The Surrey Park Clinic

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Not sufficient evidence to rate
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

The Surrey Park Clinic is operated by The Surrey Park Clinic (IHG). The service opened in 2005 to provide specialist women's healthcare with a focus on the treatment of gynaecological issues, hormone treatment, fertility and pregnancy care. It is a private clinic in Guildford, Surrey. Facilities include one treatment room used for scanning, three consulting rooms, a phlebotomy room, a pharmacy for outpatient dispensing and a number of offices for administration purposes.

We previously completed a comprehensive inspection in October 2016 when we rated the service overall as required improvement. There were three regulatory breaches. The service provided an action plan to demonstrate how it would improve. In July 2017, we completed a follow up announced inspection where we focussed on the action plan and found the service had taken positive actions to improve and there were no breaches of regulation. We did not rerate the service following the 2017 inspection as we only reviewed actions taken to address the breaches of regulation.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the clinic on 9 January 2019.

To get to the heart of patients' experiences 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 service provides diagnostic and outpatient services including minor procedures and ultrasound scans, mostly for adults but included eight young people aged 16 to 17 years during the reporting period (August 2017 to July 2018). We inspected the outpatients and diagnostic imaging core services.

The main service provided by The Surrey Park Clinic was outpatients. Where our findings on outpatients for example, management arrangements – also apply to other core services, we do not repeat the information but cross-refer to the outpatient's section of the report.

Services we rate

Our rating of this service improved. We rated it as **Good** overall.

We found areas of good practice in relation to outpatient care that had improved since the last comprehensive inspection.

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and a new audit plan was established to check effectiveness.
- The service had suitable premises and equipment and looked after the general environment well, flooring and furnishings had improved and were easy to keep clean.
- Staff kept detailed records of patients' care and treatment using an electronic system with security safeguards. Records were clear, up-to-date and easily available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Summary of findings

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care.
- The service had a vision for what it wanted to achieve which it developed with staff.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Other areas of good practice:

- The service provided best practice when prescribing, dispensing, recording and storing medicines.
- The service made sure staff were competent for their role and supported their staff with clinical supervision.
- Staff cared for the patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service planned and provided services in a way that met the needs of patients. The service took account of patient's individual needs.

At this inspection, we found one breach of regulation as substances hazardous to health were not stored securely and in line with policy. We told the provider that it should make other improvements to help the service improve.

Nigel Acheson
Deputy Chief Inspector of Hospitals (South)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good	The clinic offers consultations for women specialising in gynaecology, infertility, pregnancy and menopause.
Diagnostic imaging	Good	The clinic has one scanning machine and offers ultrasound scans, for diagnostic purposes.

Summary of findings

Contents

Good

The Surrey Park Clinic

Services we looked at
Outpatients; Diagnostic imaging.

Summary of this inspection

Background to The Surrey Park Clinic

The Surrey Park Clinic is operated by The Surrey Park Clinic (IHG). The service opened in 2005 to provide specialist women's healthcare. It is an independent clinic in Guildford, Surrey. The service primarily serves the communities of Surrey. It also accepts patient referrals from outside this area. The clinic only sees patients that are privately or self-funded.

The registered manager has been in post since June 2018. The clinic is registered to provide the following regulated activities: Diagnostic and screening procedures; Treatment of disease, disorder or injury and Family Planning.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, one other CQC inspector and an assistant inspector. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about The Surrey Park Clinic

We inspected two core services at the clinic, which covered all the activity undertaken. These were outpatients and diagnostic imaging. We reviewed a wide range of documents and data we requested from the provider.

During the inspection, we visited all the clinical areas of the clinic. We spoke with nine staff including registered nurses, health care assistants, reception staff, consultants and senior managers. We spoke with four patients. During our inspection, we reviewed two electronic and four paper sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected twice under the current inspection methodology, and the most recent inspection took place in July 2017.

Activity (August 2017 to July 2018)

- In the reporting period August 2017 to July 2018 There were 5,690 outpatient attendances recorded at the clinic. - including eight young people aged 16 and 17 years. Of these, 100% were privately or self-funded.
- Of all outpatient attendances 32% were first attendance and 68% were outpatient follow up.

Eight consultants worked at the hospital under practising privileges. The clinic employed 1.5 whole-time equivalent ((WTE) registered nurses and 0.7 WTE health care assistants, as well as having its own bank staff.

Track record on safety during August 2107 to July 2108

- No never events
- Nine adverse incidents
- No serious injuries

No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA)

No incidences of hospital acquired Clostridium difficile (C.Diff))

No incidences of hospital acquired E-coli

36 complaints (this number includes all verbal complaints, as well as formal complaints in writing.)

Services provided at the hospital under service level agreement:

Summary of this inspection

- Cleaning services
- IVF drugs service
- Same day pathology services
- Other pathology services
- Satellite agreement with an NHS Trust for supporting IVF services
- Maintenance of medical equipment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

Our rating of safe improved. We rated it as **Good** because:

- The service provided training in key skills for all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The service had suitable premises and equipment and looked after the general environment well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff completed risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service followed best practice when prescribing, dispensing, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them in line with policy. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The storage of substances hazardous to health was not managed in line with risk assessments.
- Not all staff had completed their mandatory training according to records seen.
- Resuscitation equipment was not checked daily and in line with local policy.
- Cleaning schedules were not consistently signed providing a complete record.
- Recent review of the medicine management policy did not demonstrate input from the onsite pharmacist.

Are services effective?

Not sufficient evidence to rate

We do not currently rate the effective domain because there is not sufficient evidence to make a judgement.

Summary of this inspection

- The service provided care and treatment based on national guidance and a new audit plan was established to check effectiveness.
- Staff monitored patients to see if they were in pain and offered pain relief if needed.
- The service made sure staff were competent for their role and supported their staff with clinical supervision.
- Staff of different kinds worked together as a team to benefit patients.
- The service was available for patients six days a week and there were arrangements were to provide support out of hours.
- Staff followed the service's policy on obtaining and recording patient consent to examination and treatment.

However:

- Not all clinical policies and standard operating procedures included version control information, including review dates.

Are services caring?

Good

Our rating of caring stayed the same. We rated it as **Good** because:

- Staff cared for the patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

Good

Our rating of responsive improved. We rated it as **Good** because:

- The service planned and provided services in a way that met the needs of patients.
- The service took account of patient's individual needs.
- Patients could access the service when they needed it, referral to treatment time was in line with good practice and patients were pleased with the flexible and prompt approach.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared with staff.

However:

- There was no process to implement a complaints escalation procedure that allowed external escalation for independent review if needed.

Summary of this inspection

Are services well-led?

Good

Our rating of well-led improved. We rated it as **Good** because:

- Managers in the service had the right skills and abilities to run a service providing high quality sustainable care.
- The service had a vision for what it wanted to achieve which it developed with staff.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service collected, managed and used information well to support its activities, using electronic systems with security safeguards.
- The service engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong, and promoting training and innovation.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Not rated	Good	Good	Good	Good
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Good

Outpatients

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are outpatients services safe?

Good

Our rating of safe improved.We rated it as **good.**

Mandatory training

- **The service provided mandatory training in key skills to all staff. At the time of inspection not all staff, had completed this.**
- Training for all staff was initiated by the clinic manager and monitored by human resources. The clinic showed a list of required training for all staff and the clinic training records showed the following completion rates.
- Infection prevention and control, manual handling and safeguarding for adults and children had been completed by 90% (all staff except one who had not submitted their completed training records from their main NHS employer); Equality and diversity and display screen equipment 80% (with two staff not completed). These figures included all clinical and non-clinical staff. The clinic aim was for all staff to complete training. Fire awareness and information governance 100% completion. One member of staff had completed fire warden training.
- The clinic ensured that each day there was a member of staff on site who had advanced life support training. Three staff had basic life support training with both nurses and three sonographers having completed advanced life support training. Two general practitioners working at the service covering four days a week had also completed advanced life support training.
- Staff told us they were given time to complete their on line mandatory training at work. They also had access to the system from home. The system did not give the staff reminder of when training was due, but we saw a spreadsheet monitoring compliance which senior staff used to remind staff to complete training.
- We saw induction records for two new members of nursing staff (one registered nurse and one healthcare assistant). These consisted of a local clinic induction (including fire procedures, orientation, equipment, treatment policies, confidentiality and the General Data Protection Regulation (GDPR)). It also included an administration induction, which included booking systems and human resources), and a bespoke clinical induction/training plan and competency assessment.
- Of the two induction records we reviewed, we saw one member of staff had completed all areas of their induction, which was signed off by the lead nurse. The other was in the process of completing it. This provided assurances around the progress of staff induction in key areas.
- However, we saw the induction did not cover incident reporting processes. We raised this with the clinic manager, who confirmed she completed this with all new staff as part of their induction, but the current checklist did not have a space to document this. The clinic manager recognised the current checklist needed updating, and showed evidence of progress to update the induction template.

Good

Outpatients

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- Staff had access to a current adult and separate child safeguarding policy. The clinic did not routinely treat children but did take a very small number of young people aged 16 and 17 years old. These policies contained information on what actions staff should take if they were concerned about a patient's safety.
- The policies contained information on how to escalate any concerns and the contact details and responsibilities of the local safeguarding board. This information was visible in a poster format around the clinic for staff and visitors to refer to.
- Staff had access to a current female genital mutilation policy, which provided guidance on reporting this in line with mandatory reporting requirements. Staff demonstrated an understanding of the need to report and how this would be done. In addition, there were information leaflets available for staff and patients.
- The clinic provided adult and child safeguarding training to all staff, including non-clinical staff. One member of staff had not completed this training but there were plans for them to do so.
- The clinic had a designated safeguarding lead, and three members of staff had completed safeguarding children level three training. This level of training to care for any children or young persons was in line with the intercollegiate guidance. Two nursing staff had completed level two adult safeguarding training.
- Staff demonstrated an awareness of their safeguarding responsibilities and the procedures to follow if they had a concern. Staff gave an example of making a referral when the safety of a patient was thought to be at risk.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.**
- All areas we visited in the clinic were visibly clean and tidy. All carpets had been replaced and flooring was easy to wipe clean. All chairs were wipeable and in a good state of repair. This was an improvement on the last inspection when there were still carpets and difficult to clean soft furnishing.
- Curtains had been replaced with blinds and in clinical areas there were disposable curtains which were dated and had been changed in the last six months.
- All clinical staff were bare below the elbows to prevent the spread of infections in line with national guidance. Staff had access to personal protective equipment such as gloves and aprons, these were available in sufficient quantities and staff were seen to be using them.
- There were alcohol hand gels at the entrance to the clinic and throughout clinical areas. We saw staff washed their hands or used gel before and after treating patients in accordance with the World Health Organisation 'five moments of hand hygiene'. Posters in the clinical area emphasised the importance of hand hygiene.
- Hand hygiene audits were undertaken monthly with observational checks being made of staff practice. All checks showed staff to be fully compliant with good practice.
- The service had stopped its only surgical procedure of labiaplasty in the last six months and reported no surgical site infections for the past year up to November 2018.
- Housekeeping cleaning equipment was kept in the sluice area and there were posters demonstrating colour coding of mops and buckets in line with the National Specifications for Cleanliness in the NHS. The area and equipment was clean and tidy.
- Cleaning services were provided by a third party under a service level agreement. A cleaning schedule demonstrated the plan for cleaning all areas of the clinic and the frequency. A manager monitored the completion of cleaning records and checked records were signed. However, we saw signing of the schedules was not consistent, with records for

October, November and December 2018 incomplete. We raised this at the time of the inspection and the manager responsible was arranging to speak to staff to address this issue.

- Local cleaning audit was completed July 2018 with recommendations including daily cleaning for the clinic room. There was a plan for a deep clean of the clinic to be carried out twice a year.
- Staff had access to sharps disposal facilities by using designated bins. All bins were dated, signed and not over filled. This was in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Staff had access to a current policy for safe handling and management of sharps.
- The clinic had effective processes for the separation and management of waste. New bins had been recently purchased and there was separate colour coding for general and clinical waste. Staff had access to a current waste handling and disposal policy. On checking we saw that waste was correctly segregated.

Environment and equipment

- **The service had suitable premises and equipment and looked after the general environment well.**
- The facilities were suitable for the range of services being delivered. The clinic was located on the ground floor and the entrance was secure and led directly into the main reception area. From there, staff directed patients to the waiting area before their consultation or scan. Clinical rooms had opaque windows and notices showing whether the room was in use. This ensured privacy for the patient during consultation and treatments.
- The clinic had two consulting rooms, a scanning room with facilities for patient changing, phlebotomy room complete with a suitable reclining chair, pharmacy, nurses room, sonographers room and three general purpose offices and staff area. There were separate male and female toilets. The sluice area was separated by a lockable door to a second patient toilet that could accommodate disabled patients.
- Storage of equipment was confined to storage rooms, which were clean and tidy. Corridors were kept clear of clutter.
- Resuscitation equipment was located at the end of the corridor, which only staff and accompanied patients could access. However, the trolley was not tamper evident, therefore staff could not be assured that equipment was not tampered with. The contents of the trolley included a sealed container of drugs and equipment for patients that had an allergic reaction. The checks on this were completed monthly.
- However, checks on the remainder of the equipment was inconsistent and were missed on three occasions in the current month. Staff missed checks on fifteen occasions in December, and on a similar number of occasions in November. When the clinic was closed, the list should show this to be the case explaining why checks could not be made. At the time of the inspection, one piece of oxygen tubing was found to be out of date by a month and another had no date. We brought to the attention of staff, who removed these items immediately.
- Electrical testing was completed on the four pieces of equipment checked. The service was able to provide a current service record for all equipment. Equipment servicing records showed an engineer serviced all equipment in May 2018 to keep it safe and fit for purpose. This included thermometers, fridges, couches, video monitors and printers, centrifuges and the colposcope.
- Fire exits were kept clear to allow quick exit in an emergency. Fire extinguishers were full and in date.
- Staff had access to a Control of Substances Hazardous to Health (COSHH) database and assessments that reflected the substances that were kept at the clinic. These were restricted to cleaning products.
- These cleaning products were stored in the sluice area and were not secured. The sluice room was adjacent to a toilet that we were told might be used by patients. The sluice was not locked and other cleaning fluids that were stored in the sluice cupboards were also not secured as the cupboard was unlocked. This was bought to the attention of the manager at the time of the inspection and she assured us of immediate action to secure the cupboard.
- Following the inspection, the service submitted a more comprehensive policy for the management of control of substances hazardous to health.

Good

Outpatients

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**
- If the clinic treated a young person under the age of eighteen, the service used a paediatric nurse available either through the bank or agency to support the patient.
- Staff had access to a current resuscitation service and told us they would call for an emergency ambulance if a patient became acutely unwell. During the inspection we saw how this was done and observed that staff reacted quickly, professionally and with the patient's safety as their main concern.
- The clinic worked closely with a London hospital which provided their fertility service. If the clinic was closed and the patient had questions about their treatment, all patients had access to their own consultant for advice or they could contact the London hospital.
- The clinic was located within walking distance to an NHS trust hospital and patients could access their early pregnancy unit if necessary.
- Patient records showed that patient medical history and allergies were checked. Staff told us that any mental health concerns would be documented and patients could be referred for counselling if that was appropriate. We heard of an example of when this had happened.

Nurse staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- At the time of inspection, the service had 1.5 whole time equivalent (WTE) nurses and 0.7 WTE healthcare assistants. The clinic manager described this as sufficient staff for the service. Staff told us they had time to spend with each patient and there was enough staff for the service. There were no current staff vacancies.
- There was little use of bank staff and agency staff had only been used during a one-month period.
- The rota for all staff was displayed for all staff by the staff room and showed planning for the month ahead. Required staff and actual staff numbers were the same, no bank or agency staff were required.
- Staff told us there were sufficient staff with sufficient time for patients and to support the consultants with their clinics.

Medical staffing

- The service did not directly employ any medical staff. The clinic had eight doctors with practising privileges at the time of inspection. Practising privileges is a term that means consultants have been granted the right to practise in an independent hospital.
- Patient's attended pre- booked appointments with a named doctor or consultant who specialised in women's health. This ensured there were sufficient doctors on site when the service was open.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- The clinic had recently invested in a new electronic clinical management system which included the storage of patient records. Staff demonstrated the system and we saw two sets of notes which included patient details, consultant treatment plan and consent.
- All staff including medical staff had been trained to use the system and it was password-protected so patient records were kept safely. There were contact details of who to contact if the system was not functioning or staff needed support.
- All staff were using the system and records were available for all clinics.
- When staff left their workstation computer screens were locked so that no patient information was left on display and therefore patient records kept confidential.

- On commencement of treatment or at discharge the patient was given a letter that they were encouraged to share with their GP.
- Paper records of patient notes were kept on site until electronic system was fully established. We looked at four sets of patient records and saw they were comprehensive and well documented with patient history and treatment plan. Consent to treatment was also filed. Staff dated and signed records in line with Nursing and Midwifery Council and General Medical Council guidance. These hard copies of paper notes were stored in the medical records area and were filed in date order. This door to the department was secured with keypad-entry.

Medicines

- **The service followed best practice and local policy when prescribing, dispensing, recording and storing medicines.**
- The onsite pharmacy service is equipped for the dispensing of medication for clinic patients. The service is available six days a week. The pharmacy door was secured with a key pad. Out-of-hours, all internal keys to the department were stored in a key safe within the medical record store which was secured with a key pad.
- The pharmacist was present on site one day a week for four hours and at all other times the service was managed by a trained pharmacy technician. The doctors dispensed medication when the pharmacist was not on site. The pharmacist was available on the telephone when they were not on site.
- Staff had access to a current medicine management policy. It was noted this had been recently reviewed by the chief executive and should be reviewed by the pharmacist to ensure recent guidance is included. Copies of the most recent British National Formulary were available in the clinic rooms to facilitate safe prescribing.
- In house prescription charts showed documentation of patient details and allergies. The three charts we checked showed doctors signed and dated all prescriptions for dispensing. The drugs prescribed were often required on a long-term basis, the prescription was valid for a maximum of one year with dispensing on a three-month basis. An annual review of treatment plan including medicines was undertaken by the consultant.
- One medicine was prescribed off-license and in line with best practice there was a record of information given to patient. The patient's consent had been obtained for the prescription before dispensing. Sometimes a medicine is prescribed in a way that is not covered by its UK product license. This does not mean that it is unsafe for use.
- On occasions medicines were sent by the supplier or clinic to patients through the postal system. There was a documented secure process which used recorded delivery.
- The department stored private prescriptions securely. The most recent internal medicine storage and security audit was completed in July 2018 and showed the department to be compliant in all areas.
- The clinic did not hold any controlled drugs, which are medicines liable for misuse that require special management. There was a very limited stock of antibiotics and as the clinic no longer carried out surgical procedures. It was considered there would be a limited need to prescribe these going forward.
- The pharmacy department was noted to be clean and tidy. All storage cupboards were lockable and there was evidence of stock rotation. Our checks showed there were no out of date medications.
- There was a secure out-of-hours cupboard which contained pre-packed and labelled medication for dispensing out of hours. A record was kept of all medicines dispensed out of hours.
- The service stored refrigerated medicines within the manufacturer's recommended range to maintain their function and safety. There were two fridges in the nurse's room. One was empty and the second contained a small stock of medicines. There was an electronic system that alerted the pharmacy technician to check the fridge temperatures each day the clinic was open and no further actions could be

taken on the system until those checks were made and temperatures were recorded. Staff knew what action to take in the case of the temperature being outside the recommended range.

- Patient information about medicines was available and counselling was given by the consultant, pharmacy technician, pharmacist or nurse.
- Staff felt well supported and would be able to approach the consultants if there were any concerns about drugs prescribed or treatment plans.

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**
- Staff reported adverse events by completing a paper form and submitting this to the clinic manager, who entered the information onto an electronic spreadsheet. This enabled the clinical manager to identify any trends. Staff had access to a current adverse event and near miss reporting incident management policy to support them in reporting incidents.
- Information sent showed the clinic had nine adverse events between the date of August 2018 to December 2018. Actions had been taken to address all the adverse events. The clinic manager was responsible for the investigation of adverse events. Staff told us that information about adverse events would be discussed at the team meeting. However, we could not see this recorded in the most recent team meeting minutes.
- Staff described the principle and application of duty of candour, Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to openness and transparency. It requires providers of health and social care services to notify patients (or other relevant person) of 'certain notifiable safety incidents' and provide reasonable support to that person. Patients and their families were told when they were affected by an event where something unexpected or unintentional had happened**.**
- Staff gave an example of when duty of candour had been exercised immediately following an adverse event. Actions had been documented. Leaflets were available for staff reminding them of their responsibilities under duty of candour.
- There were no reported never events for the reporting year. 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 to have happened for an incident to be a never event.

Are outpatients services effective?

Not sufficient evidence to rate

We do not currently rate the effective domain because there is not sufficient evidence to make a judgement.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** For example, we saw clinical fertility policies reflected current guidance from the Human Fertilisation and Embryology Authority (HFEA) Code of Practice. Clinical policies also reflected best practice, such as recommending women trying to conceive take a daily folic acid supplement in line with NHS recommendations.
- The service had recently introduced an audit schedule to allow managers to check staff followed guidance and policies. We saw the audit schedule for 2019, which included audits of clinical records, consent, patient outcomes and pharmacy. We saw examples of completed audits for 2018, such as a specialised clinical audit and hand hygiene audit results.
- We reviewed nine of the service's policies and standard operating procedures and saw all were within their review dates. These included the "Adverse event and near miss reporting and incident

management" policy, the "Safeguarding children" policy and the "Safeguarding of adults at risk" policy. This was a significant improvement from our inspection in October 2016, when we found nearly all policies were outside of their review dates.

- However, a further four clinical policies we reviewed did not include version control information or dates of introduction. These policies were, "IVF treatment pathway at Surrey Park Clinic", "Nurse schedule appointment for fertility patients", "Glucose tolerance test and insulin profile" and "Surrey Park Clinic and [overseas fertility centre] donor oocyte treatment pathway". The lack of dates made it difficult to see when a policy was introduced or last reviewed.
- We discussed the lack of version control information with the lead nurse, who informed us that these were new policies and therefore no previous versions existed. The nurse planned to incorporate version control information, including dates the policies were introduced, following our feedback.
- The clinic offered treatments to patients that reflected up-to-date scientific and medical evidence. For example, the clinic offered the harmony test for pregnant women. The harmony test was a blood test, which tested fragments of baby's DNA present in the mother's blood to screen for three genetic conditions caused by inheriting extra chromosomes. Several studies have shown the harmony test could more accurately detect these conditions, and at an earlier stage in pregnancy (from 10 weeks), than more commonly used methods, such as the combined test. The service had pathways to refer patients back to their local NHS maternity service following any unexpected results. The NHS maternity service subsequently arranged any onward referrals, such as genetic counselling or foetal medicine.

Nutrition and hydration

- The service had referral pathways with a dietitian for patients who required dietitian support. For example, the doctor running a specialist menopause clinic referred patients for dietitian support to help manage the sugar cravings sometimes associated with this stage of life.
- The service did not provide meals as patients were never there for longer than an hour. The clinic provided a range of teas, coffees and drinking water in their waiting room to allow patients and visitors to stay hydrated.

Pain relief

- **Staff monitored patients to see if they were in pain and offered pain relief if needed.** The service was pro-active around offering patients pain relief for minor procedures such as intra-uterine device (contraceptive coil) insertion. Doctors gave patients who consented a local anaesthetic injection before intra-uterine device insertion. Published research showed this can reduce pain and discomfort during the procedure. Patients could have additional over-the-counter pain relief after the procedure if needed.

Patient outcomes

- **The service submitted all IVF treatment cycle outcomes to the NHS acute hospital to which it provided a satellite service. The NHS acute hospital reported all patient outcomes following assisted conception treatment to the fertility regulator, the Human Fertilisation and Embryology Authority (HFEA).** This included outcomes for patients receiving satellite treatment with the Surrey Park Clinic. The published Human Fertilisation and Embryology Authority data did not separate patient outcomes by satellite clinics. Therefore, no verified data was available to differentiate outcomes for patients from the Surrey Park Clinic with other patients receiving IVF treatment with the partner NHS acute hospital.
- The audit schedule for 2019 showed the service planned to audit patient outcomes for the hormone clinic in February 2019. However, no internal audit data was available at the time of our visit. Given the specialist nature of the Surrey Park Clinic, external benchmarking was difficult.

Competent staff

- **The service made sure staff were competent for their roles.** Managers appraised staff work performance and held supervision meetings with

them to provide support and monitor the effectiveness of the service. Clinic data showed 100% of nurses and healthcare assistants had an appraisal in 2018.

- The service had up-to-date assurances around consultants' competencies and fitness to practice. We reviewed the personnel files for five consultants with practising privileges. For all five consultants, we saw evidence of current registration with the General Medical Council (GMC) and an up-to-date appraisal.
- We saw evidence a hormone-specialist doctor with practising privileges at the clinic was a recognised menopause specialist with British Menopause Society. To achieve certification as a recognised menopause specialist, doctors had to complete annual continuing professional development in this area, as well as treat a minimum number of patients each year. The clinic had assurances this doctor had up-to-date training and professional development in their area of specialism.
- We saw evidence of induction, competency assessment and training for new nursing and pharmacy staff. We reviewed three induction records, one for a registered nurse, one for a healthcare assistant (HCA) and one for a pharmacy technician. This showed bespoke clinical induction, training and competency assessment relevant to the staff member's role. We saw two new staff members were progressing through their clinical induction. The other had completed all areas of their clinical induction and development plan, and the lead nurse had signed to confirm this was complete.
- We also saw that clinical supervision was provided by the lead nurse to nursing staff and healthcare assistants. This included an assessment of competence, training needs and case review to facilitate continuing professional development.

Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care. During the inspection, we observed positive multidisciplinary working between a nurse, sonographer and receptionist to respond to a patient's needs.
- Staff we spoke with reported positive multidisciplinary working relationships with colleagues at The Surrey Park Clinic. They also reported positive relationships with external services, including the fertility centre the clinic had satellite links with, and local NHS acute trusts and independent acute hospitals.

Seven-day services

- **The clinic was open for patient appointments six days a week, including Saturday mornings.** The service had extended opening hours until 8pm on three weekday evenings to accommodate patients that had difficulty attending daytime appointments. The clinic's pharmacy opening hours had recently been extended to include Saturday mornings. This ensured patients attending Saturday appointments could access any medicines they needed to take home.
- Fertility patients undergoing controlled ovarian hyperstimulation (preparation for egg retrieval and IVF) had access to nursing advice 24 hours a day, seven days a week for any urgent clinical concerns. This service was provided by staff at the acute NHS hospital the clinic had a satellite arrangement with rather than Surrey Park Clinic staff.

Health promotion

- **The service promoted healthy living with its patients and reflected this within its clinical policies.** For example, the service's "Nurse schedule appointments for fertility patients" standard operating procedure included advice nurses gave to patients to help them manage the physical and emotional demands of IVF treatment. This included sleep, healthy eating, drinking plenty of water, gentle exercise, and avoiding smoking and alcohol.
- We saw patient information leaflets in the clinic reception area covering health promotion topics. These included cervical screening and a pregnancy sleeping guide.

Consent and Mental Capacity Act

- **Staff followed the service's policy on obtaining and recording patient consent to examination and treatment.** We reviewed four sets of patients' notes and saw all patients had provided written

consent to treatment. Patients undergoing IVF treatment completed the relevant mandatory Human Fertilisation and Embryology Authority (HFEA) consent forms.

- Staff told us they had not treated any patients who lacked capacity to provide consent, or had any patients where there were concerns around capacity. This was due to the nature of the services provided, which were mostly applicable to women of childbearing age or menopausal women.
- However, data provided by the service showed 100% all clinical staff had attended training in the Mental Capacity Act (2005) to ensure they had the knowledge and skills to respond to any concerns around capacity. The lead nurse told us they were in the process of creating a dementia policy to assist staff in assessing capacity to consent in case this was ever required. The service also had links with dementia guardians at the nearby acute NHS trust, who could assist with any concerns around capacity if needed.

Are outpatients services caring?

Good

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

Compassionate care

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness. Patients we spoke with described the care they received from clinic staff as "friendly", "welcoming" and "supportive". Patient comments we reviewed from patient satisfaction surveys included, "great", and, "excellent service-everyone was extremely helpful and approachable".
- Patient satisfaction surveys showed most patients were happy with the care they received. We reviewed patient satisfaction results for 2018. These showed 86.7% of patients were very satisfied, and a further 7.3% were somewhat satisfied. During this period, 150 patients completed the survey.
- Patient feedback showed most patients would recommend the clinic to family or friends. In the 2018 patient satisfaction survey, 85% of patients rated the likelihood they would recommend the clinic as nine or 10 out of a possible 10. A further 12% of patients rated the likelihood of recommendation as seven or eight out of 10.
- Staff offered patients a chaperone of the same gender before any intimate procedures, such as cervical smears or intrauterine device (contraceptive coil) insertion. This was in-line with the clinic's chaperone policy.
- After booking in on arrival at reception, staff invited patients to wait in a separate waiting area away from the reception desk. This enabled any patients to speak to the receptionist privately if they needed to. It also gave patients privacy when making payments following treatment.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.** Fertility patients had access to a counsellor with specialist fertility counselling training included within their treatment packages. Fertility patients could access the counselling service as many times as they wanted to for no additional cost. We also saw leaflets in the reception area with details of a local fertility support group where patients could access peer support.
- A nurse told us nursing staff telephoned patients undergoing IVF treatment the day after their egg collection procedure at the acute NHS hospital, the day after their embryo transfer and after their pregnancy test. Nurses provided emotional support to patients following a negative pregnancy test and offered to arrange an appointment with the specialist counsellor if needed.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.** The clinic provided free, no obligation IVF information evenings to patients considering IVF. Information evenings included a 45-minute group information session followed by a short private consultation with a specialist fertility consultant. Staff also provided written information to patients considering fertility treatment. We saw this was comprehensive and

included information on the range of treatment options, side effects and potential risks of treatment. This helped ensure patients felt fully informed before deciding whether to proceed with IVF treatment.

- Patients having IVF treatment with donor sperm or eggs had implications counselling from the specialist fertility counsellor. This ensured patients fully considered the implications of treatment with donor eggs or sperm.
- Patients had a named consultant. The service informed patients if their named consultant was not available, for example, if they were on leave, and offered an alternative consultant of the same specialism where possible.
- We saw price lists available in the waiting area and on the clinic website. Administrative staff ensured patients fully understood and agreed to the costs of their treatment before their appointment. Patients we spoke with told us they received clear information about costs before their appointment.

Are outpatients services responsive?

Good

Our rating of responsive improved. We rated it as **good.**

Service delivery to meet the needs of local people

- **The service planned and provided specialist women's health services in a way that met the needs of their patients.** Data provided by the service showed 61% of the clinic's total activity related to the outpatients core service. In the reporting period August 2017 to July 2018, 3,471 patients (out of the clinic's total number of 5,690 patients) attended an outpatients appointment. Most outpatient appointments were for follow-up consultations, with a ratio of 1:2 first appointments: follow ups. Most outpatient activity related to hormone clinics, followed by blood tests, gynaecology, and fertility.
- The service mostly treated adult patients between the ages of 18 and 74 years. The clinic also provided services such as Human Papilloma (HPV) vaccination to young women aged 16 and 17 years. Clinic data showed the service saw eight young people aged 16 and 17 years in the period August 2017 to July 2018. In the same period, 5,682 adult patients aged between 18 and 74 years attended the clinic.
- At the time of our inspection, the service did not treat any NHS-funded patients. All patients either paid for their own treatment, or this was funded through medical insurance. However, the chief executive officer told us they were in discussions with commissioners around the possibility of offering fertility services to NHS-funded patients in the local area.
- The clinic had a service-level agreement for provision of accredited laboratory services through an external provider. The service offered patients a range of blood tests, and a courier collected and transported blood samples to the testing laboratory each day. The laboratory sent the results back to The Surrey Park Clinic within agreed turnaround times. This included next-day results for certain tests. The clinic had an additional service-level agreement with a local acute NHS trust for staff training.
- Patients had a telephone consultation with a registered nurse to explain the results of blood tests before the service sent an electronic copy of the result. This was an improvement from our inspection in 2016, when non-clinical staff who might not have had the knowledge or experience to identify clinically significant results, sometimes e-mailed blood results to patients.
- The clinic provided free car parking for patients. The clinic was also a short walk from local bus routes.
- The waiting room was clean and had sufficient comfortable seating. There was a hot drinks machine with a selection of teas and coffees, as well as drinking water. There was free wireless internet access, and there were magazines for patients to read while they waited.

Meeting people's individual needs

- **The service took account of patients' individual needs**. At our inspection in 2016, we found the clinic had no provision for patients who did not speak English. The clinic had subsequently made improvements in this area by offering telephone translation services to patients who needed them. A

nurse we spoke with described the process for accessing the translation service and gave an example of a time she had used it for a patient. We saw contact details and guidance on accessing the translation service available for staff in the administration office. A receptionist also described how they had the facility to print some patient information such as the clinic's terms and conditions in languages other than English.

- There was lift access to enable wheelchair users to access the clinic. There was also a wheelchair-accessible toilet immediately outside the door into the clinic. The clinic shared this toilet with another organisation, and patients could gain access by asking the receptionist for the key.
- Due to the nature of the services provided, which were mostly applicable to women of childbearing age or menopausal women. Staff also told us they had not seen any patients with learning disabilities. However, the lead nurse was in the process of creating a dementia policy for the service at the time of our visit. They also had links with the dementia guardians at the nearby acute NHS hospital to provide advice and support if needed. This would allow staff to respond to patients' individual needs should any patients with dementia use the service.

Access and flow

- **Patients could access the service when they needed it.** Waiting times from referral to treatment were in line with good practice. Most patients self-referred to the clinic and booked their first appointment over the telephone. Patients could usually get appointments quickly and at a time to suit them. The clinic had same day "walk in" appointments available for blood tests. The clinic was open on Saturday mornings for patients unable to attend on weekdays. At times the clinic was closed, consultants would see their patients at one of the other locations they worked at if necessary.
- Patient feedback about the appointment booking service was positive. The clinic's 2018 patient satisfaction survey showed 76% of patients felt the booking service was "very good/ easy to book". A further 22% of patients rated the booking service as "good". This meant 98% of patients gave positive feedback around the accessibility of booking appointments.
- Audit data showed most patients waited less than one week for an outpatient's appointment. The clinic provided us a waiting time audit for December 2018. This showed 41% of new patients attended an outpatient's appointment on the same day as they booked. A further 47% of patients waited less than one week for an appointment, and 10% waited less than two weeks. Only 2% (four patients) waited more than two weeks, and these patients were offered an appointment within three weeks of booking.
- During December 2018, 294 patients attended the clinic for their first appointment. A further 163 patients attended for a follow-up appointment. Of these, 20% had an appointment the same day, a further 45% within one week, 28% within two weeks and 7% within three weeks.
- We observed that staff saw patients promptly for their appointments. Audit data for December 2018 confirmed these findings. The audit showed staff saw 66% of patients within 10 minutes of their appointment time, and the remaining 34% of patients within 15 minutes. No patients waited longer than 15 minutes to be seen.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** The service logged, reviewed and attempted to resolve all informal verbal complaints and negative feedback, as well as formal complaints. This allowed the clinic to monitor themes and trends and maximise learning opportunities from patient feedback. We saw complaints leaflets available for patients in the reception area with information about how to make a complaint.
- The service met its target for complaints investigation and responses. The service received 15 written complaints and 51 verbal complaints in January to November 2018. The service graded complaints from levels one to three in terms of impact. Most complaints were graded as level one (the lowest level

of impact). Only two complaints were level three, and 15 were level two. There were no significant themes or trends in the types of complaints received. The service's complaints dashboard showed the clinic responded promptly to complaints and met its target of five days for acknowledgement and 28 days for written response following investigation. We saw the service resolved most verbal complaints the same day.

- We reviewed three formal complaints the clinic received in the year before our inspection and the service's responses. We saw evidence of investigation, explanation and apology. The service responded with openness and transparency in line with the regulatory Duty of Candour under the Health and Social Care Act (Regulated Activities Regulations) 2014.
- We saw evidence of learning from complaints and patient feedback. For example, the service updated their standard operating procedure for a specific blood test following a complaint from the testing laboratory.
- The clinic did not have a subscription with the Independent Sector Complaints Adjudication Service (ISCAS) at the time of our visit. Although this was not a regulatory requirement, it meant there was no mechanism for patients to escalate their complaint for independent review outside of the clinic if they were not satisfied with the clinic's response. Since the inspection we have received assurance that the clinic has registered with ISCAS.
- However, there was a mechanism for escalating complaints internally to the chief executive officer if a second-stage escalation was needed. The service's complaints policy also signposted patients to support organisations for independent advice and support if needed.

Are outpatients services well-led?

Good

Our rating of well-led improved.We rated it as **good.**

Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- There had been a change of registered manager since the last inspection. The new registered manager who had experience in fertility services and healthcare management worked full-time at the clinic as the chief executive officer. There were two directors on the board, one of those being the chief executive.
- The medical director was appointed four months before our visit and had responsibility for chairing the medical advisory committee and supporting senior management.
- The clinic had recently made the decision to stop the small number of surgical procedures it was doing. The registration and statement of purpose for the service reflected this change.
- The size of the service meant there was a very small staff number. The clinic had recruited a new part-time lead nurse responsible for governance, and we saw drafts of new policies and a new annual audit plan. Nurses and healthcare assistants reported to the lead nurse.
- The clinic manager, also new in post, had administrative responsibilities and was responsible for administration staff. Sonographers and pharmacy staff reported directly to the chief executive officer.
- The registered manager attended relevant national conferences to keep up to date with progress in the field of women's health and fertility.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff.**
- The service had a vision to deliver personalised high quality, cost effective care for all patients, treating each patient with care and consideration. Staff were aware and understood that the clinic aim was to deliver a high quality personalised service.

- In the staff room there was a board where staff notices were displayed. There was also a target board incorporating a weekly reflection of behaviours supporting the clinic vision. Staff were encouraged to review and contribute to the statement of behaviours.
- Senior managers had a plan to develop satellite services with one already open. Staff were aware of this.

Culture

- **Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- Staff commented that there was time to deliver a service that was individualised. Staff described the clinic as a friendly, caring environment. Staff enjoyed working at the clinic and said that they worked well together and felt valued.
- Staff were positive about working as part of a small team. Staff described the mangers as having an open-door policy and being approachable. Senior managers were described as demonstrating integrity and there was confidence that any issue of concern would be dealt with.
- Staff were aware of the whistleblowing policy and felt able to approach and discuss any concerns with the manager. The policy included a confidential email address that was non-traceable to staff members that allowed all staff members to report any concerns in confidence.

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- The medical advisory committee met every six to eight weeks. Minutes from October 2018 showed governance was part of this meeting. The agenda included a review of complaints, adverse events, practising privileges, infection control, policy review, information management and risk management. A further meeting had been held in November and was planned for January 2019. The action plan resulting from the meeting showed the owner of the action and expected completion dates.
- The two directors of the service, the appointed medical director and all consultants were invited to attend the medical advisory committee. Minutes were circulated to all consultants.
- The medical advisory committee was responsible for the granting and renewing of consultants' practising privileges. All five consultant files we reviewed included a signed practising privileges agreement and terms of business setting out the consultant's agreed scope of practice and price list. Consultants had all signed a practising privileges agreement within the last three years, which was in line with the service's practising privileges policy.
- Two of the five consultant personnel files we reviewed were for new consultants granted practising privileges within the year before our visit. We saw an effective recruitment process for these consultants and completed checklists to ensure a consistent approach to recruitment checks. This included occupational health checks, evidence of photographic identification, curriculum vitae (CV), completed reference checks, Disclosure and Barring Service (DBS) checks and interview records. We also saw evidence of up-to-date medical indemnity insurance and evidence of current registration with the Information Commissioner's Office (ICO).
- The registered manager explained that going forward the governance meeting and medical advisory meeting would be separated out and agendas would be reviewed and meeting would be every other month.
- The clinic lead nurse had one day a week dedicated to governance which included the review of policies, procedures and establishing a local audit structure. The fertility pathway had been reviewed and changed in line with best practice.
- The service had several service level agreements to provide cleaning, pharmacy, pathology and specialised services. Only one agreement appeared not to have a date, but all other were current, dated and signed.

Good

Outpatients

Managing risks, issues and performance

- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- The health and safety risk assessment register was located on the shared drive which enabled staff to access it. Environmental risks were the main concern and showed current dates with an annual review date.
- There was evidence that risks to the service were discussed at the medical advisory meeting. The decision to stop the one surgical procedure was made following a risk assessment of this procedure and discussion with the medical advisory committee.
- Senior managers described how issues with consultant's performance might be dealt with. The support of the medical director would include retraining if necessary and reporting on to the trust hospital if necessary.
- Staff were aware of the risk register, could identify risks to the service and what was being done to address these.

Managing information

- **The service collected, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- The electronic system in use across the clinic was described by staff as easy to use with good support from an external provider if the system was not working or staff were clear about who to contact and what to do.

Engagement

- **The service engaged well with patients and staff to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- The service had improved its way of collecting patient feedback with a list of specific questions contained on an electronic tablet. Staff invited patients to provide electronic feedback before they left the clinic. Feedback was discussed at team meetings and at the medical advisory committee. Negative comments were recorded on the log as complaints and adverse events, and actions were documented.
- In response to patient feedback, the service reviewed its website and patients can now book appointments and make payments on line. Patients gave positive feedback about this change during our inspection.
- Patients had access to the website which contained clear information and was easy to navigate. The website also included information about the service and open evenings when prospective patients can visit the clinic, meet the specialist medical staff and ask questions.
- Staff identified the weekly staff meetings as informative and discussed directly with the chief executive of the service any concerns feedback and concerns. Minutes of the meeting were circulated to all staff.
- Twice a year, there was an all staff meeting to discuss the service and staff were asked for suggestions on how to improve services.
- Managers and staff spoke positively about a recent social event that was attended by all staff.
- Some meetings were held at the partner NHS hospital in London and this enabled sharing of information and discussion about the service and outcomes.

Learning, continuous improvement and innovation

- The service installed a new electronic clinical management system and implemented an electronic notes system. This was well received by all staff and they told us this enabled a more efficient way of working.
- Within the last year, the scanning equipment has been updated to give better image quality for staff and patients. Staff spoke about recent investment in equipment to support the service and described this as a positive sign for the future sustainability of the service.

Good

Diagnostic imaging

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

Our rating of safe improved. We rated it as **good.**

Mandatory training

See outpatient services section for main findings.

- The sonographers were either employed by or could access training at their employing trust hospital. Proof of their mandatory training compliance was included on the clinic system and they could also access the clinic mandatory training.

Safeguarding

See outpatient services section for main findings.

Cleanliness, infection control and hygiene

See outpatient services section for main findings.

- The scanning room was clean and tidy. Equipment and stock was stored away from the patient and was contained on shelving that was dust free.
- Specialised scanning probes were cleaned between each patient in line with policy, and this was recorded to provide assurance that equipment was clean and ready for the next patient.

Environment and equipment

See outpatient services section for main findings.

- We saw that the ultrasound machine had been recently installed and would be due for its first service by February 2019. Electrical testing had been completed. This was the only piece of imaging equipment the clinic used. The ultra sound scanner was under warranty so there was appropriate support for any problems with the machine.

Assessing and responding to patient risk

See outpatient services section for main findings.

- Patient checks of name and details were made before any scans were undertaken and this was important to ensure the correct patient details were included on the scan and report.
- Patients were able to refer themselves for scans. The service checked with the patient that they were able to send the results of the scan onto their consultant or general practitioner.

Staffing

See outpatient services section for main findings.

- Staff described adequate staffing for the service. Staff were included on the clinic staffing rota and the actual staff met the staffing requirement. No agency staff were used.

Records

See outpatient services section for main findings.

- Reports were written as soon as possible after the scan to ensure details were captured accurately. Reporting templates and standardised statements were seen to be used to ensure a consistency in reporting.

Medicines

See outpatient services section for main findings.

Good

Diagnostic imaging

- No medicines were used when undertaking scans.

Incidents

See outpatient services section for main findings.

Are diagnostic imaging services effective?

Not sufficient evidence to rate

Our rating of effective stayed the same. We inspected, but did not rate, effective for the diagnostic imaging core service**.**

Evidence-based care and treatment

See outpatient services section for main findings.

Nutrition and hydration

See outpatient services section for main findings.

Pain relief

- Sonographers told us patients attending for scans usually did not require any pain relief as the types of imaging procedures the clinic offered were generally non-invasive. However, doctors could prescribe and give over-the-counter pain relief if needed, for example, for patients having colposcopy.

Patient outcomes

- The clinic's 2019 audit plan included an annual peer review for pregnancy growth scans, with a set criteria and escalation to a consultant if necessary for review. We saw a copy of the process and a master copy of the score sheet. This audit aimed to provide assurances around consistency with growth scans and identify any areas for improvements.

Competent staff

- **The service made sure staff were competent for their roles.** Three experienced sonographers worked at the clinic on a part time basis and all worked within the NHS. Sonographers had an annual appraisal through their NHS post, and provided evidence to the clinic.
- The service had assurances staff had suitable skills, qualifications and experience for their roles. All three sonographers held up-to-date professional registration as radiographers with the Health and Care Professions Council (HCPC). The sonographers had attended additional relevant training courses as part of their continuing professional development, such as advanced obstetric ultrasound. One of the sonographers was accredited with The Fetal Medicine Foundation for Nuchal Translucency scanning (a pregnancy scan to assess the risk of Down's Syndrome).
- A consultant gynaecologist and gynae-oncology surgeon carried out investigative colposcopy scans. Colposcopy is a procedure to look at the cervix to assess for any abnormalities using a special microscope called a colposcope. This consultant performed colposcopy as part of their substantive post within the NHS and was an accredited trainer in colposcopy.

Multidisciplinary working

See outpatient services section for main findings.

Seven-day services

See outpatient services section for main findings.

Health promotion

See outpatient services section for main findings.

Consent and Mental Capacity Act

See outpatient services section for main findings.

Are diagnostic imaging services caring?

Good

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

Compassionate care

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness. Patient feedback shared on the clinic's website included, "My sonographer was a delight. Friendly, professional and caring. People like her are hard to find nowadays".

Good

Diagnostic imaging

- Staff offered patients a chaperone of the same gender before trans-vaginal scans. This was in-line with the clinic's chaperone policy.
- The clinic's new system for changing for internal scans promoted patient privacy and dignity. The clinic now provided a privacy curtain in the scan room to maintain patients' privacy and dignity when preparing for a scan. Previously, patients changed into a gown in a separate changing area. Patient's then needed to cross the corridor wearing their gown, where they could potentially be seen by other patients and staff. The service now recognised gowns were unnecessary for patients attending for ultrasound scan. Staff invited patients to keep their own clothes on and undress their lower half and cover with a disposable sheet for procedures such as transvaginal scans. This helped maintain patient privacy and dignity.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.** We saw a nurse providing support to a patient following a scan where she received bad news. The patient required ambulance transfer to a nearby acute NHS hospital, and we saw the nurse walk with the patient to the ambulance and provide emotional support.
- Sonographers referred patients to early pregnancy or maternity services at their local NHS acute trust to for ongoing clinical care and emotional support following bad news during a pregnancy scan. Staff also offered to refer patients to the counsellor working at the clinic for additional support if needed. The counsellor could usually offer patients an appointment within 24 hours of referral in these situations. Staff gave us examples of times team members walked with patients to the early pregnancy unit at the adjacent NHS acute hospital trust to provide emotional support after delivering bad news following a scan.

Understanding and involvement of patients and those close to them

See outpatient services section for main findings

Are diagnostic imaging services responsive?

Good

Our rating of responsive improved. We rated it as **good.**

Service delivery to meet the needs of local people

See outpatient services section for main findings.

- **The service planned and provided specialist women's health services in a way that met the needs of their patients.** Data provided by the service showed 39% of the clinic's total activity related to the diagnostic imaging. In the reporting period August 2017 to July 2018, 2,219 patients (out of the clinic's total number of 5,690 patients) attended an ultrasound scan. The service offered a range of ultrasound scans including pregnancy scans for different stages of pregnancy, gynaecology scans, and cancer screening tests such as colposcopy.

Meeting people's individual needs

See outpatient services section for main findings.

Access and flow

- **Patients could access the service when they needed it.** Waiting times from referral to treatment were in line with good practice. Most patients self-referred for ultrasound scans in pregnancy. Some imaging procedures, such as hysterosalpingo-contrast sonography (hycosy) and colposcopy required a GP referral. Hycosy is fertility investigation to assess the cavity of the uterus (womb) and the fallopian tubes.
- Patients could get ultrasound scan appointments quickly and at a time to suit them. Audit data for December 2018 showed 86% of patients booked a same-day scan during this period. A further 10% of patients attended a scan within one week of booking, and the remaining 4% within two weeks. During this period, 107 patients attended the clinic for ultrasound scans.
- We observed that staff saw patients promptly for their appointments. Audit data for December 2018 confirmed these findings. The audit showed staff saw

Good

Diagnostic imaging

72% of patients within 10 minutes of their appointment time and the remaining 28% of patients within 15 minutes. No patients waited more than 15 minutes to be seen during this period.

Learning from complaints and concerns

See outpatient services section for main findings.

Are diagnostic imaging services well-led?

Good

Our rating of well-led improved.We rated it as **good.**

Leadership

See outpatient services section for main findings.

Vision and strategy

See outpatient services section for main findings.

Culture

See outpatient services section for main findings.

Governance

See outpatient services section for main findings.

- The sonographers and director of the service had meetings where the service was reviewed. Minutes of the meeting held on the 4 January 2019 discussed systems, disclaimers, quality, cleaning and protocols. This enabled staff to reflect on the service and discuss with a member of the senior management team any concerns.

Managing risks, issues and performance

See outpatient services section for main findings

Managing information

See outpatient services section for main findings

Engagement

See outpatient services section for main findings

Learning, continuous improvement and innovation

See outpatient services section for main findings

Outstanding practice and areas for improvement

Outstanding practice

- We identified the care of women with early pregnancy loss, such as the availability of urgent counselling appointments and staff walking with patients to the nearby NHS early pregnancy unit, as an area of outstanding practice.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all substances hazardous to health are stored securely in line with risk assessments.

Action the provider SHOULD take to improve

- All staff should complete their mandatory training requirements.
- The provider should have records showing that resuscitation equipment is checked daily and in line with local policy.
- The provider should have cleaning schedules that are consistently signed providing a complete record.
- The provider should involve and document the pharmacist involvement in the review of the medicine management policy.
- The provider should take action to ensure all clinical policies and standard operating procedures include version control information, including review dates.

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
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. The registered person must ensure that all substances that are hazardous to health are stored securely and managed in line with risk assessments and policy. Regulation 12 (1)(2)(d)(e)