

Private Ultrasound Scan Ltd

Private Ultrasound Scan

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	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Inspected but not rated	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

Summary of findings

Overall summary

We have not previously rated this location. We rated it as requires improvement because:


- The service did not always control infection risk well. The service did not have systems or processes to identify how well they prevented infections. They did not complete audits on infection prevention and control or hand hygiene.
- Staff did not complete and update risk assessments for each patient, and therefore did not always remove or minimise risks. Staff did not always keep detailed records of patients' care and treatment.
- The service did not provide translation services. Although staff could speak some of the languages specific to the ethnic population in the area, they relied on relatives for other languages.
- Leaders did not always use systems to identify and escalate relevant risks. Governance processes were not always effective and we did not identify processes to review policies in line with the latest national guidance or best practice.

However:

- 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 and families.
- The service planned care to meet the needs of local people 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 used reliable information systems and supported staff to develop their skills. 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 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	Rating	Summary of each main service
Diagnostic and screening services	Requires Improvement 	See overall summary above for details.

Summary of findings

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Summary of this inspection

Background to Private Ultrasound Scan

Private Ultrasound Scan is managed by Private Ultrasound Scan Ltd. The main service consists of early pregnancy scans. The service also offers abdominal scans for men and women.

The service offers a range of private ultrasound scans. These include early pregnancy scan, gender baby scan, reassurance scan, baby growth scan, 4D baby growth and doppler scan, presentation scan, nuchal translucency scan, endometrial thickness scan, fertility scan, well women scan, post menopause scan, abdominal ultrasound scan, kidneys and urinary bladder scan, and kidneys, bladder and prostate scan.

The service is located on the ground floor of a former GP practice and includes a scanning room. It shares other facilities (including the reception area, kitchenette and toilet) with another service.

The service is registered with CQC to undertake the regulated activity of diagnostic and screening procedures.

There were 1092 patient attendances in the last 12 months.

This is the first inspection of Private Ultrasound Scan.

How we carried out this inspection

We carried out an unannounced comprehensive inspection of the service on 24 August 2022. We held telephone interviews with patients on 30 and 31 August 2022 and an additional staff interview on 31 August 2022. The inspection team comprised of a CQC inspector and a CQC specialist advisor.

We spoke with three members of staff including the managing director, the registered manager who is also the lead sonographer and a sonographer. We contacted three patients who had used the service for feedback about the service. We reviewed a range of policies and patient records.

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

Actions the service MUST take to improve:

- The service must ensure that staff complete and update risk assessments for each patient (Regulation 12(1)).
- The service must ensure that equipment used for providing care are safe for use and used in a safe way. This includes regular quality assurance testing of ultrasound scanners by sonographers. (Regulation 12(1))
- The service must ensure that staff control infection risks well. This includes using appropriate sterile ultrasound gel in line with national guidelines and conducting infection prevention and control audits. (Regulation 12(1)).
- The service must ensure policies are comprehensive and reflect current legislation and best practice guidelines in order to give staff guidance for decision making (Regulation 17(1)).

Summary of this inspection

- The service must ensure there are effective governance processes in place. This includes implementing systems for reviewing policies, protocols and procedures, and risks. (Reg 17(1)).
- The service must ensure there are effective systems to monitor, escalate and mitigate risks appropriately. (Regulation 17 (1)).
- The service must ensure staff maintain accurate and complete record in respect of each service user. (Regulation 17 (1)).

Actions the service SHOULD take to improve:

- The service should offer formal interpretation services for patients.
- The service should implement a chaperone policy and offer patients chaperones.
- The service should implement an independent review of scan procedures including those carried out by the lead sonographer.

Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic and screening services

Requires Improvement



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

Are Diagnostic and screening services safe?

Requires Improvement



We had not previously rated Safe for this service. We rated it as requires improvement.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included health and safety, equality and diversity, risk assessments, general data protection regulations (GDPR) and information handling, infection prevention and control, food safety awareness, fire safety awareness, safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS), Control of Substances Hazardous to Health (COSHH) and adult and youth basic life support and practical CPR.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse. 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. All staff had completed level 1 and 2 safeguarding children and young people's training. Staff had also completed level 2 safeguarding vulnerable adults training. Staff confirmed they had received training in female genital mutilation (FGM) as part of their safeguarding training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff had a clear understanding about safeguarding, knew what signs of abuse might be and where to access support if they had any concerns.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff informed us any safeguarding concerns would be escalated to the lead sonographer. The lead sonographer said they would escalate safeguarding concerns to the local authorities in line with the provider's policies. There were no safeguarding incidents in the last 12 months.

Diagnostic and screening services

The service did not see children and young people. However, senior staff informed us patients often attended the unit with their children and staff were therefore provided the right level of training to recognise and report abuse.

The organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check; references and qualification and professional registration checks.

Cleanliness, infection control and hygiene

Staff did not always control infection risk well. Although staff kept equipment and premises visibly clean, the service did not monitor compliance with infection prevention and control guidelines.

Staff used ultrasound gel from five litre dispensers. This was dispensed in refillable bottles contrary to national guidance and best practice. We reviewed the use of ultrasound gel in the clinic and saw a partly full five litre bag of ultrasound gel stored in a cupboard in the scan room. We also saw refilled bottles of gel in the cupboard and one refilled bottle on the ultrasound machine. The refilled bottles had no expiry date.

The UK Health Security Agency (UKHSA) in its' guidance "Good infection prevention practice: using ultrasound gel" (updated on 26 May 2022) recommended the use of sterile ultrasound gel in single-use containers in a number of scenarios including for invasive procedures. This included transvaginal ultrasound scan often carried out at the service. The guidance stated that non-sterile ultrasound gel in single use and multi-patient use containers may be used for non-invasive procedures.

The guidance provided general principles for the safe use of ultrasound gel. For sterile gel, only unopened sachets and containers that are labelled as 'sterile' can be used, and this cannot be re-used once opened. Non-sterile ultrasound gel should not be decanted from a larger container into other bottles. In addition, only single use sachets or pre-filled multi-patient disposable bottles can be used. Once opened, non-sterile ultrasound gel bottles must be dated and disposed of when either empty, after one month or on expiry date, whichever comes first.

Following our inspection, the provider informed us they have disposed of the five litre bag of ultrasound gel. They stated that they have replaced it with ultrasound gel bottles for trans abdominal scan and a single use product for transvaginal scan. They also submitted a risk assessment for "ultrasound probe cleaning, disinfection/sterilisation, transport and storage, ultrasound probe use requirements" dated 25 August 2022. The risk assessment identified a biological risk if sterile gel is not used for procedures where there is a risk of contact with sterile tissue or the vascular system or bloodstream. Mitigations in place was to identify there is an adequate supply of single-use sterile gel and to avoid the use of refillable gel bottles and gel warmers.

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

Staff were 'bare below the elbow' and adhered to infection control precautions such as hand washing, using hand sanitisers and wearing PPE when caring for patients.

Staff had easy access to personal protective equipment (PPE) such as masks, gowns and gloves. There was also sufficient access to antibacterial hand gels, as well as handwashing and drying facilities.

Diagnostic and screening services

Staff informed us they cleaned equipment after patient contact. They used disposable paper towel to cover the examination couch when in use. They cleaned the couch and changed the towel in-between patients. We noted equipment was not labelled to show when it was last cleaned.

The service did not complete any cleaning or hand hygiene audits. The service had an infection prevention and control policy, however, we noted that this was out of date for review.

Environment and equipment

Although the premises and facilities were well maintained, staff did not always maintain equipment in line with national guidance.

The design of the environment followed national guidance. The service had suitable facilities to meet the needs of patients' and their families. The ultrasound service was located on the ground floor and visitors could easily access the service. The scan room had sufficient space to accommodate patients attending the unit with their relatives.

The service had enough suitable equipment to help them safely care for patients. This included an ultrasound scanning machine which is serviced every year. Staff had received training to use equipment.

The clinic had a workplace risk assessment for fire, electrical, legionella (plumbing), and slips and trips. This identified potential hazards, controls, further action required, responsible person, and date.

The service did not complete quality assurance testing of ultrasound scanners in line with the British Medical Ultrasound Society (BMUS) guidelines. The BMUS recommended three levels of regular quality assurance testing of ultrasound scanners by sonographers. This included infection control and scanner damage, basic scanner and transducer testing and further scanner and transducer testing.

Although the ultrasound machine inspected looked visibly clean, cleaning of specific items of equipment was not included in the cleaning record reviewed.

Following our inspection, the provider submitted a risk assessment for "ultrasound probe cleaning, disinfection/sterilisation, transport and storage, ultrasound probe use requirements" dated 25 August 2022. This identified potential harms and mitigations in relation to the use of the ultrasound probe. The provider informed us they had implemented a system of quality assurance testing and provided an ultrasound scanner cleaning and testing log sheet.

Staff disposed of clinical waste safely. Waste was segregated with separate bins for general waste and clinical waste. The service had a contract with a waste management company for the collection and disposal of clinical waste.

The service carried out yearly servicing of the ultrasound machine via a service contract.

Assessing and responding to patient risk

Staff did not complete and update risk assessment for each patient.

The service used a patient history and consent form to obtain vital information about patients' medical history and signed consent. The form provided information about patients' medical history including the reason for scan, details of any previous scan, medical problems, previous surgeries and allergies. Female patients were required to provide details of their expected delivery date, last menstrual period, number pregnancies, details of any miscarriages/abortions or ectopic pregnancies, number of children and mode of delivery.

Diagnostic and screening services

We reviewed 10 patient history and consent forms and eight of the forms did not have details of the patient's medical history. This meant staff were not recording vital information to assess risks to individual patients.

All clinical staff had completed basic life support training to care for patients in the event of an emergency.

Staff informed us they would refer patients to the early pregnancy unit if images showed ectopic pregnancy. They would call the ambulance in the event of a life threatening emergency.

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.

Clinical staff consisted of two sonographers. The lead sonographer (who was also the registered manager) attended the unit two days a week. The service had enough staff to keep patients safe. Staff had the right qualifications, skills, training and experience to keep patients safe. Sonographers had completed relevant professional training for the role and were up to date with their mandatory training.

The service had no staff sickness and low staff turnover in the last year. There was currently no vacancy at the service.

The service did not use agency or bank staff.

Records

Staff did not always keep detailed records of patients' care and treatment.

The service kept electronic and paper records. Paper records included a patient history and consent form while electronic records included scan reports and images.

We reviewed five electronic patient records. All records included patient identification details, images, type of scan conducted, and date of scan. In addition, staff recorded that patients had given verbal consent. However, none of the records reflected the name of the staff involved in their care.

We reviewed 10 patient history and consent forms. Six of the forms had not been signed, eight did not have details of patient's medical history and four did not specify the scan being performed. Following our inspection, the provider informed us they now ensured all records were completed appropriately.

Staff could access all records easily. Paper records were stored securely and electronic systems were password protected. Patients were provided with a password to access their own images on a secure portal and images could be sent to healthcare providers with patient consent.

Medicines

Staff did not store or administer medicines at this location.

Incidents

There were no incidents reported in the last year.

The service had an accident/ incident book and staff demonstrated an understanding of what incidents to report.

Diagnostic and screening services

Staff understood the duty of candour. They informed us it meant being open and transparent, and giving patients and families a full explanation if and when things went wrong.

Are Diagnostic and screening services effective?

Inspected but not rated 

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance, however, guidelines were out of date.

The service had policies to plan and deliver care according to best practice and national guidance. However, we reviewed 13 policies and all policies were out of date. These included the lone working policy and procedure, health and safety policy, safeguarding adults and children policy, GDPR policy, infection prevention and control policy, business continuity policy, whistleblowing policy, consent policy, COVID 19 policy and procedure, accident and incident reporting policy, and the referral and clinical emergency policy. Following our inspection, the provider informed us they had updated their policies, however, we were not provided copies of the updated policies.

There were no protocols for carrying out ultrasound scan procedures. However, staff confirmed they have received training for all scan procedures undertaken.

Senior staff informed us they followed the 'as low as reasonably achievable' (ALARA) principles outlined by the Society and College of Radiographers.

Nutrition and hydration

Patients were informed about any nutritional information required for their scans. This included fasting requirements for some scan procedures.

Staff offered patients drinks in line with their preferences.

Pain relief

Staff did not monitor pain levels as the procedures were generally pain free. However, staff ensured women were comfortable during their scan.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

The service carried a monthly clinical scan audit. Outcomes for patients were positive, consistent and met expectations, such as national standards. This involved a review of 10 scan procedures by the lead sonographer. The lead sonographer reviewed the sonographer's observational, interpretative and communication skills as well as patient outcomes for scan procedures. However, we saw no evidence that the lead sonographer's scans were reviewed.

We reviewed the most recent audit in July 2022 and there were no observational or interpretative errors. The audit indicated that the sonographer was able to convey the correct conclusion and there was no harm to the patient.

Diagnostic and screening services

Scan reports were completed on the same day of the scan and patients were provided with a password to access their images on a secure portal.

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.

Managers gave all new staff a full induction tailored to their role before they started work. Staff informed us they had completed an induction period and shadowed experience staff before working independently.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Sonographers were not required to be registered with a professional organisation, however, staff were members of the Society of Radiographers. All sonographers had completed relevant training for their role.

Managers supported staff to develop through yearly, constructive appraisals of their work. We reviewed appraisal report for staff which confirmed this.

Multidisciplinary working

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

There was a good working relationship between staff members. Sonographers and the managing director supported each other to provide good care.

Staff held regular and effective meetings to discuss patient care.

Seven-day services

Key services were available to support timely patient care.

The service opened Tuesdays to Saturdays from 9am to 5.30pm

Health promotion

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

Patients had access to relevant information promoting healthy lifestyles on the provider's website.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. However, they informed us they rarely saw patients with complex or mental health needs.

Although consent forms were not always completed appropriately, staff gained verbal consent from patients and recorded this on the electronic record system.

All clinical staff received and kept up to date with training on Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Diagnostic and screening services caring?

Diagnostic and screening services

Good 

We had not previously rated Caring at this location. 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.

Patients said staff treated them well and with kindness. We spoke with three patients and they were all positive about their care and treatment.

Staff followed policy to keep patient care and treatment confidential. There was a portable screen in the scan room to maintain patients' privacy and dignity. Staff informed us the scan room was locked during a scan procedure to prevent access by other people.

Staff had completed equality and diversity training. They understood and respected the personal, cultural, social and religious needs of patients and how they may relate to their care needs.

All patients received a link to an electronic patient satisfaction survey. Survey results were automatically published on the provider's website. Patients were asked to rate satisfaction with the service from a score of zero to five, with zero being the lowest score. We reviewed patient feedback published on the provider's website in the last 12 months. This showed that 56 out of 58 patients scored the service five for the question "how satisfied were you with our service?" They also scored the service five for the question "how likely are you to recommend us to a friend?"

The service did not have a chaperone policy, but the provider told us following the inspection chaperones were available if required and patients preferred their relatives in the room, rather than chaperones. Staff informed us sonographers were usually the same sex as the patient.

Emotional support

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

Patients told us staff were supportive and provided advice when they needed it.

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 told us they engaged patients and ensured they were comfortable. They referred patients to appropriate services in cases where the scan revealed any anomalies.

Staff made adjustments to accommodate patient's personal, cultural and religious needs. They respected patients need for privacy and preference for staff of the same sex when carrying out invasive procedures.

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.

Diagnostic and screening services

Staff made sure patients and those close to them understood their care and treatment. Patients told us they were given clear information about their treatment and were given the opportunity to ask questions.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. All patients received a link to an electronic patient satisfaction survey and survey results were automatically published on the provider's website.

Are Diagnostic and screening services responsive?

Good 

We had not previously rated Responsive at this location. 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. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met patients' needs. The clinic operated an appointment-based service from Tuesday to Saturday. Appointments were arranged with patients, at a time and date convenient for them. Patients could book an appointment online or through a phone call. The clinic offered a range of ultrasound scan procedures including gender scans, early pregnancy scan, presentation scan, 4D baby growth and doppler scan, kidney/bladder scan, abdominal scan, fertility scan, well woman scan and endometrial thickness scan.

Facilities and premises were appropriate for the services being delivered. The service operated from one scanning room which was sufficient for the number of patients attending the clinic.

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 could speak languages specific to the majority of the ethnic population in the area. However, there was no translation service for patients who spoke other foreign languages. Staff informed us European patients usually attended the clinic with relatives that speak English.

Staff coordinated care with other providers including GPs and NHS staff in line with patient's preferences.

All staff had completed equality and diversity training and understood the importance of providing care without prejudice to protected characteristics. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff told us they have not come across patients with complex needs but have an agreement with other similar services to refer such patients. If necessary, patients with complex needs could attend with their carer to ensure a smooth appointment.

Diagnostic and screening services

Access and flow

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

The service did not have waiting times. Patients could book an appointment at a time convenient for them and this could be same day or next day.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

There were no formal patient complaints in the last year. The clinic had a verbal complaint from a patient who was not happy that they could not offer a specific service. The patient declined to raise a formal complaint and staff resolved the complaint by referring the patient to an alternative clinic.

Staff provided patients, relatives and carers with information about how to raise complaints. Staff told us they aim to deal with complaints within 24 hours. The service had a clear complaint process which included escalation to the Independent Sector Complaints Adjudication Service (ISCAS) if patients were not satisfied with the provider's resolution.

Are Diagnostic and screening services well-led?

Requires Improvement 

We had not previously rated Well led at this location. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They supported staff to develop their skills. However, leaders did not identify where action was needed.

The leadership team consisted of the managing director and the registered manager. The registered manager was also the lead sonographer for the service.

Staff were positive about the service. They informed us managers were visible and approachable and supported them.

However, the service did not have sufficient systems to review policies and risks. As a result, we were not assured that leaders understood the challenges the service faced and could identify actions needed to address them.

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. Leaders and staff understood and knew how to apply them.

The service had a vision to provide exceptional care, delivered with compassion. The provider outlined its' strategic directions for 2022 – 2027. These included operational excellence and sustainability, accountability to high quality care, wellbeing and engagement, collaborative community partnerships, innovation and digital enablement.

Senior staff informed us they wanted to expand the clinic in future to take up NHS contracts.

Diagnostic and screening services

Staff understood the vision to provide compassionate care and worked to improve patient experience.

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. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt valued and informed us they worked well as a team.

Staff reported there was a positive culture within the service. They felt they had a good employer and worked in a safe environment. Staff said they were happy working in the service.

The service had an open culture where staff could raise concerns without fear. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the duty of candour requirements. Patients we spoke to were positive about the culture of the service and did not have any concerns to raise.

The service had a small but diverse team of staff, and staff felt they worked in a fair and inclusive environment.

Governance

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. However, governance processes were not always effective.

There were clear responsibilities, roles and some systems of accountability to support good governance and management.

The service had monthly management team meetings where staff discussed key themes including the clinical audit report, complaints and compliments, health and safety, safeguarding, infection control and decontamination, business continuity, whistleblowing, COVID 19 and incident reporting.

However, the service had no scanning protocols and all the policies we reviewed were out of date. Therefore, we were not assured there were sufficient systems in place to update policies in line with national best practice.

The provider had service level agreements with third party organisations for the delivery of some of its services.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. However, they did not always identify and escalate relevant risks and issues.

The service did not have a risk register. This meant that risks to the service were not recorded, communicated, and appropriately addressed and mitigated. Our inspection identified risks concerning infection prevention and control, individual risk assessments and record keeping, and consent. During our inspection, senior staff also identified staff recruitment as a challenge, however, the absence of a risk register meant that these risks were not recorded.

The clinic had a workplace risk assessment for fire, electrical, legionella (plumbing) and slips and trips. This identified potential hazards, controls, further action required, responsible person and date of completion.

Diagnostic and screening services

Following our inspection, the provider submitted a risk assessment for “ultrasound probe cleaning, disinfection/sterilisation, transport and storage, ultrasound probe use requirements” dated 25 August 2022. This identified potential harms and mitigations in relation to the use of the ultrasound probe.

The service carried out some scan audits to monitor the quality of care and treatment.

The service had implemented a contingency plan to mitigate any business continuity risk.

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.

Staff could access all information needed to provide safe and effective care. Paper records were stored securely and readily assessable to staff. All electronic records were password protected.

The service used an electronic booking system which allowed patients to choose a date and time suitable for them. Patients could also re-schedule their appointment online.

The service also used an electronic system to store, manage and share images with patients and healthcare providers.

Staff had completed general data protection regulations (GDPR) and information handling training as part of their mandatory training programme.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

The service engaged staff through staff meetings and an annual staff survey. Staff were kept up to date with relevant information during daily staff briefings and monthly meetings.

We reviewed the latest staff survey dated 1 July 2022 completed by two members of staff. It showed that the service received the highest score of 10 for the questions “how reasonable is your workload” and “how likely are you to recommend your organisation as a good place to work?”

The service monitored feedback received from patients and discussed results at staff meetings.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service had systems to monitor staff training and development. Staff had taken advantage of opportunities available to learn, develop and improve their skills.

The service had implemented an electronic system for booking patient appointment, managing information and obtaining patient feedback.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The service must ensure that staff complete and update risk assessments for each patient (Regulation 12(1)).
- The service must ensure that equipment used for providing care are safe for use and used in a safe way. This includes regular quality assurance testing of ultrasound scanners by sonographers. (Regulation 12(1))
- The service must ensure that staff control infection risks well. This includes using appropriate sterile ultrasound gel in line with national guidelines and conducting infection prevention and control audits. (Regulation 12(1)).

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The service must ensure policies are comprehensive and reflect current legislation and best practice guidelines in order to give staff guidance for decision making (Regulation 17(1)).
- The service must ensure there are effective governance processes in place. This includes implementing systems for reviewing policies, protocols and procedures, and risks. (Reg 17(1)).
- The service must ensure there are effective systems to monitor, escalate and mitigate risks appropriately. (Regulation 17 (1)).
- The service must ensure staff maintain accurate and complete record in respect of each service user. (Regulation 17 (1)).