clearly and in line with the service's policy. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

Are Diagnostic and screening services effective?

Inspected but not rated 

We do not rate the effective domain in diagnostic and screening services.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidelines produced by the service and found they were in date and based on current legislation, national guidance and best practice.

The policies and protocols we checked were version-controlled and contained appropriate references to national guidance and best practice documents. Sources of national guidance included the NHS and National Institute for Health and Care Excellence (NICE).

Diagnostic and screening services

Patient outcomes

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included quarterly appointment start times and completion rate for NIPT. Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits. This was done at regular team meetings and through email.

Managers and staff used audit results to improve patients' outcomes. We were given evidence that further options of NIPT providers had been introduced into the service in response to audits of success rates with the previously existing provider.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Improvement was checked and monitored.

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. All sonographers were specialists in obstetric ultrasound at local NHS Trusts and the lead sonographer was a medical doctor with specialism in both obstetric ultrasound and foetal medicine. Practising privileges for supporting radiologists were available and reviewed.

Managers gave all new staff a full induction tailored to their role before they started work. The service had a sonographer competency checklist that new sonographers worked through as part of their induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified poor staff performance promptly and supported staff to improve.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

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

Staff explained how they communicated within the team using emails and a secure instant messaging service. Staff told us they worked effectively across the multidisciplinary team with their colleagues.

The service supported women if any concerns were identified from a scan and staff would write a referral email to their GP or NHS early pregnancy service. The report letters we saw were of good quality.

Diagnostic and screening services

Seven-day services

Key services were available to support timely patient care.

The service was provided Monday to Friday from 9am to 5pm and Saturday from 10am to 4pm.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

Staff gained and recorded consent from women for their care and treatment in line with legislation and guidance. They asked women to complete additional consent for transvaginal scans and NIPT.

Staff received consent training as part of induction received mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Diagnostic and screening services caring?

We have not previously rated this service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way.

Women said staff treated them well and with kindness. One woman we spoke with had been unable to complete their scan due to the position of the foetus. However, they praised staff for their patience and the dignity with which they treated them and for offering to see them on another date at no additional cost. Results from patient feedback since registration showed overwhelmingly positive feedback for all aspects of the service with over 99% of reviews rating the service 5 out of 5 stars.

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

The service maintained the privacy and dignity of women during scans. The clients we spoke with confirmed that the scan room door was always closed, they were provided with suitable coverings and a privacy screen while they adjusted their clothing.

Diagnostic and screening services

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff knew the patients seen at the service were often anxious and understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. For example, the service provided women with information about support following a miscarriage. We observed staff demonstrating a calm, reassuring approach when communicating with patients.

The service users we spoke with told us that appointments felt unhurried and they were encouraged to ask questions. We received positive comments about the use of a large display screen which was linked to the scanner as well as models of the foetus at various stages of development, and the way these were used by the sonographer to explain what they were seeing.

Understanding and involvement of women and those close to them

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

The service made sure women understood their treatment by providing clear information about scan packages and costs on the website and during the appointment booking process. Service users we spoke with confirmed that they had been given clear advice on pricing as part of the booking process and we saw these listed on the service website.

Women were able to request a chaperone, who was a trained member of staff, in advance of the scan appointment. We saw this aspect was included in the information sent to women at the time of booking and service users we spoke with were aware of this.

Service users told us that staff took their time to explain the scan procedures and answered any questions.

Women could give feedback on the service and their treatment and were supported to do this.

Are Diagnostic and screening services responsive?

We have not previously rated 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 local people and the communities served.

Managers planned and organised services so they met the changing needs of the local population. The service provided obstetric ultrasound and NIPT services for private patients.

Diagnostic and screening services

Staff described how the service responded to enquiries and appointment requests by email or telephone and how they provided women with appropriate information about scan options and pricing.

The service allowed women to attend with members of their families or friends for support. The service was available Monday to Saturday. Appointment times were flexible.

Images from the scan were provided the same day. Service users we spoke with confirmed they were able to book appointments on a date convenient for them.

Facilities and premises were appropriate for the services being delivered.

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

Meeting people's individual needs

The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They directed women to other services where necessary.

Staff received training in equality, diversity and inclusion and service training records demonstrated all staff were up to date with this training.

Managers made sure staff, and women, loved ones and carers could get help from interpreters or signers when needed. Staff had access to communication aids to help patients become partners in their care. This included access to a language line which could be used to explain the scan process to the patient over the telephone.

Access and flow

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

Women were able to book appointments online, by email or telephone. Staff explained that appointment times were flexible to allow for rescans if the baby was not in the best scanning position. Appointments could be made at short notice for women however emergency scans were not offered and staff made clear at the time of booking that if women had emergency concerns, they should contact their NHS provider.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

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

Women had same day access to their scan images.

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 women in the investigation of their complaint.

Diagnostic and screening services

Women, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to provide feedback in patient areas and all women were given the opportunity to do so. Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff knew how to acknowledge complaints and women received feedback from managers after the investigation into their complaint.

Are Diagnostic and screening services well-led?

Good 

We have not previously rated this service. We rated it as good.

Leadership

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

The registered manager and practice manager were responsible for the leadership of the service and line management of staff.

All staff we spoke with told us they felt supported and listened to by their line manager. Staff told us they felt valued and spoke positively about the leadership. Staff felt encouraged to challenge leaders where appropriate.

Vision and Strategy

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

Service leaders had a clear vision that sought to expand the service and allow women to receive more antenatal care by expanding into maternity services. Funding had been approved for the recruitment of new staff including midwives and the strategy was now awaiting successful recruitment of additional staff before being implemented.

The service had a clear vision for what it wanted to achieve and a strategy to turn it into action. Progress against goals were discussed regularly in meetings.

The service had a high cost equipment replacement programme which outlined the life cycle of imaging equipment and replacement strategy. The current strategy involved leasing equipment from the manufacturer which allowed for regular manufacturer servicing and upgrades to the most up-to-date equipment when it became available.

Diagnostic and screening services

Culture

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

We found an inclusive working environment within the department. Staff we spoke with described the culture as 'women orientated', and 'in pursuit of excellence' with many referring to the anxious women they successfully helped as an important highlight of their job. We found highly dedicated staff who were positive, knowledgeable and passionate about their work and leaders in their field.

Staff told us they felt cared for, respected and listened to by their peers and managers. Staff told us they felt able to challenge unsafe practice and report them to the manager. Staff told us they received debriefs where necessary, although staff said they rarely had difficult encounters with women.

The registered manager responded positively and took immediate action as a result of any minor concerns we found on inspection and showed willingness to learn and improve.

Governance

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

The registered manager discussed quality and safety performance issues at review meetings. The manager and staff described how they shared learning from alerts or incidents. The service had version-controlled policies which had been developed for the safe and effective running of the service.

The business had agreements with third party organisations for the delivery of activities that supported the sonography, such as cleaning, waste disposal and information technology.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had a local risk register. Risks were assigned to individual members of staff, had mitigations in place and plans to address them. These were reviewed and updated regularly in line with the services risk management policy.

We spoke with the registered manager and practice manager who each had knowledge and oversight of the services main risks and understood the challenge of risks in terms of quality, improvements and performance. These correlated to the risks we identified during our inspection.

The service had a fire risk assessment, fire risk evacuation procedure, fire extinguishers and smoke detectors. All staff had completed mandatory fire safety training.

The service had a business continuity plan and valid insurance covering both public and employer liability, including professional indemnity insurance for registered professional staff.

Diagnostic and screening services

Information Management

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

Staff had completed mandatory training on information governance and cyber security.

Staff reported there were sufficient numbers of computers in the service and spoke highly of the electronic record system being used and the booking system in place.

Staff had digital access to policies and received feedback from audits on performance.

Engagement

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

Staff had regular engagement with managers at meetings, via email, and through daily interactions. Managers were involved in the day-to-day running of the service.

Management and staff described a flat organisational structure which benefitted communication. Staff surveys had not been undertaken at the service due to the small size of the team and the subsequent inability to anonymise results, however the service had begun working with a third party HR provider and were looking to implement staff surveys once staff numbers allowed for this.

The service encouraged women to feedback via reviews and we saw positive examples of feedback as well as negative feedback the registered manager had responded appropriately to.

Learning, continuous improvement and innovation

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

The registered manager and lead sonographer ran the London School of Ultrasound. Screening techniques at the service were constantly reviewed by the registered manager to leverage the most up-to-date knowledge in daily screening practices.

The registered manager was involved in the research and development arm of the manufacturer of the scanning machine used at the service and regularly inputted recommendations for improvements.