

Aligie Limited

The Nottingham Road Clinic

Inspection report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

Our rating of this location improved. We rated it as good because:

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

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and

Summary of findings

accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

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

Diagnostic and screening services

Good



Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided care and treatment based on national guidance. Staff worked well together for the benefit of patients and supported them to make decisions about their care. The service organised clinic lists to accommodate patient access.
- Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Staff were supervised and managed effectively.
- The service had oversight of the effectiveness of the care and treatment.
- There was evidence of health promotion for this service.
- There was involvement of the scanning service within the governance arrangements.

Diagnostic imaging is a small proportion of the clinics activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.

Summary of findings

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Summary of this inspection

Background to The Nottingham Road Clinic

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

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

We undertook this inspection to check that the provider had made improvements following our last inspection in November 2021.

We carried out the short notice announced inspection on 29 November 2022.

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

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

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

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

The clinic has had a registered manager in post since 2005.

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

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

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

How we carried out this inspection

How we carried out this inspection

During the inspection visit the inspection team

Summary of this inspection

Visited the reception and waiting areas, two consultation rooms, the ultrasound room, the treatment room and the operating theatre

Spoke with the registered manager

Spoke with 8 other members of staff including 3 nurses, 2 administration staff, 2 doctors and a site manager.

Spoke with 7 patients who were using the service.

Reviewed 10 care and treatment records

Looked at 10 staff records

Looked at a range of policies, procedures and other documents relating to the running of the service.

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

Outstanding practice

Staff were being trained in use of the ATMIST handover tool to ensure that any emergency handover to the ambulance service was as accurate and timely as possible. (ATMIST is used by emergency medical services, armed forces and hospitals as it facilitates a rapid, accurate handover of a time critical patient).

Areas for improvement

Surgery

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

- The service should consider offering a specific private changing area for patients.






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Surgery 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 and made sure everyone completed it.

All staff received and kept up-to-date with their mandatory training. The service provided mandatory training in key skills to all staff and made sure everyone completed it. Each member of staff completed an induction and mandatory training according to their specific role.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included: infection control, safeguarding vulnerable adults and children, basic life support and defibrillator training.

Clinical staff now completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. This was a new addition to training in order to improve the service provided to all patients.

Nursing staff at the clinic were now provided with sepsis and deteriorating patient training in case of any change in a patient's condition either before or during surgery.

Managers monitored mandatory training and alerted staff when they needed to update their training. All staff were compliant with training requirements at the time of our inspection

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

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Information was available for all staff in order to report concerns immediately.

During this inspection all staff knew how to make a safeguarding referral and who to inform if they had concerns. All local safeguarding contacts were available for staff in reception and the staff area.

Staff followed safe procedures for children visiting the clinic with relatives.

The service promoted safety through their recruitment processes and on-going employment checks. During our inspection all staff had a Disclosure and Barring Service (DBS) check relevant to the role they were employed for.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinic areas were clean and had suitable furnishings which were clean and well-maintained.

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

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

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

The service amended the use of face masks in public areas in line with the local incidence of covid 19 according to local trust data.

Environment and equipment

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

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

All equipment and consumable items were stored appropriately and did not present as trip hazards to patients. Monthly health and safety audits of the clinic environment were conducted. Any unused equipment was identified and removed as required.

Surgery

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

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

The service had a resuscitation trolley with a defibrillator and oxygen cylinders stored on the walls outside of the theatre. This was checked daily and we saw evidence of these checks. The service had enough suitable equipment to help them to safely care for the patients currently using the service. We reviewed a selection of consumable items including dressings, syringes and needles and found them all to be in date.

Staff disposed of clinical waste safely. We observed staff correctly segregated clinical and domestic waste. Waste bins provided for the department were enclosed and foot operated. Sharps bins were correctly assembled and below the fill line. The management and disposal of sharps and waste was completed in accordance with policy. The service-maintained records on all waste collections to ensure compliance with the legislation which covers waste disposal.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Since our last inspection the manager and chief nurse had implemented the national early warning system (NEWS) track and trigger flow chart. It is based on a simple scoring system in which a score is allocated to physiological measurements (for example blood pressure and pulse) The scoring system enables staff to identify patients who were becoming increasingly unwell and provide them with increased support. All clinical staff had received training should any escalation be required. Staff were also being trained in use of the ATMIST handover tool to ensure that any emergency handover to the ambulance service was as accurate and timely as possible. (ATMIST is used by emergency medical services, armed forces and hospitals as it facilitates a rapid, accurate handover of a time critical patient).

Whilst this had not been necessary, staff we spoke with said they felt more prepared as a result of the increased training.

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

Staff knew about and dealt with any specific risk issues. Staff provided patients with aftercare information following their procedure, which was supported by an aftercare advice leaflet. On this information leaflet was a list of numbers for patients to use if they had concerns. Prior to any surgical procedure patients received information to explain the signs and symptoms for sepsis and venous thromboembolism (VTE). Sepsis is a life-threatening reaction to an infection and VTE are blood clots which form within vessels of the body.

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

Surgery

Staff within the service used a modified version of the World Health Organization (WHO) checklist when performing procedures. The WHO checklist is a system to safely record and manage each stage of a patient's journey from the ward through to the anaesthetic and operating room to recovery and discharge from the theatre. For patients being treated with local anaesthetic, staff followed a checklist to check allergies, including latex allergy, likelihood of fainting, and any known diagnosis of HIV (human immunodeficiency virus) or Hepatitis B. We witnessed pre and post procedure checks and were provided with an audit document that stated the WHO Checklist was audited. We observed completed forms in all five sets of notes we reviewed.

Staffing

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

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

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

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

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

Records

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

Patient notes were comprehensive, and all staff could access them easily.

The service had consultation sheets and patient operation sheets. These contained all documents required for the patient journey. All records we reviewed were complete and held together in separate patient files. This ensured documents were less likely to become lost or misfiled. We reviewed five sets of records and found they were clear, legible and up to date.

Records were stored securely. All documentation was locked away when not in use. In addition to the notes, patients were required to have photographs taken. During our inspection we reviewed the policy for photographic storage. This had been strengthened significantly since our 2021 inspection with a dedicated secure storage arrangement. This was in accordance with the Data Protection Act 2018, which obliges organisations to take 'appropriate technical and organisational measures' to prevent the unauthorised or unlawful processing or disclosure of personal data. Recordings must be stored within an institutional repository or other secure server (never on a personal computer, laptop, USB or other peripheral mobile device).

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

Surgery

Medicines

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

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

All appropriate checks were carried out prior to administering medicines, including patient name, date of birth and allergies. The medicines refrigerator was monitored by staff daily. This included a review of the minimum, maximum and current temperature to ensure medicines were stored correctly. There was an additional refrigerator within a consulting room specifically for the use of one doctor. The service had oversight of this and were maintain a monthly audit to ensure its correct use. All other areas for medicine storage had a daily temperature check to ensure cupboard medicines were stored at the correct temperature.

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

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

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

Oxygen was available within the service and was stored correctly for use in the theatre.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. There was a positive reporting culture within the service and staff received feedback on incidents raised. The service had an incident reporting policy which was in date including version.

The service had no never events during the reporting period of November 2021 to November 2022. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

There were no serious incidents reported for the service from November 2021 to November 2022. Serious incidents are events in health care where there is potential for learning, or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.

Surgery

Staff understood the duty of candour. Staff we spoke with understood the duty of candour process and the need for being open and honest with patients when errors occur. Senior staff members were able to explain the process they would undertake if they needed to implement the duty of candour following an incident which met the requirements. Information provided by the service showed there were no incidents from November 2021 to November 2022 which required the duty of candour to be implemented in accordance with the regulation.

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

Are Surgery effective?

Good 

Our rating of effective improved. We rated it as good.

Evidence-based care and treatment

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

Staff followed policies to plan and deliver care according to best practice and national guidance. The service ensured their policies, procedures and processes were compliant with the recommended clinical guidance. For, example perioperative care in adults (2020) NICE guideline NG180. Staff competence was monitored including staff awareness of policy and procedure changes. We observed staff signature lists to identify when they had reviewed specific guidance. This was monitored by the chief nurse. All policies had been comprehensively updated since our 2021 inspection and all were version controlled with review dates.

All patients who attended a consultation for a surgical procedure had a psychological assessment prior to any surgery being completed. Patients who required additional mental health input were then seen by a mental health specialist at another clinic.

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

Nutrition and hydration

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

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

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

Pain relief

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

Surgery

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

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

Patient outcomes

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

Staff regularly reviewed patients post procedure and took photographs of the patients' journey. The service was yet to complete any official outcome studies or audits, but staff told us their patients were happy with the results of the procedures. Patients undergoing vasectomy completed a satisfaction survey and outcomes were reviewed post surgery to ensure the procedure was successful. This was monitored through contract meetings with the local commissioning team as part of regular reviews which included infection, satisfaction and waiting times.

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

The clinic reported zero cases of unplanned transfer of a patient to another hospital. There were no unplanned readmissions within 28 days of discharge and zero cases of unplanned return to the operating theatre between November 2021 and November 2022.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff involved in the patients' journey were able to demonstrate their extended knowledge and skills within the field of general or cosmetic surgery. There was now a designated clinical team leader with complete oversight of the clinic and all outreach services (clinics across the city where staff provided the same or similar services). This meant that communication and standardisation of the theatre and all policies was accurate and up to date.

All clinical staff had competency reviewed and monitored by the chief nurse. There were now competency-based assessments completed when nursing staff commenced their work at this location and on an ongoing basis. We saw evidence of this during our inspection.

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

Managers supported staff to develop through, yearly appraisals of their work. Staff had the opportunity to identify training needs with the manager. The manager told us that if staff approached them with additional training then this would be facilitated through the service. In general, the nurses sourced their training as part of their other roles. We saw evidence of appraisal meetings within all staff personal files we reviewed. In addition to this the chief nurse for the service also had more regular meetings with staff on a one to one basis in order to offer development and updates more regularly.

Surgery

Managers supported staff to attend team meetings or access to notes when they could not attend.

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

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

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

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

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

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

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

All staff working within the clinic now held joint meetings in order to share and raise any concerns that may support changes in practice. For example, the timely running of clinics or waiting lists.

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

Seven-day services

The service organised clinic lists to accommodate patient access.

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

Surgery

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

Health promotion

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

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

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

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

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

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

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

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

Are Surgery caring?

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

Surgery

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Each consultation was individual to the patient's needs.

We spoke with five patients and were provided with patient feedback survey information for January 2022- June 2022 from 123 patients. The feedback was overwhelmingly positive, and patients used words such as great clinic, compassionate, lovely staff and very knowledgeable.

Patients we spoke with told us they would recommend the service to their friends and family. Many patients returned for further procedures and many family members had also visited the service.

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

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

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

Emotional support

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

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

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff took a holistic approach to the care and treatment they provided for patients. All staff understood the personal, cultural and religious needs of the patient and ensured the appropriate advice and support was provided for them.

The service had access to mental health support when required.

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

Understanding and involvement of patients and those close to them

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

Surgery

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

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

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We spoke with five patients during the inspection and all patients were positive about the staff and their experience. Several patients had returned for further treatment and recommended the service to their family and friends. The patient survey identified 100% of patients identified the clinical staff/ receptionists' manner at the service as very good or excellent.

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

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

Are Surgery responsive?

Good 

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

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

Facilities and premises were appropriate for the services currently being delivered. The managers had ensured the environment was as comforting and calming for patients who attended for care and treatment. There was a large waiting area that allowed for social distancing measures. However, space within the clinical area did not allow for separate changing facilities. In order that patient's privacy and dignity was maintained they were able to change in the clinic room with a privacy curtain and personal items were always within sight.

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

Surgery

Managers monitored and took action to minimise missed appointments. Staff were now able to offer patients short notice appointments in order to ensure theatre lists were used concurrently.

Managers ensured that patients who did not attend appointments were contacted. These were monitored and appointments were re booked where appropriate. Patients would be referred to the referring clinician if they failed to attend after three appointments.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had an equality and diversity policy which staff followed which covered meeting the needs of individuals with a disability.

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

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

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

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

Access and flow

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

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

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

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

Surgery

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

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

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

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

There was an in-date complaints policy available. Most complaints were easily resolved. However, the service also offered contact numbers for local complaints advisory services should patients need further advice or assistance.

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

Learning was identified from complaints. For example, in order to improve the service a post-operative document had been developed so that information, from patients contacting the service after a procedure, was captured consistently and added to the patient record.

Are Surgery well-led?

Good 

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

Leadership

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

The service was led by the registered manager with the support of the clinical manager. They were responsible for the governance of the service, as well as both providing care and treatment to patients.

All staff we spoke with were overwhelmingly positive about the leaders of the service. All leaders were visible and approachable and knowledgeable about the services provided. Clinical staff felt particularly supported by the chief nurse and described the service “as feeling safer now”. We observed staff discussing treatment options with patients and it was clear they were knowledgeable about the services they provided their patients.

Surgery

The chief nurse maintained their skills and knowledge through continuing clinical practice and competency assessment.

Staff told us they felt the leaders had an ongoing interest in staff development. Staff were able to access a range of training at the service to enable them to develop their skills and progress in their roles.

Vision and Strategy

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

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

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

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

Within the business plan were aims and objectives for the service to achieve. Progress against these aims and objectives was measured through audits. The service had plans to tender for a number of new contracts in order to support the NHS locally to assist with the surgical post covid recovery plan.

Culture

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

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

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

All staff we spoke with told us they felt supported, valued and respected by their managers and their colleagues. Staff told us they enjoyed working at the clinic and were proud to be associated with the service.

Staff told us they felt they could raise any concerns with the managers without fear of reprisal. The service had a whistleblowing policy in place to support this process. The chief nurse had recently completed Freedom to Speak Up (FTSU), training and was in touch with the National Guardian’s Office in order to facilitate and strengthen this role for the team locally. (FTSU Guardians are responsible for; supporting staff to raise their concerns. Acting as independent and impartial source of advice to staff through listening to issues raised, and agreeing with the colleague speaking up, what might be the appropriate action to take.)

Surgery

During our previous inspection, teams had not always worked cohesively. However, team meetings were now joint and any concerns or ideas for the team could be shared and implemented. We also observed information from these meetings and reviews feed into the medical advisory meeting, (MAC), for further discussion and implementation as necessary.

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

The service had an open and honest culture. Any incidents or complaints raised would have an open and honest 'no blame' approach to the investigation, however in circumstances where errors had been made, apologies would always be offered to the patients and staff would ensure steps were taken to rectify any errors. Staff were aware of the duty of candour regulation; however, they had not had any incidents which met the criteria where formal duty of candour had been required to be implemented.

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.

Governance

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

The service had an in-date clinical governance policy which provided a clear structure for governance processes.

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

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

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

Surgery

Since our last inspection the arrangements for governance and performance management across the staff had changed significantly. The development of a cohesive management structure with the addition of a chief nurse had meant that areas of risk previously not identified were immediately dealt with and monitored to ensure performance and safety was always upheld. For example, robust improvements in medicines management and staff competence.

Staff were now clear about their roles, what they were accountable for, and to whom. There was an increased awareness and monitoring of training and competency of all staff which enhanced and developed their previous experience in the role.

The service had comprehensive in date policies for staff to follow. These were written by the relevant manager and reviewed during governance meetings. All policies were version controlled and had dates for review.

We reviewed five staff personal files (randomly selected) of various roles, professions and employment statuses. We found all staff files complied with the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. The service also had an in-date recruitment policy to ensure all staff adhered to the requirements.

The manager for the company was responsible for the oversight of contracts with third party providers. During the inspection we were told that they had good relationships with the clinical commissioning group who commissioned the vasectomy service. We reviewed the meeting minutes from the most recent contract meeting which corroborated this.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

During our inspection, we reviewed the local risk assessments and found the risk assessments were extremely detailed and had ownership. We also observed they were regularly reviewed, and the risks identified reflected the risks which staff spoke of. Examples of risk assessments completed were (but not limited to) Legionella, infection control and needle stick injuries, IT and governance, lidocaine toxicity and CoSHH products.

The service conducted monthly health and safety audits to ensure the risk to patients and staff was minimal. This reviewed fire safety, the environment, electrical safety, first aid boxes and water safety. Any areas identified on these audits as non-compliant were rectified immediately. We saw evidence of where actions had been taken to address issues raised by these audits.

The service had a health and safety policy in place which contained the procedures for staff to follow in unexpected events. The service also had emergency power backup in place in case the main power supply failed. These were regularly tested.

The service had an audit programme in place to ensure performance was constantly reviewed and improvements to the care and treatment patients received could be implemented. For example, 10% of patient notes were checked on a monthly basis for accuracy and completion of NEWS 2 and WHO checklists were also audited monthly by the chief nurse.

Information Management

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

Surgery

The clinic had a policy for records and information management which covered data protection, access to health records and confidentiality. On the day of our inspection we saw that patient paper records were handled and managed in line with the policy and data protection standards. In the patient records we reviewed we saw that information was clearly documented, comprehensive, dated and signed. Patient's records were stored in a locked room.

The service had introduced a computer system for patient photographs to be stored as this reduced the risk of personal data breaches.

Staff were able to access some information systems from their own computers. This included the electronic training system. All staff received training on information governance and General Data Protection Regulations (GDPR).

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

The service had a website available which was regularly reviewed by staff. This enabled patients to complete research on the procedures provided at the service as well as the service itself. Information about the terms and conditions of treatment and payment was also provided.

The service did not advertise the procedures and treatments they provided. Patients who attended the service had either completed a search on the internet or the service was recommended to them.

Data or notifications were consistently submitted to the Care Quality Commission as required.

Engagement

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

The service held regular team meetings (monthly) to engage with staff members who worked at the service. In between these meetings, staff received regular emails and calls from the managers of the service. All staff we spoke with told us how approachable the manager of the service was and that if they had any concerns, they would be able to raise them.

The service had mechanisms in place to receive feedback from patients. This included leaving reviews on an online patient feedback system which also invited them to rate the provider, as well as an in-house feedback form.

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

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

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

All staff were encouraged to contribute their ideas about improving the service. Staff told us when they had suggested ideas in the past, all staff listened to them and where possible, their ideas were taken on board and improvements made.






Surgery

The service had implemented a patient self-referral questionnaire for vasectomy in order to simplify and reduce unnecessary appointments through streamlining the referral process.

The registered manager had many ideas about the direction of the service and was keen to involve the service in future improvements in order to support the local NHS economy.

Diagnostic and screening services

Good 

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

Are Diagnostic and screening services safe?

Good 

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

Mandatory training

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

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

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

Training compliance was monitored by the ultrasound manager and the registered manager had further oversight. Staff told us they were reminded well in advance of when their training was due to ensure they had enough time to complete it.

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 received training specific for their role on how to recognise and report abuse. The sonographers working for the service were employed under practicing privileges, this meant that safeguarding training was completed in their usual place of work, however the manager at The Nottingham Road Clinic kept a record of who had completed safeguarding training and what level. All sonographers had completed safeguarding adults and children level 3. The chaperones who assisted with the scanning were employed by The Nottingham Road Clinic and had all completed safeguarding children level 3.

Diagnostic and screening services

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns. A sonographer explained they would inform the registered manager of any safeguarding concern and would be supported to formally report. If the registered manager was not available and there was a concern of immediate risk, they would contact the local authority safeguarding team.

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

There was always a chaperone present during both medical scans and baby scans. The sonography manager chaperoned most scans, however when she was not available there were other members of staff to cover and all chaperones had received training for the role.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. At the time of our inspection the service had replaced the curtain in the scanning room to a disposable curtain to comply with infection prevent control guidance.

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

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

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

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

Environment and equipment

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

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

The scanning room was spacious and contained a couch, scanning machine and seating area for family and friends. There were 2 monitors and a large screen positioned so that the woman and their family could see the scan clearly.

Diagnostic and screening services

The chaperone sat at a desk which was at the furthest end of the room, although close enough to observe appropriately.

The service's ultrasound scanner was new at our previous inspection and staff said they had no issues and was easy to use.

The registered manager held a record of when equipment was due for servicing and made sure this was completed. We checked equipment and consumables in the scan room which were all in date.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. Staff told us that if there was a medical emergency then they would call 999 to get the patient transferred to an acute hospital setting.

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

Staff shared key information to keep patients safe when handing over their care to others. Staff requested permission to share any results from scans with the patients GP, the referrer for the scan or the patient's maternity team. Staff always gave the patient a copy of their scan and report to take away.

If there was any urgent findings from the scan then staff explained how they would advise the patient to immediately attend their GP, local emergency department (ED) or the maternity unit to seek assistance. They discussed any urgency with the patient and could send their report electronically to another professional with the patients' consent in order to expedite any actions as well as providing the hard copy of the report for the patient to take with them.

Staffing

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

The service had enough staff to run the ultrasound service. There were 3 sonographers, employed under practising privileges, who each covered different clinic sessions. Each of the sonographers were qualified radiographers who had further trained in sonography and each were clear on which type of scans they would carry out.

The service had appointed a sonography manager since our last inspection who carried out most chaperone duties. There were also chaperones available in the manager's absence, who were either health care assistants in the service or admin/reception staff who would always be available for scanning lists.

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

Records

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

Diagnostic and screening services

Patient notes were comprehensive and all staff could access them easily. Copies of scan report were kept on the computer system so that other staff could access previous scans. Scan images were kept on the ultrasound machine which was only accessible by the trained sonographers. The service had recently implemented a system which enabled them to send images directly to the patient's mobile phone for them to download and share as well as the hard copy provided.

We reviewed 5 sets of records. Staff accurately recorded the information. Information included, the woman's estimated due date (if a baby scan), observations of the scan and conclusions. These were printed off and handed to the patient at the end of the scan.

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

Medicines

No medicines were used in the ultrasound service.

Incidents

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

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

Are Diagnostic and screening services effective?

Inspected but not rated 

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

Evidence-based care and treatment

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

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

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

We reviewed the service's abdominal ultrasound protocol and guidelines for professional ultrasound practice which were current and adhered to.

Nutrition and hydration

Staff gave patients food and drink when needed. Patients could access specialist dietary advice and support.

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

Diagnostic and screening services

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

Pain relief

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

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

Patient outcomes

Staff monitored the effectiveness of care and treatment.

The service completed a number of clinic audits every month. These were predominantly completed by the lead nurse or the sonography manager but could be completed by any member of staff. Actions for improvements were recorded in the audit folder and outcomes were shared with staff by the sonography manager as part of their regular team meetings. Any improvements required were discussed as a team and implemented with the overarching oversight of the registered manager.

Since our last inspection the service had implemented a formal policy and process for peer reviews to be carried out for each sonographer every 3 months which monitored their scan outputs. We reviewed twenty peer reviews and audit outcomes during the inspection which were completed on time, detailed, commented upon and had been further reviewed by the sonography manager and the registered manager. These audits included image quality, report quality and clinical quality. We saw these had been completed in a timely way.

The sonography manager monitored feedback through a variety of social media platforms. Patients were encouraged to provide feedback following their scan with different options to do so. The service had created a flyer with a QR code for patients to scan on their mobile phones and were directly taken to an online feedback form. Patients could alternatively provide feedback by email or in writing if they preferred.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

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

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

Staff were supervised and managed effectively. Staff we spoke to told us this had significantly improved since our last inspection. We saw evidence of competency assessments completed when sonographers commenced their work at this location and on an ongoing basis.

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

Diagnostic and screening services

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

The service had put in place team meetings specifically for the sonographers within the service and they were further invited and had minutes shared with them from other team meetings within the service. This meant that any updates to the service/discussions on improvements to the service were done as a team. We reviewed the minutes from the last 3 consecutive MAC meetings and the last 4 sonography team meetings which showed that the sonography service and staff were fully integrated within the decisions around the running of the clinic.

Multidisciplinary working

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

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

There were multidisciplinary meetings that involved the sonographers for this service. The sonographers communicated with each other as and when required but also ensured they had monthly team meetings for the service.

The sonographers liaised closely with the local maternity services and any referrers for the medical scans for any follow up care that may be required. They had close links with neighbouring GP surgeries and hospital trusts for the benefit of their patients. The service shared learning with other services and welcomed any advice, training updates or other support to improve their service.

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

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

Seven-day services

The service organised clinic lists to accommodate patient access.

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

Health promotion

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

The service had relevant information promoting healthy lifestyles and support around the clinic and in the scanning room.

We saw the service had created an advice sheet on healthy eating in pregnancy which they gave to each woman attending for baby scans. We also saw posters in the scanning room encouraging healthy eating and exercise.

Diagnostic and screening services

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff could not recall a time when they had a concern about capacity but told us that they would not carry out a scan if they had concerns about a patient's ability to consent.

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

Are Diagnostic and screening services caring?

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

Compassionate care

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

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

We observed staff treat patients well and with kindness. Throughout the scan the sonographer checked that the patient was comfortable and had no concerns. We saw a compliment received by the service which read 'from the reception to the scan I was put at ease and treated with kindness and respect'.

Staff followed policy to keep patient care and treatment confidential. The clinic room was kept shut for the duration that the patient was in the room and locked if the patient preferred or when a transvaginal scan was being carried out.

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

There was a scan assistant/chaperone in the scanning room with the sonographer for all scans. We saw numerous signs around the clinic area promoting the assistance of a chaperone. The sonography manager was the main chaperone, however 2 other members of administration staff had also completed training ensure they were suitable to offer this role.

Diagnostic and screening services

We spoke with 5 patients and were provided with patient feedback examples that had been collected by the service. Feedback was overwhelmingly positive, and patients used words such as amazing, professional, knowledgeable and friendly being used to describe their experiences. Patients we spoke with told us they would recommend the service to their friends and family. Many patients returned for further procedures and many family members had also visited the service.

We observed 5 scans which were a mixture of baby scans and medical scans. The staff were professional yet appeared to share in the excitement with the families who were attending for baby scans and adapted their manner appropriately to provide the necessary information and support for medical scans.

Emotional support

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

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

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We observed that staff were calm and reassuring throughout the scans and the sonographer provided reassurance about what was being imaged and displayed on the screen and shared what they observed.

We observed an early reassurance scan for which the woman was extremely anxious. We saw how the sonographer welcomed the family in a positive manner and talked through what to expect. The sonographer did not commence the scan until the woman was calm and ready to start. Upon finding a positive outcome there appeared to be genuine elation in the room and the staff were thanked for relieving some of their anxieties even before the scan.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Family and friends were welcome in the scan room and there was a large clear tv screen positioned in the room to ensure that everyone in the room could see the scan images.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We observed a scan taking place where a sibling was present, and the sonographer and scan assistant ensured that they were included. The family were holding a gender reveal party later that evening and were thrilled that the sonographer was able to label a bag with the correct reveal inside in order for it to remain a secret to all for that evening.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. During the inspection we saw posters explained how to leave feedback. The service had recently implemented a digital method of leaving feedback which they said was working well but hadn't been in place long enough report. After each appointment the sonographer handed over a flyer, detailing ways to leave feedback and a QR code that could be scanned using a mobile phone and directed straight to the form.

Diagnostic and screening services

Patients gave positive feedback about the service. A total of 123 patients had completed a feedback survey between January 2022 and June 2022, all were rated at least good, most were very good or excellent.

All medical scan patients were provided with a report and an explanation of any findings to support patients to make informed decisions about their care.

Are Diagnostic and screening services responsive?

Good 

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

The service operated extended opening hours to enable patients to access the service in the evening and at weekends. Staff told us that people could access an appointment when they required one and where necessary additional appointment slots could be made available. The service and the sonographers were passionate about the service being accessible for the local population so ensured that prices were kept competitive and made every effort to be available. We heard how staff would change their working days or hours to accommodate appointments that were most convenient for the patient.

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

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

The sonography team worked closely with neighbouring hospital trusts to share good practice and to support one another when required.

Meeting people's individual needs

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

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

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

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

Diagnostic and screening services

Access and flow

People could access the service when they needed it.

The service was not open 7 days however, morning, evening and weekend clinics were available to allow patients access to the service outside of working hours.

Patients could book the scans over the phone at a time to suit them. If patients required an urgent scan staff told us they could be flexible with the hours they worked to meet patient needs. Staff told us that their plans to have an online booking system were still ongoing, but it would be fully implemented in the following weeks.

Appointment slots varied dependent on the type of scan that was required. This helped to ensure that clinics ran to time and that patients were not made to wait for long periods of time. At the time of our inspection we saw that all appointments were running on time. Staff told us there would only really be delays if they had taken extra time with an appointment to break bad news or if a baby was particularly difficult to scan. However, it was uncommon to run over their appointment time aside from exceptional circumstances.

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

The service had implemented a new system for baby scans which meant they sent scan images directly to their mobile phone. Scan images could also be printed if preferred, however all of the scans we saw had requested the images to their phone for them to share, download or print themselves.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

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

There had been 2 complaints in relation to the scanning service in the previous year. They were both relating to delay in receiving images/reports. However, we saw these were investigated fully, patients responded to and refunds provided as a gesture of goodwill. Both were down to technical error; 1 patient did not receive the image link to their phone and another did not receive his report digitally in a timely way.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. The service amended their practice to ensure that the women had their images before leaving and fed this back to all staff in the team as well as being on the agenda for the team meeting to ensure everyone was aware.

Are Diagnostic and screening services well-led?

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

Diagnostic and screening services

Leadership

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

Vision and Strategy

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

Culture

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

Governance

There was much improved involvement of the scanning service within the governance structure for the service. The audits for the scanning service were included within the governance structure and there was full oversight of the sonographers ongoing competencies. Peer audits were carried out every 3 months, which were reviewed by the sonography manager and reported to the registered manager.

The service had a new sonography manager who had worked alongside the team for many years before taking on the role. We reviewed the last 3 medical advisory committee (MAC) meeting minutes and the last 5 sonography team meetings. We saw there was always representation from the sonography team at MAC, which was fed back to the team at their own meetings. Staff could raise any issues at any time with management of all levels and we saw the sonography service was discussed at every meeting.

Management of risk, issues and performance

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

Information Management

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

Engagement

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

Learning, continuous improvement and innovation

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