

The Private Ultrasound Clinic Ltd

The Private Ultrasound Clinic Ltd

Inspection report

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

Ratings

Overall rating for this location

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

We undertook a comprehensive inspection of The Private Ultrasound Clinic on 9 March 2023 and contacted a number of patients for their feedback on the service up to 22 March 2023.

The service was registered in 2019 and was set up to provide a self-referring ultrasound service for non-diagnostic reassurance pregnancy scans and general abdominal, gynaecological, and small part non-obstetric ultrasound scans (NOUS).

We rated this service as good overall because the service was safe, caring, responsive, and well led; we inspected but do not rate effective.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic and screening services

Rating

Good



Summary of each main service

We rated it as good because:

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The registered manager completed and updated risk assessments for each patient and removed or minimised risks. The registered manager understood how to protect patients from abuse. The registered manager used equipment and control measures to protect patients, themselves and others from infection. The design, maintenance and use of facilities, premises and equipment kept people safe.
- The service provided care and treatment based on national guidance and evidence-based practice. The registered manager monitored the effectiveness of care and treatment. The service made sure staff were competent for their role. Key services were available to support timely patient care. The registered manager supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The registered manager and nominated individual planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action. The registered manager and nominated individual were focused on the needs of patients receiving care. The

Summary of findings

registered manager and nominated individual operated governance processes and were clear about their roles and had regular opportunities to discuss and learn from the performance of the service. The registered manager and nominated individual used systems to manage performance. The service collected reliable data and analysed it to understand performance, make decisions and improvements. The registered manager and nominated individual actively and openly engaged with patients and referrers to plan and manage services.

However:

- An overall risk register had not been developed and maintained;
- Not all individual patient needs were identified during the appointment booking process and personal information stored was not always clear;
- An overall policy register incorporating a policy review schedule was not in place;
- Not all treatments offered on the service website corresponded with the service' registration and needed to be updated.

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

Summary of findings

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Summary of this inspection

Background to The Private Ultrasound Clinic Ltd

The service provides a range of non-diagnostic pregnancy scans – reassurance (6-16 weeks), dating (11-14 weeks), gender (16 weeks) and reassurance including wellbeing (16-39 weeks). Other scans undertaken are pelvic (abdominal, vaginal (women) and rectum (men)) as well as small part scans, for example thyroid gland, the neck and the testes.

The service is registered for the regulated activity of diagnostic and screening procedures and the treatment of patients aged 18-65, and those over 65. Currently the service is applying to increase the age categories to be able to undertake paediatric hip scans.

The service was privately owned and the two owners are registered, one as the nominated individual, and the other as the registered manager who is also the sole clinician undertaking scans.

Throughout this report the registered manager/sole clinician is referred to as the 'registered manager'.

This service has not been previously inspected.

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:

- Although, the service undertook scans of a sensitive nature, all patients said the full patient journey was made as stress free and easy as possible by the registered manager and the nominated individual. In particular appointment times were longer so the treatment was not rushed, all patients were seen within a well-designed and comfortable environment, interactions with patients were handled sensitively to reduce any anxieties, procedures were updated to reflect cultural and religious needs, and emotional support was highlighted by patients.

Areas for improvement

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

Action the service **SHOULD** take to improve:

- The service should ensure that an overall risk register is developed and maintained;
- The service should ensure individual patient needs are identified during the appointment booking process;
- The service should consider developing a policy register incorporating a policy review schedule;

Summary of this inspection

- The service should consider simplifying the patient booking process, and clarifying and limiting personal information which will be kept and stored.






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

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

Is the service safe?

Good 

We rated it as good.

Mandatory training

The service provided mandatory training in key skills to the registered manager and confirmed completion.

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. For example, we saw that the registered manager had completed moving and handling, resuscitation adults – level 2, fire safety, equality, diversity and human rights, conflict resolution, safeguarding children, infection prevention and control, and preventing radicalisation.

Further mandatory training had been completed by the nominated individual, for example equality, diversity and human rights, conflict resolution, safeguarding adults, infection prevention and control, data security and resuscitation adults – level 1.

Safeguarding

The registered manager understood how to protect patients from abuse. The registered manager and nominated individual had training on how to recognise and report abuse and they knew how to apply it.

The registered manager and the nominated individual received training specific for their role on how to recognise and report abuse. They knew how to identify adults and children at risk of, or suffering, significant harm. The registered manager was qualified to Safeguarding Adults level 3.

Although a safeguarding referral had not been made, the registered manager knew how to make a safeguarding referral and who to inform if they had concerns.

The registered manager followed safe procedures for children visiting the service.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The registered manager used equipment and control measures to protect patients, their self and others from infection. They kept equipment and the premises visibly clean.

Diagnostic and screening services

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). Soap, hygiene gel and wipes were available.

The registered manager cleaned equipment after patients contact and labelled equipment to show when it was last cleaned. The service had local procedures for all ultrasound probes that are used within body cavities to ensure they were decontaminated appropriately between each patient use, in accordance with British Medical Ultrasound Society (BMUS) guidelines.

Environment and equipment

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

The design of the environment followed national guidance. The treatment room was on the ground floor of a private residence. The room was well equipped, comfortable and in good condition. There was easy access to the room and the nominated individual met all patients as they came to the front door. There was ample private parking.

At the time of inspection, the premises did not have a fire alarm installed or fire evacuation directions in place. A fire alarm was installed immediately following our inspection and patient information updated to identify fire exits and assembly points.

The registered manager carried out daily and weekly safety checks of specialist equipment, such as the sonograph.

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

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely. An agreement was in place with a local NHS surgery centre for the disposal of clinical waste.

Assessing and responding to patient risk

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

The registered manager responded promptly to any sudden deterioration in a patient's health. Patient risks were identified on the patient's enquiry form through information provided by the prospective patient. Although procedures were very low risk to the patient, the registered manager knew what to do if a patient suffered a medical emergency.

The registered manager and the nominated individual had both received training in basic life support.

Although registered to provide procedures on adults aged 18-65 and adults over 65 only, the service advertised paediatric hip ultrasound scans on their website. Immediately following inspection the service submitted an application to include this treatment within their registration.

Diagnostic and screening services

Staff completed risk assessments for each patient on admission and arrival. Staff knew about and dealt with any specific risk issues.

The service had referral pathways in place for scans that required referral to the NHS.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The registered manager worked as the sole sonographer for the service, and was registered with the Health and Care Professions Council (HCPC) and the Fetal Medicines Council.

The nominated individual was responsible for managing and developing the business.

The registered manager and nominated individual both had current Disclosure and Barring Service certificates in place.

No other staff were involved in the operation of the service.

Records

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

The service ensured patient records were securely stored. The service used a sonograph with the in-built facility to store all patient scans and backed up by the transferral of all scans and medical reports to an encrypted memory stick. The sonograph and memory stick were securely locked within the premises.

Scans were available for patients immediately and a record kept within medical notes and retained for seven years.

Medicines

The service did not prescribe, administer, record or store medicines.

The service did not store or hold medication on the premises.

Incidents

Although there had been no incidents, the service had processes in place to manage patient safety incidents appropriately.

The registered manager knew what incidents to report and how to report them. The service had a process in place for the service to report incidents - no incidents had been reported.

The service had no never events.

The registered manager understood the duty of candour.

Is the service effective?

Diagnostic and screening services

Inspected but not rated 

We do not rate effective.

Evidence-based care and treatment

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

The registered manager performed all scans and tests and complied with national standards defined by the BMUS and the Society of Radiographers (SoR).

Staff followed policies to plan and deliver care according to national guidance. We reviewed policies in place; however, some content was not specific or relevant to the service. Following inspection the nominated individual confirmed a schedule for the review of all policies.

Pain relief

Staff assessed and monitored patients regularly.

Tests carried out did not cause pain to patients, the service did not have facilities to administer pain relief.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations, such as BMUS and HCPC national standards. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service conducted audits on imaging quality using the recommended audit tool developed by the BMUS Professional Standards Group.

We reviewed 12 peer reviewed audit outcomes which showed all scans met national standards.

Competent staff

The service made sure staff were competent for their role.

The registered manager was experienced, qualified and had the right skills and knowledge to meet the needs of patients. The registered manager identified development needs through appraisals of their work by a senior sonographer employed by a local NHS trust.

The registered manager attended developmental sessions, for example 'imaging for endometriosis' and 'ultrasound of the liver'.

Multidisciplinary working

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

Diagnostic and screening services

The registered manager was supported by other clinicians through the North-East and Cumbria Maternity Clinical Network and also received support from a local GP practice.

The practice of the registered manager was given professional support and advice by a senior sonographer.

Seven-day services

Key services were available to support timely patient care.

The service undertook scans on any day of the week between 0900-1700, and outside these times for the convenience of the patient.

Staff could call for support from senior professionals regarding diagnostic tests. The practice of the registered manager was given professional support and advice by a senior sonographer.

Health promotion

The registered manager gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in patient areas.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The registered manager supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

The service only carried out elective procedures and recorded consent from patients, and whether they wanted a chaperone during the procedure. The service had introduced a process to confirm the patient's age, consistent with their current registration.

The registered manager understood how and when to assess whether a patients had the capacity to make decisions about their care.

The registered manager received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

Compassionate care

The registered manager and nominated individual treated patients with compassion and kindness, respected their privacy and dignity, and took account their individual needs.

Diagnostic and screening services

The registered manager was discreet and responsive when caring for patients and took time to interact with patients and those close to them in a respectful and considerate way. Appointment times were longer than average and staggered to ensure patient interactions were not rushed.

Patients said they were treated well and with kindness and told us '*...they were welcomed, the registered manager and director were friendly, kind and always remained professional.*'

We spoke to one patient immediately after they had received an intimate scan; they told us their scan had been performed with sensitivity and they had been reassured by the registered manager throughout their examination.

The registered manager followed policy to keep patient care and treatment confidential. The privacy policy was displayed in the waiting area. Patients confirmed staff respected their privacy to a high standard.

The clinic understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Services were adapted to the cultural needs of the wider population, for example staff engaged and learned about wider religious communities and cultural groups. This was confirmed by external stakeholders who provided excellent feedback telling us the clinic had amended protocols to meet their needs.

Emotional support

The registered manager and nominated individual provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

The registered manager and nominated individual gave patients and those close to them help, emotional support and advice when they needed it. Patients told us they were supported by the registered manager when they became distressed and worried about their procedure, for example '*...I received an excellent service, that considered my anxieties, reassured me and made me feel part of the family.*'

An example of emotional support was the provision of mementos of scans given to patients which enhanced the experience.

The registered manager had experience in breaking bad news and demonstrated empathy when having difficult conversations. The setting of the clinic was private, and the time allocated to each appointment allowed patients to receive emotional support if needed.

The registered manager understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Patients, their families and carers were supported to understand their condition and make decisions about their care and treatment.

The registered manager made sure patients and those close to them understood their care and treatment. All procedures were explained at the time of the scan and supported by patient information leaflets.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We reviewed online feedback, which showed consistently high levels of patient satisfaction consistent with all feedback we gathered from inspection.

Diagnostic and screening services

We spoke with seven patients and an external stakeholder who advocated for a group of women accessing the clinic. Patients told us they were encouraged to provide positive and negative feedback and staff were very open to constructive criticism. Patients said, *'This is a top-class service and the best clinic I have been to,' 'I have been to the clinic multiple times and always felt safe and welcomed,'* and *'The staff are so nice and welcoming and down to earth.'*

Is the service responsive?

Good 

We rated it as good.

Service delivery to meet the needs of local people.

The registered manager and nominated individual planned and provided care in a way that met the needs of local people and the communities served.

Facilities and premises were appropriate for the services being delivered. The environment had a suitable waiting area with seating and facilities suitable for all ages and accessible for people with disabilities.

The service had developed patient information which defined the purpose of the ultrasound service, scanning times and outputs.

The service had systems to help care for patients in need of additional support or specialist intervention.

There were no occurrences of patients who did not attend appointments.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. The registered manager and nominated individual made reasonable adjustments to help patients access services.

The registered manager understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service confirmed they met the needs of any patients if these were identified at the time of booking an appointment, this was confirmed by patients.

The registered manager supported this by giving an example of a patient who was unable to comfortably position on the ultrasound couch, and alternative facilities were arranged.

The service provided female only appointments for personal or cultural reasons.

The registered manager understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service used the most appropriate way of communication for each patient such as translation through telephone or an interpreter in attendance.

Diagnostic and screening services

The service did not have information leaflets available in languages spoken by the patients and local community. Although, the service identified patient information leaflets and appointment letters were available in a range of languages, for example Hindi, Urdu, Polish and Turkish, and also in Braille and large print; we did not see these on inspection.

Access and flow

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

Patients were able to receive an appointment with the registered manager without delay. The registered manager ensured test reports were sent to the patients without delay and immediately when possible.

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.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patients areas.

Although, no complaints had been received, the service was committed to a proactive approach of improving service delivery through identifying and making necessary changes where identified.

The registered manager understood the policy on complaints and knew how to handle them.

Is the service well-led?

Good 

We rated it as good.

Leadership

Leaders had the skills and abilities to run the service.

The nominated individual and the registered manager worked closely together to manage and promote the service. They were both able to articulate their vision for the service and how they would make this happen.

It was clear that the service was focused on providing effective patient care and treatment.

Clinical issues were dealt with primarily by the registered manager and this was enabled by the nominated individual concentrating on the organisation, business and finance.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The service strategic plan included the vision to become a class leader in the provision of ultrasound screening services with a focus upon providing an 'exceptional patient journey' that 'meets patient's needs'.

Diagnostic and screening services

The service strategy to achieve the vision was to increase the level of patient feedback, streamline the appointments booking procedure and improve the clinical environment by building a new clinic on site.

Culture

The registered manager and nominated individual were focused on the needs of patients receiving care. Patients, their families and the registered manager could raise concerns.

The registered manager and the nominated individual both operated a professional and customer focused service. They welcomed feedback on their performance and were conducive to improve the service based on the patients' experience.

Governance

The registered manager and nominated individual operated governance processes and were clear about their roles and had regular opportunities to discuss and learn from the performance of the service.

We saw minutes of the monthly management meeting held in February 2023. The standing agenda for these meetings included performance and financial data (18 scans within the month), safety issues (safeguarding, cleanliness and infection control, incidents), risks, equipment, audits (patients outcomes, records), appointment management, complaints and patients feedback.

Following our inspection the service submitted an application to update the service registration to include paediatric treatment, enabling paediatric hip ultrasound scans.

Management of risk, issues and performance

The registered manager and nominated individual used systems to manage performance. They identified relevant risks and issues and identified actions to reduce their impact.

There was a clear process for the identification, discussion and management of risk through regular meetings between the registered manager and the nominated individual.

During our inspection the registered manager and the nominated individual were able to discuss risks, for example booking procedures, clinical waste disposal, fire procedures and the storage of scans and results.

We did not see an overall risk register which would enable the ongoing control of these risks and the mechanism to update and vary risk over time.

Information Management

The service collected reliable data and analysed it to understand performance, make decisions and improvements.

The service kept personal information, images captured during the scan, medical reports outlining results, and emails sent with attachments stored on the ultrasound machine. This enabled the review and analysis of information at management meetings.

The registered manager viewed records and diagnostic results in both paper and electronic formats. All records were stored securely.

Diagnostic and screening services

The nominated individual had completed mandatory information and data governance training.

Engagement

The registered manager and nominated individual actively and openly engaged with patients and referrers to plan and manage services.

The registered manager requested feedback from patients and following inspection provided contact details for patients who had agreed to share their views of the service with us.

Patients and those referring on their behalf were all extremely complimentary about the registered manager, nominated individual, premises, sensitivities shown and the patient journey.

Learning, continuous improvement and innovation

The registered manager and nominated individual were committed to continually learning and improving services.

As well as undertaking annual mandatory training, the registered manager had undertaken face-to face and online learning through the BMUS, and the British Society of Gynaecological Endoscopy in various topics such as 'Previous Caesarean Section', 'Groin Pain and Pathology' and 'Endometriosis'.

The service had developed plans to build clinic facilities on the same site which will improve the patient experience through more spacious rooms and meeting all patient's individual requirements.

The service had developed referral pathways to the NHS through the 'North-East and Cumbria Maternity Clinical Network' to the on-call gynaecologist at the local acute NHS hospital and also the pregnancy assessment unit of the woman's own hospital.