

## Clinical Diagnostic Services LLP

# Clinical Diagnostic Services

## Inspection report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

- 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.
- Managers monitored the effectiveness of the service and made sure staff were competent. Key services were available to suit patients' needs.
- 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.
- 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. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic and screening services

### Rating

Good



### Summary of each main service

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

- The service had made the required improvements and was led by a suitably skilled practitioner.
- Policies and procedures which guided safe and effective practice were relevant to the service and had control measures to ensure they were up to date.
- Medicines were appropriately prescribed or administered safely.
- They had set up a reliable governance system, in which risks were fully considered as part of regular meetings.

# Summary of findings

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# Summary of this inspection

## Background to Clinical Diagnostic Services

Clinical Diagnostic Services (CDS) at Harley Street is operated by Clinical Diagnostic Services LLP. CDS operates ultrasound services across two locations Harley Street, London and Elstree, Hertfordshire.

The service at Harley Street currently consisted of one scanning and consultation room with ultrasound machines, an office and a shared reception area and waiting room. The service is co-located with other independent healthcare providers.

The service offers advanced ultrasound scanning and transvaginal scanning covering several specialties including general gynaecology and women's healthcare, fertility managements and scanning related to In Vitro Fertilisation (IVF), early pregnancy assessments and prenatal screening. They also offer general medical ultrasound scans. The service mainly saw adults, although they saw some under 18's, but only with a parent or guardian present.

We previously inspected the diagnostic imaging services at Clinical Diagnostic Service at Harley Street using our comprehensive inspection methodology in October 2018 and September 2021. During the inspection in 2021, we found there were several areas which required improvement. As a result, requirement notices were issued for Regulations 11, 12 and 17. The purpose of this follow up inspection was to check if the required actions had been taken by the provider.

We carried out this focussed inspection on 28 March 2023, of our safe and well led key lines of enquiry.

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

## How we carried out this inspection

The inspection was announced before our site visit to ensure the service was open. The inspection was undertaken by a CQC lead inspector, a second inspector, an assistant inspector and a CQC specialist advisor.

We spoke with the clinical director who was also the lead sonographer, and the service manager who was also the CQC registered manager. We examined patient records, policies, and the facilities available.

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

## Areas for improvement

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

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

## Summary of this inspection

- The service should consider adding a deteriorating patient policy to their suite of policies to ensure all staff are aware of the service's procedures.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Diagnostic and screening services

Safe	Good 
Effective	Inspected but not rated 
Well-led	Good 

## Is the service safe?

Good 

### 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.**

We saw evidence of completed staff training for safeguarding in both vulnerable adults and children and young people to a level 3 standard. The clinical director was the designated safeguarding lead. Staff knew how to make a referral and who to inform if they had concerns.

Staff had ready access to the safeguarding policy and other related documentation, which included information about female genital mutilation (FGM).

The service had not reported any safeguarding concerns in the last 12 months.

### 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 visibly clean and had suitable furnishings which were visibly clean and well-maintained.

We were told the equipment; furniture and the environment were thoroughly cleaned when staff arrived each day the service was open and after each patient. Cleaning records were up-to-date and demonstrated all areas were cleaned regularly.

The staff had access to suitable levels of personal protective equipment (PPE).

We saw evidence the service now conducted weekly infection prevention and control (IPC), hand hygiene, and clinical day sheet audits. The clinical day sheets listed patients who were booked for treatment, arrival times and leaving times. The clinic list had ten patients listed for 21 March 2023, and we saw evidence that the cleaning of the transvaginal (TV) probe was recorded for each patient.

### 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.**

# Diagnostic and screening services

The contrast agent used for advanced scanning procedures was requested from the pharmacy when it was required. It was brought the short distance to the Harley Street site in the pharmacy protective packaging.

The fridge used to store biopsy samples was kept in the same room as the ultrasound machines. It appeared new and was locked. As the fridge was only used to temporarily store any samples, it was empty when we checked. Staff checked and recorded fridge temperatures each time the clinic was open.

The portable electrical appliances had recently been inspected and signed off as being safe and suitable for use.

The two scanning machines were well maintained and regularly serviced. The main machine was linked via the internet to the manufacturer so it could be monitored in real time if required.

## 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.**

The service conducted thorough risk assessments on each patient which included whether there was any likelihood of any adverse reaction to any intended use of contrast agent. We saw examples of patient assessments during our inspection.

The service did not have a deteriorating patient policy, staff had the necessary training and experience to recognise such a patient. All staff had basic life support (BLS) training as part of their mandatory training. Staff could also draw on the expertise of the gynaecology consultant who had advanced life support (ALS) training and worked with the service and other medical practitioners co-located in the building. The staff had access to resuscitation equipment located just outside the treatment room which the clinical director checked once a week. In the case of a medical emergency, staff told us they would call 999. Since our inspection the service has provided us with a deteriorating patient policy.

## 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 gynaecology consultant worked at the service under practising privileges. We reviewed the consultant's file and saw it contained details of application forms, curriculum vitae (CV), details of accreditation with professional bodies, interview reports, appraisals, training, revalidation and current disclosure and barring service (DBS) checks.

The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic. Those working under practising privileges were contractually obligated by the service to keep up to date with training, working practices and to provide insurances and to comply with other such rules the service may demand.

## 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. Records were stored securely. Patient records were stored on an electronic record system. We looked at a random sample of four patient records. All records included details of the patient and the clinician referring them. The records also included a registration form signed by the patient, referral from clinicians and a consultation letter providing feedback on the ultrasound findings.

We were told the out of hours contact phone number had been discontinued, although advice would still be provided during normal clinic hours. Outside of those times patients were advised to seek medical help via their GP or the 111 service.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The consultant would administer medicines directly or write a prescription for any medication required.

Any medicines administered or prescribed were recorded in the relevant patient record.

Patients were asked about what medicines they were taking during the assessment process.

A checklist for ultrasound procedures was completed for each patient. Details of any contrast medium or saline used were recorded on the checklist.

## Is the service effective?

Inspected but not rated 

## 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.**

The service based its policies and procedures on guidance from professional bodies such as the British Medical Ultrasound Society (BMUS). The service had a suite of policies and procedures stored in one binder making it easy for any staff member to review. All the policies were up to date, had dates they needed to be reviewed by, and who had written the policy. The clinical director and lead sonographer had oversight and input into the policies.

The service had a checklist for scanning procedures which included “pause and check” which is best practice in accordance with BMUS guidance.

## Pain relief

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

Patients were advised to take paracetamol and ibuprofen 1-2 hours before advanced scanning procedures. Any medicines administered at the service were recorded in the patient's record.

# Diagnostic and screening services

## Consent

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

Guidance published by the Society and College of Radiographers and British Medical Ultrasound Society states written consent was required for interventional ultrasound procedures and those where a biopsy is taken. The service always obtained written consent for these procedures and the service's consent policy reflected that. We saw the signed consent when we reviewed patient records.

The service gained written consent for women when they had their first scan, but subsequent scans were done with verbal consent which was usual recognised practice.

## Is the service well-led?

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.**

A director led Clinical Diagnostic Services (CDS) across two locations. The director was also the lead sonographer. The director was a specialist ultrasound practitioner with skills in the areas of gynaecology, reproductive medicine, and pregnancy. The practice manager supported the director and managed administrative staff. The practice manager also acted as the registered manager of the service.

We saw the leadership team had taken on board our findings reported on the previous inspection and had embedded the changes required.

## 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.**

As previously noted in this report the consultant gynaecologist now worked at the service under practising privileges. The service was able to produce current and historical audits for IPC, hand hygiene, clinical day sheets and cleaning.

There was a comprehensive patient assessment conducted for each patient which included any possible issues with the use of the contrast medium sometimes required during sonograph procedures.

The service had an in-date suite of policies relevant to the service, including a safeguarding policy which included details about female genital mutilation (FGM). There was a duty of candour policy and staff understood and were able to explain what that meant in practise.

Current disclosure and barring service (DBS) were in place for all staff, including the consultant.

# Diagnostic and screening services

## 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.**

The service had a risk register in place. We saw that it showed a good understanding of the potential risks to the service as well as risks that occurred. Each risk entry was dated and had a lead person assigned. Those that had been concluded were noted as such and relevant updates were present for the others.

The clinical director regularly attended sonography conferences in the UK and abroad, both to gain insights into changes in better practice and to lecture himself. The clinical director and the service manager had regular meetings with the consultant gynaecologist to discuss patient outcomes within the service and any emerging risks or new techniques.

## Learning, continuous improvement and innovation

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

The service and its director were recognised within their sector for their involvement and pioneering work in developing key technical advances in ultrasound imaging including transvaginal scanning, 3D and 4D volumetric ultrasound amongst others. The director had presented his research at international conferences, such as the International Society of Ultrasound in Obstetrics and Gynaecology.

The director was involved in clinical research and had published papers for journals including technical papers for ultrasound machine manufacturers. The service was also recognised for its educational and training programmes and the service director had spoken at several ultrasound clinical conferences.