

The Nottingham Road Clinic







Quality Report

195 Nottingham Road
Mansfield
Nottinghamshire
NG18 4AA
Tel: 01623624137
Website: www.nottinghamroad.co.uk

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

Ratings

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

Overall summary

The Nottingham Road Clinic is operated by Aligie Ltd. It is located 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, ultrasound scanning, psychological services and some holistic therapies. We inspected surgery and diagnostic imaging including non invasive pre natal blood testing.

We inspected these services using our comprehensive inspection methodology. We carried out the announced inspection on 28 and 29 August 2018.

To get to the heart of patients' experience of care and treatment, we ask the same five questions of all services:

Summary of findings

are they safe, effective, caring, responsive to peoples 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.

Services we rate

We rated surgery and diagnostic imaging services as good overall.

Summary of findings

We found the following areas of good practice:

- Robust systems and processes were in place to keep people safe.
- Compliance with mandatory training was 100% for all staff.
- Staff were aware of their responsibilities around safeguarding children and adults. Chaperones were readily available.
- Procedures were in place to ensure the environment was clean and hygienic and infection prevention and control measures were adhered to in line with recommended guidance.
- There was sufficient and appropriate equipment to carry out safe care and treatment. Equipment was serviced regularly.
- There was robust management of Control of Substances Hazardous to health products and thorough accompanying risk assessments.
- Robust procedures were in place for assessing and responding to patient risk.
- There was close support and supervision of patients who were consciously sedated.
- Staffing levels were more than adequate with the right number of staff, with the right skills to deliver safe care and treatment.
- Records were managed in accordance with the Data Protection Act 1998 and comprehensive pre and post operative notes were documented in the patients records.
- Medicines were managed in line with the clinics policy and in line with best practice guidance.
- Staff knew how to recognise and report incidents. There had been no serious incidents in the reporting period.
- Quality measures were in place to ensure patients received effective care delivered by competent staff.
- Policy and procedures reflected national best practice guidance and a programme of local audit was in place.
- During surgical procedures pain and comfort levels were checked and pain relief given if necessary.
- Thorough consent processes were in place including explanation of risks and benefits and a two week cooling off period for cosmetic surgery patients.
- Staff treated patients with care and compassion, privacy and dignity were respected, patients and those close to them felt involved in their care.
- We observed delightful interactions between staff and patients and feedback from patients was overwhelmingly positive.
- Services were responsive and flexible to meet the needs of patients and service users.
- Appointment systems were efficient with minimal waiting times for appointments or treatments.
- There were low numbers of complaints. Complaints management was thorough and learning was shared with staff and contributed to service developments.
- There was strong leadership in place, an open and honest culture and effective governance processes.
- Leaders were visible and approachable with a good understanding of the challenges to the service.
- There was a clear vision with patients, staff and quality at the heart of it.
- There was a culture of openness and honesty which we experienced during the inspection.
- Regular patient engagement took place by patient surveys and questionnaires which were analysed and used to improve services.

Summary of findings

However we found the following areas for improvement:

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central)

- Staff had not attended specific detailed training in the Mental Health Act, dementia, learning disability or child exploitation.
- The safeguarding children policy did not include reference to child exploitation.
- Some clinic areas were carpeted which meant they could not be cleaned effectively and was not in line with HBN 00-09.
- Hand hygiene audits were not carried out on consultants with practising privileges.
- We found two pieces of electrical equipment that did not display a service date.
- Referral criteria were understood by staff but not formally documented.
- The clinic did not operate a 24 hour helpline.
- There was no evidence of a psychological assessment for cosmetic surgery patients.
- Antibiotic protocols were not in place for prophylactic antibiotics used for cosmetic surgery procedures (liposuction)
- There was a lack of patient outcome data.
- There was no formal interpreting service for private patients.
- Staff had not received training in counselling skills or delivering bad news particularly in relation to the ultrasound service and non invasive pre natal testing for Downs Syndrome.

Following this inspection, we told the provider that it should make some improvements even though a regulation had not been breached to help the service improve. Details are at the end of the report.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Good



Rating Summary of each main service

Surgery was the main activity of the hospital. Where our findings on surgery also apply to other services, we do not repeat the information but cross refer to the surgery section.

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

Diagnostic imaging

Good



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

Summary of findings

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Good 

The Nottingham Road Clinic

Services we looked at

Surgery; Diagnostic imaging

Summary of this inspection

Background to The Nottingham Road Clinic

The Nottingham Road Clinic is operated by Aligie Ltd and has been open for 14 years. It is a private clinic primarily serving the community of Nottinghamshire but will take referrals from outside the county.

The clinic holds contracts with the NHS for the provision of vasectomy procedures and medical ultrasound scans.

The hospital has had a registered manager in post since 2010.

The main services provided by the clinic are minor surgical procedures performed under local anaesthetic and conscious sedation and ultrasound scans.

Ultrasound scans include medical scans and baby scans.

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

Surgical procedures are not carried out on patients under the age of 18 years. The clinic will perform baby scans on young adults of 16 years and above.

Our inspection team

The team that inspected the clinic comprised a CQC lead inspector, one other inspector and an assistant inspector. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection (Central East)

Information about The Nottingham Road Clinic

During the inspection we visited the reception and waiting areas, two consultation rooms, the ultrasound room, the treatment room and the operating theatre. We spoke with seven member of staff including; registered nurses, health care assistants, sonographers, reception staff, consultants and the manager. We spoke with five patients and family members. We also received 67 'tell us about your care' comments cards which patients had completed prior to our inspection. During our inspection we reviewed eight sets of staff records and seven sets of patient records.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. The clinic was last inspected in October 2014 which found that it was meeting all standards of quality and safety it was inspected against.

Activity (June 2017 to May 2018)

- In the reporting period June 2017 to May 2018 there were 469 surgical procedures, 1768 medical scans and 1632 baby scans performed at the clinic.
- 41 clinicians worked at the clinic under practising privileges including surgeons and sonographers.
- The clinic employed one full time manager, one part time site manager, one full time registered nurse, one full time health care assistant, seven part time reception/ admin staff, one bank registered nurse and one bank health care assistant.
- The accountable officer for controlled drugs was the registered manager.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

Good



Robust systems and processes were in place to keep people safe.

- Compliance with mandatory training was 100% for all staff.
- Staff were aware of their responsibilities around safeguarding children and adults. Chaperones were readily available.
- Procedures were in place to ensure the environment was clean and hygienic and infection prevention and control measures were adhered to in line with recommended guidance.
- There was sufficient and appropriate equipment to carry out safe care and treatment. Equipment was serviced regularly.
- There was robust management of Control of Substances Hazardous to health products and thorough accompanying risk assessments.
- Robust procedures were in place for assessing and responding to patient risk.
- There was close support and supervision of patients who were consciously sedated.
- Staffing levels were more than adequate with the right number of staff, with the right skills to deliver safe care and treatment.
- Records were managed in accordance with the Data Protection Act 1998 and comprehensive pre and post operative notes were documented in the patients records.
- Medicines were managed in line with the clinics policy and in line with best practice guidance.
- Staff knew how to recognise and report incidents. There had been no serious incidents in the reporting period.

However, we also found the following issues that the service provider needs to improve:

- Staff had not attended specific detailed training in the Mental Health Act, dementia, learning disability or child exploitation.
- The safeguarding children policy did not include reference to child exploitation.
- Some clinic areas were carpeted which meant they could not be cleaned effectively and was not in line with HBN 00-09.
- Hand hygiene audits were not carried out on consultants with practising privileges.
- We found two pieces of electrical equipment that did not display a service date.
- Referral criteria were understood by staff but not formally documented.

Summary of this inspection

- The clinic did not operate a 24 hour helpline.
- There was no evidence of a psychological assessment for cosmetic surgery patients.
- Antibiotic protocols were not in place for prophylactic antibiotics used for cosmetic surgery procedures (liposuction)

Are services effective?

We rated effective as good because:

Quality measures were in place to ensure patients received effective care delivered by competent staff.

- Policy and procedures reflected national best practice guidance and a programme of local audit was in place.
- During surgical procedures pain and comfort levels were checked and pain relief given if necessary.
- Thorough consent processes were in place including explanation of risks and benefits and a two week cooling off period for cosmetic surgery patients.

However, we also found the following issues that the service provider needs to improve:

- There was a lack of patient outcome data.

Not sufficient evidence to rate



Are services caring?

We rated caring as good because:

- Staff treated patients with care and compassion, privacy and dignity were respected, patients and those close to them felt involved in their care.
- We observed delightful interactions between staff and patients and feedback from patients was overwhelmingly positive.

However, we also found the following issues that the service provider needs to improve:

- There was no formal interpreting service for private patients.
- Staff had not received training in counselling skills or delivering bad news particularly in relation to the ultrasound service and non invasive pre natal testing for Downs Syndrome.

Good



Are services responsive?

We rated responsive as good because:

- Services were responsive and flexible to meet the needs of patients and service users.
- Appointment systems were efficient with minimal waiting times for appointments or treatments.

Good



Summary of this inspection

- There were low numbers of complaints. Complaints management was thorough and learning was shared with staff and contributed to service developments.

Are services well-led?






We rated well-led as good because:

- There was strong leadership in place an open and honest culture and effective governance processes.
- Leaders were visible and approachable with a good understanding of the challenges to the service.
- There was a clear vision with patients, staff and quality at the heart of it.
- There was a culture of openness and honesty which we experienced during the inspection.
- Regular patient engagement took place by patient surveys and questionnaires which were analysed and used to improve services.

Good



Surgery

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

Are surgery services safe?

Good 

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 the information but cross refer to the surgery section.

We rated safe as **good**.

Mandatory training

- The clinic had achieved 100% compliance with completing mandatory training and updates. Most of the training was accessed via a suite of online modules selected by the provider. All staff were expected to complete the online training and updates and provision was made for staff to complete training in work time. The clinic's online mandatory training programme included the following modules: Data protection, Duty of Care, Equality and Diversity, First aid, Dignity and respect, Fire safety, Health and safety, safeguarding vulnerable adults and children, infection prevention and control, moving and manual handling and making risk assessments. Sepsis identification and management was not provided as an individual module, but was included in the infection prevention and control module. Sepsis is a clinical syndrome caused by the body's immune and coagulation systems being switched on by an infection. Sepsis with shock is a life-threatening condition that is characterised by low blood pressure despite adequate fluid replacement, and organ dysfunction or failure.

- The Duty of Care training equipped staff with a basic introduction to mental capacity and dementia, staff had not attended specific training on the Mental Health Act, dementia or learning disability, we raised this with the manager and since the inspection staff have been booked to attend this training.
- Basic life support (BLS) and Cardio pulmonary resuscitation (CPR) was provided annually as a face to face session where all clinic staff attended together. Data showed that this update was next due in September and a session was booked for all staff to attend during August. This training session actually took place during our inspection. The anaesthetist attending for patients receiving conscious sedation had attended advanced life support training. Conscious sedation is a combination of medicines which help a patient relax and block pain during a clinical procedure. Patients may stay awake but will be unable to speak. Conscious sedation enables patients to recover more quickly and return to everyday activities soon after the procedure.
- Consultants and medical staff completed mandatory training at their employing NHS trust. This included advanced life support and safeguarding adults and children to level three or above. There were assurance systems in place to ensure that they were up-to-date. This was overseen by the clinic manager who checked the appraisal documentation for consultants and advised that any failure to meet mandatory training requirements would potentially lead to a suspension in practising privileges.

Safeguarding

- Staff could describe safeguarding and what types of concerns they would report and the process they would follow. Safeguarding policies were available in files and although no safeguarding referrals had been made, staff

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knew how to access safeguarding policies and procedures, were aware of their roles and responsibilities and knew how to raise and escalate concerns in relation to abuse or neglect for vulnerable adults and children. There was a protocol available for staff to be able to identify and manage any safeguarding concerns relating to female genital mutilation (FGM). There was a designated safeguarding lead and staff knew who to contact if they had any concerns. Safeguarding children policies did not contain information about child exploitation.

- It is the duty of healthcare organisations to ensure that all health staff have access to appropriate safeguarding training to ensure staff understand the clinical aspects of child welfare and information sharing. The Safeguarding children and young people: roles and competences for health care staff intercollegiate document 2014, sets out the requirements related to roles and competencies of staff for safeguarding vulnerable children and young people. Level 2 training is required for all non-clinical and clinical staff that had any contact with children, young people and/or parents/carers. Level 3 training is required where clinical staff work with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns. All staff at the clinic had attended level 2 safeguarding children training and we saw evidence of this in the personal files we reviewed. The registered nurse employed by the clinic had attended level 3 safeguarding children training.
- Staff told us that if they needed to escalate a safeguarding children concern or incident they would contact their local safeguarding team. Following our inspection the manager put in place access to a named professional with level four safeguarding children training at a local acute hospital.
- The clinic informed us that they did not provide surgery services for children under the age of 18 years and therefore safeguarding children level two is appropriate for staff providing surgery services.
- The clinic had a chaperone policy and although no formal training had been provided, staff who acted as chaperones had received detailed instruction on how to act in this role. The name of any chaperone used was recorded in the patient record.

- Staff recruitment processes included disclosure and barring service (DBS) checks for all staff. DBS checks enable organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work especially that involving children or vulnerable adults.

Cleanliness, infection control and hygiene

- There was an infection prevention and control policy in place which was accessible to all staff and there was a requirement for staff to review the policy every six months. All staff were up to date with infection prevention and control training, which included sepsis awareness and management.
- The environment throughout the clinic was visibly clean. This included all patient areas, consulting rooms and the theatre/procedure room. There were cleaning schedules in place in each room. There was also a deep cleaning schedule in place that included cleaning of curtains and carpets. We noted that one consulting room was carpeted but that the treatment room and theatre/procedure room had appropriate washable flooring. We were told that no clinical intervention took place in the consulting rooms, but that the provider was planning to change the flooring anyway as part of their routine improvement plans. We saw in the minutes that this had been discussed and agreed at the medical advisory meeting.
- Colour coded cleaning equipment was in use for designated areas. This meant that equipment used to clean the public areas was kept separate to equipment used to clean clinical areas therefore reducing the risk of cross contamination. Biological spill kits were available for the safe cleaning and disposal of spilled body fluids.
- All staff we met were “bare below the elbows” to allow effective handwashing. Alcohol hand sanitiser and clinical wash hand basins were available in all clinical areas. We saw that all clinical wash hand basins were compliant with the Department of Health’s Health Building Note 00-09. We saw staff wash their hands and use hand gel appropriately, for example before and after patient contact. This was in line with the world health organisation’s (WHO) “Five moments for hand hygiene”.
- Hand hygiene audits were undertaken by the registered nurse and included all clinic staff. The most recent audit showed 100% compliance with the World Health Organisation (WHO) five moments of hand hygiene approach. Hand hygiene audits also assessed hand

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washing technique and dress code such as “bare below the elbows”. This meant the audits measured the effectiveness, as well as the frequency, of hand washing and cleaning. However, we noted that consultants’ handwashing practices were not included in the audit.

- During our observation of surgical treatments we saw staff performing pre operative hand hygiene precautions and aseptic non touch techniques according to National Institute of Care Excellence (NICE) clinical guideline (CG)74, Surgical Site Infections: Prevention and Treatment.
- The clinic used a mix of disposable and multi use surgical equipment. A service level agreement was in place with a local acute hospital for decontamination of the multi use equipment.
- Patients were given pre operative and post operative information sheets which described hygiene procedures before the operation and care of the wound and dressings after the operation in line with NICE CG74.
- We observed sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw sharps containers were used appropriately and they were dated and signed when started to be used. The registered nurse conducted quarterly audits of sharps which showed that staff were consistently compliant with the clinic’s sharps policy.
- There had been no cases of Methicillin-resistant Staphylococcus aureus (MRSA) Methicillin-sensitive Staphylococcus aureus (MSSA) or Clostridium difficile, between June 2017 and May 2018. Screening for MRSA was only carried out on patients attending for liposuction.

Environment and equipment

- We checked the emergency equipment which was kept in the theatre/procedure room. All equipment was in date and properly packaged. There was also an emergency kit for use in the case of anaphylaxis. Anaphylaxis is an extreme and severe allergic reaction. We saw checklists for the equipment showing staff checked the emergency equipment weekly. This provided assurances emergency equipment was safe and fit for purpose.
- Maintenance contracts and service level agreements were in place with external providers to service, maintain and repair equipment. Equipment maintenance contracts were checked and records showed all schedules were up-to-date. We checked nine

equipment items and found that seven of these were compliant with maintenance requirements but that two items had no recent service record. However, we were informed that both these items were no longer used at the clinic and subsequently they were removed from the clinical area.

- Staff told us that if equipment needed mending or replacing they reported to the manager. We saw that procedures were in place for the swift repair or replacement of equipment if needed.
- Larger size trollies were available for bariatric patients. Bariatric patients are larger size patients.
- There was an adequate supply of theatre gowns and linen which were laundered by an external contractor. We saw staff using personal protective equipment appropriately such as gloves and aprons. Theatre wear such as scrubs, shoes, caps and masks was in line with NICE GG74.
- The provider stored hazardous substances appropriately and in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the law that requires employers to control substances that are hazardous to health. We saw comprehensive records relating to COSHH risk assessment.
- We saw that clinical waste was managed safely. This included segregation, storage, labelling, handling and disposal. The provider used an external contractor for the collection of clinical waste including sharps.
- Clinical specimens were managed appropriately. These were kept in a separate fridge and collected daily for processing by an external provider. Results were usually available within 24 hours which was monitored by the clinic manager.

Assessing and responding to patient risk

- The clinic followed a set of criteria for accepting patients for treatment although these were not formally written in one document but included in pre assessment documentation, service level agreements with commissioners and staff awareness and expertise. They did not treat children under 18 years for surgery services, people with a bleeding disorder or taking blood thinning medicines, and people with certain heart conditions. All patients under 30 years requesting a vasectomy procedure were required to attend a face to face pre-assessment.

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- All patients accepted for surgical treatments at the clinic were assessed as being fit and healthy and low risk of complications.
- We did not see any evidence of the psychological assessment of patients attending for cosmetic surgery.
- The majority of patients being treated at the clinic underwent a procedure using a local anaesthetic to numb the area being treated. This meant that patients were fully awake during the procedure and were able to recover quickly. Baseline physiological recordings were made on admission to the clinic and these were checked again after the procedure and recorded in the patient record.
- An anaesthetist was always present for patients undergoing conscious sedation, and remained on site until the patient was fully recovered and able to go home. For these patients, physiological observations were closely monitored and recorded on a chart until the patient was fully recovered. The manager and registered nurse were planning to implement 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.
- Staff told us that they would call an emergency ambulance if a patient's condition deteriorated or if a patient collapsed for any reason. All clinic staff were trained to provide basic life support and consultants were trained in advanced life support by their NHS employer.
- Staff used the World Health Organisation (WHO) checklist to ensure surgical safety in the theatre for every patient being treated under conscious sedation. 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 or Hepatitis B. A recent audit of a WHO checklist showed 100% compliance.
- A pre-operative assessment was carried out by telephone for most patients undergoing procedures under local anaesthetic. A face to face assessment was

carried out for patients undergoing procedures that required conscious sedation and for men under 30 who had requested a vasectomy. Baseline physiological observations were recorded and patients were given specific instructions on how to prepare for the procedure, for example; about diet and fluids and abstaining from smoking cigarettes. They were given a full explanation of the procedure and recovery time. Comprehensive written information was provided for patients to take home. This included instructions on post operative care and what to do if something went wrong. Patients were able to contact the clinic during working hours Monday to Saturday and were referred to their GP or out of hours service during non-working hours.

- If a patient appeared unwell on admission or had a raised temperature, the procedure was postponed.

Nursing and support staffing

- Staffing levels were planned by the clinic manager who ensured that sufficient clinical and non-clinical staff were scheduled according to the requirements of the clinic and needs of the patients being treated. When conscious sedation was being administered, the theatre team consisted of a consultant surgeon, a consultant anaesthetist, a qualified operating department practitioner (ODP), a nurse and a theatre runner. This was in line with the Academy of Medical Royal Colleges standards and guidance 2013.
- The clinic did not use agency staff but were able to fulfil any gaps in rotas by the use of regular bank staff.

Medical staffing

- There were 41 consultants who had practising privileges at the clinic. Practising privileges is a term which means consultants have been granted the right to practise in an independent hospital. The provider makes certain checks about their practice and conduct prior to granting them this right at the clinic.
- All consultations and surgical procedures were provided by a consultant. All apart from two were practicing consultants within the NHS and coordinated their schedule around their NHS work. Consultants were easily contactable by phone if required when not present at the clinic.

Records

Surgery

- Patients' records were managed in accordance with the Data Protection Act 1998. Records were kept securely preventing the risk of unauthorised access to patient information.
- We looked at seven medical and nursing paper records. We saw a good standard of record keeping generally. The record included pre-operative assessment, previous medical history, social history, allergies and baseline physiological observations.
- However, we looked at one record where the patient had attended their initial appointment at another clinic, and found that documentation of this assessment was absent from their record. This meant that we were unable to check whether the patient had received an appropriate assessment and whether the two week cooling off period for consenting to surgery had been followed. The clinic manager was aware of this and told us that work was in progress to enable faster amalgamation of records for patients whose initial assessment takes places elsewhere.
- We found that comprehensive records were maintained in the theatre where information about each procedure was documented, including name of patient, date, consultant, anaesthetist (where relevant) and procedure.
- The patients' GP was notified, by e mail and in writing, with the patients permission, and any discharge care arranged if required. Most patients returned to the clinic for any post operative care that was required such as the removal of sutures.

Medicines

- Medicines and medicine related stationary were managed well and in line with the clinics policy. Medicines were ordered, transported, stored and disposed of safely.
- Service level agreements were in place with a local pharmacy and acute hospital for the supply of medicines and pharmacy advice if required.
- We looked at controlled drugs (CDs) (medicines liable to be misused and requiring special management). We checked order records, and CD registers and found these to be in order. There was an accountable officer for controlled drugs in post.
- The clinic did not keep a stock of controlled drugs. When a controlled drug was required for conscious sedation, the patient was provided with a written prescription and instructed to bring the medicine with

them to the clinic on admission. This was then stored in the controlled drug (CD) cupboard until needed. Any medicine not used was discarded in line with policy and guidelines. In the event of a CD not being required, this was returned to the pharmacy by a member of staff to be destroyed and a record made of this. Prescription stationary for CDs was kept locked in the CD cupboard and appropriately managed.

- Keys to medicines cupboards were stored in a key safe, only relevant staff had the code to the key safe such as the registered nurse and the theatre nurse.
- General prescriptions were written on headed notepaper and signed by the consultant when a prescription was required. None of the clinic staff were able to prescribe medicines.
- We saw that medicines were stored in a dedicated medicine fridge when applicable. We noted the temperature monitoring devices were being used for both the room and the fridge and daily records correctly kept. Medicines were stored in locked cupboards. Stock control was managed by the clinic nurse and was kept to a minimum to avoid wastage. We checked 15 medicines and found all to be in date.
- Medical gases were stored correctly. We examined five cylinders which were full or nearly full and within the expiry date. Medical gases were checked weekly and we saw the documented log of weekly checks.
- Although prophylactic antibiotics were prescribed for liposuction patients we did not see supporting microbiology protocols.
- Patients we spoke with told us they had enough information about medicines they needed to take and that they had been asked about allergies. We saw information about allergies documented in the patient notes we reviewed.

Incidents

- The clinic had an incident policy in place which was accessible to staff and all were required to refresh their knowledge of the policy every six months. Managers told us that minor incidents, including complaints were discussed at quarterly meetings, but that it was rare to experience an incident. An example of an incident described by a member of staff related to a complaint where a change of practice had been implemented and learning shared.

Surgery

- Between September 2017 and August 2018, the clinic reported no never events. Never Events are a type of serious incident that are wholly preventable, and are reported at national level.
- During the period September 2017 and August 2018, the clinic reported no clinical incidents.
- Duty of candour was used to inform patients if something went wrong with treatment. We were told that this was rare. Staff demonstrated they had an understanding of duty of candour.

Are surgery services effective?

Not sufficient evidence to rate 

We did not rate effective

Evidence-based care and treatment

- Staff used national and local guidelines such as the WHO checklist, NICE guidelines and standards developed by the Royal College of Surgeons to inform their practice. New and revised national guidance was discussed at the medical advisory meeting and policies and procedures revised accordingly.
- We reviewed policies and procedures relating to surgery. All policies we saw were up to date and within their review dates. They all referenced relevant national guidance. This included National Institute for Health and Care Excellence (NICE), and Nursing and Midwifery Council.
- The clinic audited staff compliance with policies in several areas and reported the results at the quarterly medical advisory meetings. For example, we saw audits of WHO surgical safety checklists, hand washing audits, and records audits.
- Within the theatre, we observed that staff adhered to the NICE guidelines relating to surgical site infection prevention and staff followed recommended practice. This guideline offered best practice advice to prevent and treat surgical site infection. However, we did not see evidence of an audit to identify any trends on post operative infection rates.
- We saw evidence that audits were made of patient records to check legibility, consent obtained, history taking and whether the GP had been informed.

Pain relief

- Local anaesthetic was used for the majority of procedures which provided pain relief on discharge. Advice was given regarding appropriate pain relief at home. The clinic conducted patient surveys following a procedure which included satisfaction with pain management. The most recent survey completed June 2018 indicated that 79 out of 91 patients completing the survey had 'no pain' or felt 'slight pain'.
- During the surgical treatments we observed staff frequently asked patients how they were feeling and if they were experiencing any pain. Patients described a mild discomfort and did not require additional pain relieving medication.

Patient outcomes

- The clinic collected data in line with the NHS service level agreement for the provision of vasectomy services. This involved all vasectomy patients being sent a questionnaire four months post operatively which asked relevant questions about the patients experience and self reported outcomes. The information was collated and discussed at the medical advisory meeting.
- The clinic also collected information on vasectomy success rates but this was reliant on patients attending their follow up appointment and undertaking the 20 week, post operative sperm test. In the reporting period one out of 407 patients had a failed sperm test i.e. vasectomy unsuccessful. This is in line with the England national average figures.
- The manager was in communication with the Private Healthcare Information Network (PHIN) to ascertain if they needed to submit information about any of the procedures carried out at the clinic. However this was unlikely due to the number and types of procedure carried out at the clinic.

Competent staff

- Staff we spoke with had the competencies and experience to care for and treat patients safely. Appropriate and up to date training was recorded in personal files.
- All staff had an annual appraisal during which training and development needs were discussed and agreed, we saw evidence of these in personal files.
- Induction checklists were in place for new members of staff and we saw that the newest member of staff had received an induction pack with a signed checklist.

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- There was a responsible officer who ensured that consultants who did not work within the NHS received appropriate guidance and monitoring and who had an established link with the responsible officer of a local acute trust

Multidisciplinary working

- The clinic had links with other services and used these where required. They used a local pharmacy and pharmacist for advice and support. Discharge information was provided to patient's GPs where appropriate. They liaised with other clinics regarding post operative care when required for patients who did not live locally. The clinic also liaised with the community team and/or carers when required, for example to ensure a vulnerable or older patient has adequate care facilities at home following a procedure when they are unable to care for themselves.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The consultant was responsible for ensuring written consent was obtained prior to a procedure. We saw evidence that this was recorded in the patient record. This was checked again on the day of surgery. Out of the seven patient records we checked, only one record did not have the consent documented. This was because the patient had attended their initial consultation at a different location and the two records had not yet been amalgamated. The provider was aware of this and were in the process of changing their practice for patients whose consultation and care was managed across two locations.
- Clinic staff did not receive training specifically on the Mental Capacity Act (MCA) although it was covered in the duty of care element of their mandatory training. However, they demonstrated a good understanding of when a person may not have capacity to consent and gave a good example of how a request for a procedure was refused because they felt the patient did not have the capacity to understand what was being proposed and because it would not be in the patients best interest. Following our inspection all staff had been booked to attend Mental Capacity Act training which would be completed by the end of October 2018.

Are surgery services caring?

Good 

We rated caring as good.

Compassionate care

- During the interactions we observed staff spoke with patients in a respectful and considerate way both in person and on the telephone. All staff at the clinic treated patients in a kind and caring manner.
- Staff ensured that patients privacy and dignity was maintained during their visit to the clinic. Chaperones were regularly used, privacy curtains were drawn and patients were covered ready for examinations. During intimate procedures staff made patients feel at ease and patients we spoke with told us they felt their privacy and dignity had been respected.
- Staff told us that they would typically identify during consultation or pre assessment if a patient was likely to be anxious or frightened. They said they had made extra effort to make patients feel at ease by spending more time with them ahead of the procedure, talked about any concerns and talked to them throughout the procedure to help them to remain calm. We observed staff checking how patients were feeling during their treatments.
- We observed staff checking that patients were comfortable during treatments. As none of the patients we observed felt any pain we were unable to assess how compassionate staff were or how quickly pain relief was administered.

Emotional support

- Staff were aware of the effect of treatment on a persons emotions, however all patients had a choice whether or not to go ahead with treatment at the clinic as treatments were cosmetic or other options were available. Therefore patients could choose not to go ahead if the proposed treatment had a detrimental effect on their emotional and psychological well being.
- Patients were given further appointments and written information to take away with them when they were anxious about the procedure. They were given extra time to be well informed and know what to expect. Patients who were undergoing cosmetic surgery were given a two week cooling off period to allow them time to consider if they wanted to go ahead with the surgery

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in line with Royal College of Surgeons guidance. Patients who were undergoing a vasectomy were also given a two week cooling off period as directed in the service level agreement with the commissioner.

Understanding and involvement of patients and those close to them

- Patients were given adequate information about their treatment choices. Patients we spoke with told us they felt well informed and 'everything was covered' during pre assessment.
- Patients attended an appointment with the consultant performing the procedure and a pre assessment appointment with a nurse. Treatment options and procedures were discussed in detail, both risks and benefits, and printed information was given to the patient. This meant that patients were able to make informed decisions about the treatments available.
- Staff told us that costs were discussed with private patients at the first contact with the clinic. We were unable to confirm this as we did not observe any private patient surgical treatments during our inspection.
- We observed very intimate details being discussed with vasectomy patients which included information for partners and spouses. This was delivered in a very professional but relaxed style and the patients and relatives we spoke with told us they did not feel embarrassed by the discussions.

Are surgery services responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

- The clinic is conveniently located with good access and car parking. All areas are wheelchair friendly, patients who were not mobile or who could not transfer themselves from a wheelchair to an examination couch were not treated at the clinic.
- Patients being treated under the NHS contract had access to the local NHS provided interpreting service and staff told us they had used this service recently for a non English speaking patient.
- Staff told us that it was unusual for patients with complex needs, learning disabilities or dementia to be

treated at the clinic. However, they also told us that the referral documentation flagged up whether a patient had any special requirements and in that case staff contacted the patient or their carers prior to them visiting the clinic to discuss any special preparations that may be needed.

Access and Flow

- Patients told us the appointment system was easy to access and appointments could be changed easily if necessary. Evening and weekend (Saturday only) appointments were available which meant working patients did not have to take time off work. A telephone TXT message was sent to patients to remind them about their appointment time and date.
- Waiting times to treatment for private patients depended on when the patient chose to have their treatment but patients told us they had waited less than a month. NHS patients were seen within the waiting time stipulated by the commissioner.
- Patients told us they did not have to wait long for their appointments and appointments generally ran on time. Cancelled appointments and treatments were unusual but on one occasion when a treatment session was cancelled, patients were contacted and offered a new appointment within 28 days.
- The clinics website allowed patients to make enquiries about treatments but did not have the facility for patients to book appointments.
- The manager was unable to give an example of when a patient had to return theatre unexpectedly. Due to the nature of the treatments carried out at the clinic and the low risk of complications it would be highly unlikely that this situation would occur.

Learning from complaints and concerns

- Information about how to make a complaint was displayed at reception and on the clinic website. Patients told us that because staff were so friendly and approachable, they would not hesitate to raise any concerns or complaints.
- The clinic had a complaints policy in place. We reviewed one patient complaint which had been investigated thoroughly and the patient was treated compassionately throughout the process in line with the

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clinic's policy. The complainant had been kept up to date with the progress of the complaint and had been given a detailed report detailing the outcome and actions that would be taken.

- The manager told us that learning from complaints and concerns had led to changes in the way services were delivered. For example, one patient had fed back that they were not given enough time to read the consent form at the consultation appointment. Subsequently all patients were given a copy of the consent form to take home with them so they could read the information it contained again at their leisure.

Are surgery services well-led?

Good



We rated well-led as good

Leadership

- The manager at the clinic demonstrated effective leadership. Staff were clear about lines of accountability and management and told us the manager was approachable and adopted an 'open door' policy so staff could discuss any issues or concerns with them easily.
- A formal leadership strategy was not in place however, the manager demonstrated an understanding of staff development and succession planning and facilitated staff to act as their deputy when they were on leave. Staff were given adequate time to attend training and be educated in good safety practice. When appropriate, staff trained as a team for example all staff attended basic life support and cardio pulmonary resuscitation training.
- The manager was able to describe to us the challenges for the future and how these affected sustainability. For example there were plans to increase the number of treatments carried out at the clinic and marketing was taking place to support this.

Vision and Strategy

- The clinic had a clear vision which included quality, patient safety and valuing staff. Staff demonstrated an understanding of the vision in the care and behaviours we observed during the inspection. Staff had been involved in developing the vision.

- There was no formal strategy in place however strategic developments were discussed at the medical advisory meeting with directors and documented in the minutes. For example we saw in the minutes that business opportunities and facilities improvements had been discussed and actions agreed. Some business opportunities were aligned to local plans in the wider health and social care economy.

Culture

- Staff told us they were very happy to be working at the clinic and told us they felt valued and well supported by the manager. We saw evidence that appraisals were taking place regularly and opportunity for staff development was part of the appraisal discussions.
- We were given two examples of where the manager had taken action to address poor performance issues with staff working at the clinic. One included an audit of a persons performance which showed they were not practising at the required level.
- There was an open and honest culture where staff were able to raise concerns, report incidents or make suggestions to improve services and these were taken seriously by the manager and discussed with the directors. Learning was identified or suggestions taken on board and shared with other members of staff. Receiving complaints and raising incidents were seen as a positive actions and aids to continuous improvement.
- A whistle blowing policy was in place to support staff in the event they did not feel able to discuss a concern with their line manager.
- Staff described to us the principles of the duty of candour. The duty of candour is a regulatory duty that requires providers of health and social care services to disclose details to patients (or other relevant persons) of 'notifiable safety incidents' as defined in the regulation. This includes giving them details of the enquiries made, as well as offering an apology. However, staff had not received specific training about the duty of candour and it had not been referenced in the incident or complaints policies. The manager told us they would rectify this following our inspection and feedback.
- Staff well being was important at the clinic. One member of staff with a chronic health issue was allowed time and flexibility to attend hospital appointments. If appropriate staff could seek advice from clinicians working at the clinic for health problems and concerns.

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- We observed staff working well together and putting patients first to make sure their needs and experience were positive. One patient told us they felt like the most important person in the room.
- The clinic complied with the Competitions and Marketing Authority Order April 2015 and did not offer inducements to referring clinicians.

Governance

- 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 the monthly meeting and three medical advisory meetings. The content was relevant to the governance of the service and included items such as incidents, complaints, clinical policies, NICE guidance, information governance, current activity, and practising privileges. The registered nurse who was also the infection prevention and control lead also attended the medical advisory meetings.
- 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 commissioners expectations about patient care and treatment and key performance indicators for time from referral to first appointment.
- Practising privileges were reviewed every two years 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. We saw an example of practising privileges being suspended for one consultant. This information was also shared with their NHS employer. 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.

Managing risks, issues and performance

- Systems were in place to assess and manage risks. Risks were identified through patient and staff feedback, complaints and incident investigation and a programme of regular audits. Areas audited include records, hand hygiene, drugs, sharps and the World health Organisation surgical safety checklist. Actions were identified, discussed at the governance meetings and shared with staff.
- A comprehensive risk register was in place and risks were rated red amber or green depending on the likelihood and severity of the risk. We saw that the infection prevention and control risks of carpets in clinical areas was identified and an action plan in place for the replacement of carpets with hard flooring. This meant that risks were being appropriately managed.
- There was a named lead for infection prevention and control and although there was no formal infection control strategy in place, we saw evidence that quarterly infection control audits took place and the results discussed with staff.
- Information technology back up systems were in place and provided by a local acute trust. There was no back up generator in place although in the event of a power failure an emergency lighting system was in place. All emergency resuscitation equipment was battery operated and on permanent charge which meant that emergency life support could still be administered. We did not see a risk assessment for the loss of power but when we raised this with the manager they agreed to add this to the clinic risk register.

Managing Information

- 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 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.
- Relevant and meaningful information was collected from a variety of sources and used to assess and monitor performance. For example, patient feedback, patient turn around times, and audits.

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Engagement






- Staff and people who use services at the clinic were engaged and involved and contributed to improvements and developments. Staff told us they could make suggestions and give feedback at the monthly team meetings. They said their suggestions were given serious consideration and gave an example of an increase in administration time for the vasectomy service due to staff feedback.
- The clinic undertook an annual patient satisfaction survey. Action from the last survey resulted in more magazines and reading material being available in the reception area and improvements to the survey form to include 'How did you hear about our services?'
- In addition patients attending for vasectomy completed a pre-operative and post-operative questionnaire. We

saw the latest results from January 2018 to June 2018. Results were overwhelmingly positive, for example 85 out of 96 patients reported that pre-operative information was completely adequate and 164 patients out of 171 responded that the personal manner of staff at the clinic was very good or excellent.

Learning, continuous improvement and innovation

- The manager told us that they looked for ways to improve the service through questionnaires and surveys, addressing negative feedback and supporting staff to attend training to update their knowledge and learn new skills.
- The clinic did not participate in any research projects or accreditation schemes but this was to be expected due to the nature and level of procedures carried out.

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

Are diagnostic imaging services safe?

Good 

We rated safe as good

Mandatory Training

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

Safeguarding

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

- In order to ensure the right person got the right scan, we observed the sonographer checking three points of patient identification for each patient that was scanned. A GP referral letter was required for all patients attending for a medical ultra sound scan.
- Only one of the three sonographers working at the clinic had attended level three safeguarding children training. We discussed the safeguarding children training with the manager and since the inspection the remaining three sonographers, the chaperones and the manager had been booked to attend level three safeguarding children training which would be completed by the end of October 2018. Following our inspection the manager put in place a system to access to a named professional with level four safeguarding children knowledge at a local acute hospital.
- The service did not accept patients under the age of 18 years for medical ultra sound scans. However occasionally young females from the age of 16 years attended for baby scans. The sonographer who had attended level three safeguarding children training was

booked to scan these young adults. The sonographer we spoke with was aware of the safeguarding children and female genital mutilation procedures and demonstrated a knowledge of child exploitation.

- There was always a chaperone present during ultra sound and baby scanning procedures.

Cleanliness, infection control and hygiene

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

- The room in which the scans were performed was carpeted, this was not in line with Health Building Note 00-10 which recommends dry clinical areas should have a hard surface to promote easy cleaning and infection prevention and control. The manager was aware of this issue and a plan was in place to remove all carpets from clinical areas and replace with a suitable alternative.
- The ultrasound equipment and couch were cleaned at the start of each ultrasound session. We observed the equipment and couch being cleaned between each patient with antiseptic wipes. Staff described to us the process for cleaning the trans vaginal probe. A disposable sheath was used on the probe for each patient. Non latex sheaths were available for patients with a latex allergy. At the end of the scan the sheath was removed and disposed of and the probe was cleaned with a high level disinfectant as recommended by the European Society of Radiology Ultrasound Working Group.
- Adequate systems were in place to reduce the risk of exposure to blood born viruses for staff carrying out non invasive pre natal testing. Biological spill kits were

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kept in the treatment room, personal protective equipment was available and used by staff and a shielded venepuncture needle was used which reduced exposure to blood splashes.

Environment and Equipment

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

- The waiting area and the room used for the ultra sound scan were in a pleasant and appropriate environment.
- The ultrasound machine was serviced and tested regularly and we saw the service schedules for the machine which were up to date. The sonographer carried out a series of checks at the start of a scan session to test the accuracy and functionality of the equipment although these checks were not recorded.
- There was sufficient single use and personal protective equipment for use during scanning. We checked ten items of single use equipment which was within its expiry date.

Assessing and responding to patient risk

- Staff told us that if patients attending for a scan appeared unwell or described feeling unwell they would advise them to make an appointment with their own GP. However, staff told us this situation rarely occurred. In the event of a patient collapsing or a medical emergency staff told us they would contact emergency services immediately.
- The sonographer gave the example of discovering that one pregnant lady had an ectopic pregnancy so contacted emergency services for immediate transfer to hospital. An ectopic pregnancy is when a fertilised egg implants itself outside of the womb, usually in one of the fallopian tubes and can result in a life threatening haemorrhage.
- Female patients attending for a medical ultra sound were asked if they were pregnant. Pregnancy excluded patients from the ultra sound service. Patients were also required to sign a consent form prior to scans stating 'To the best of my knowledge I am not pregnant. I understand that the scan will cease if a pregnancy is found'.
- In the case of there being unexpected or significant findings from the scan the sonographer told us they would advise the patient to make an urgent appointment with their own GP. In addition the

sonographer would contact the patients GP by phone to discuss the findings and follow this up with an e mail. The manager would be advised who would also contact the GP to make sure they had received the e mail, report and contact for the patient.

Staffing

- There were adequate staff for the ultra sound scan services. The clinic had a bank of four sonographers who covered the clinics between them supported by a health care assistant who also acted as a chaperone.
- The sonographers had worked regularly at the clinic for a considerable period of time and were considered members of the team. They had received an initial induction when first working at the clinic and the sonographer we spoke with told us the manager kept them up to date with any changes at the clinic.
- The sonographers each had their area of expertise and could contact each other for advice on ultra sound examinations or reports. In addition they could contact the medical director who was an obstetric and gynaecology consultant.

Records

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

- The service did not provide electronic access to the results of ultra sound scans but the reports were e-mailed to the patient GP within 24 hours of the examination.
- Staff told us the GP referral forms were informative and if there was any special information about the patient such as dementia or learning disability this would be highlighted on the referral form.
- Scan images were archived but available for other clinicians, by request, should they need to be reviewed at any time in the future.
- Pregnant ladies attending for baby scans took their NHS maternity notes with them so the sonographer could check due dates and length of pregnancy.
- Pregnant ladies attending for the Downs Syndrome, non invasive pre-natal test were given their results directly. They were also advised to give a copy of their results to their GP or midwife and contact their midwife for further information and counselling if necessary.

Medicines

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- No medicines were used in the ultra sound 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 imaging services effective?

Not sufficient evidence to rate 

We inspected effective but did not rate it.

Evidence-based care and treatment

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

- Best practice/NICE guidanceThe clinic had ultrasound protocols in place for the abdomen, gynaecology, musculo skeletal and testes based on the British Medical Ultrasound Society guidelines for professional ultrasound practice.
- The sonographer gave two examples of where practice was in line with the National Institute for Care Excellence CG154 Ectopic Pregnancy and Miscarriage.

Audit

Nutrition and hydration

- Patients were given written information prior to their scans if they needed to be starved or drink extra fluids for the procedure. For example patients attending for an abdominal scan had to starve for six hours prior to the examination. Special instructions were give to diabetics. We saw the printed instructions which were clear and easy to follow.

Pain relief

- Patients did not require pain relief for ultra sound scans as they were pain free examinations. If patients were suffering pain due to their medical conditions the sonographer advised them to take their own pain relieving medication.

Patient Outcomes

- The clinic could not supply us with any information about patient outcomes. The sonographers practised at other organisations where the quality and reporting of their scans were audited but this information was not available for this inspection.

Competent Staff

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

- Each of the four sonographers working at the clinic had certificated, post graduate qualifications in ultrasound and we saw evidence of this in their personal files.
- Sonographers were all members of the Health Care Professions Council, Society of Radiographers and British Medical Ultrasound Society.
- Staff carrying out non invasive pre natal testing for Downs Syndrome had received training in phlebotomy and awareness of the specialist nature of the blood test.

Multidisciplinary Working

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

- The sonographer liaised closely with maternity services and the early pregnancy unit in the event that they discovered any abnormalities or problems during baby scanning for either sexing purposes or early pregnancy reassurance.
- 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.

Seven Day Services

- Ultra sound scanning appointments could be arranged at the weekend for patients who were not able to attend during the week.

Health Promotion

- We did not see any evidence of health promotion activity.

Consent and Mental Capacity Act

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

- We saw the consent forms for fetal sexing and early pregnancy reassurance scans which included

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information about the quality of the images; how they could be affected; and that ultrasound scan was not 100% accurate and could occasionally be wrong. We observed the sonographer checking this information with the patients and the consent forms being signed.

Are diagnostic imaging services caring?

Good 

We rated caring as good

Compassionate care

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

- We observed patients being treated in a compassionate way. Patients attending for intimate scans were given the option of a male or female sonographer, and a chaperone was always present.
- Patients privacy and dignity were respected, clothing was only removed if absolutely necessary and in a sensitive way. Drapes were used to cover intimate parts of the body not involved in the scan.
- During baby scans the sonographer included partners and children in the procedure by including them in discussions and showing them the images.
- The interactions between clients and clients families attending for baby scans and the sonographer Baby scans was a delightful experience to observe.

Emotional support

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

- Clients and their families attending for baby scans were given written information prior to the scan and information was also available on the clinics website. The sonographer checked the information had been understood and asked if there were any questions. Feedback from patients was wholly positive about their experiences during the scan with comments such as 'had a lovely scan', 'She explained what was on screen and included the children', 'friendly, chatty, relaxed and at ease'.

- We observed families attending for baby scans becoming quite emotional. Staff were very understanding and sensitive to their reactions and clients told us that staff were sympathetic, professional and caring.
- The sonographer explained that if a baby scan showed upsetting results for the client they had a quiet room that could be used to allow them time to recover from the news.

Understanding and involvement of patients and those close to them

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

- Baby scan clients were given the results of their scans on the day and medical scan patients were told to make an appointment with their GP about a week after the scan, so all patients knew what to do next. We observed the sonographer giving some general feedback on the day of the scan and the patient went to their GP for the full report of the scan and to discuss any treatments necessary.
- We observed that families attending for baby scans were asked if they would like to see the 4D images of the baby, the sonographer said she always asked first as some people did not like to see the 4D image.
- All patients were told who to contact if they had any concerns either the midwife or their own GP.
- NHS patients had access to the local NHS interpreting services if English wasn't their first language but private patients were asked to bring someone with them who could speak English if they needed instructions and information interpreting. We discussed this with the clinic manager as using friends and families for interpreting is not best practice. The manager told us they were going to investigate additional interpreting services for private patients.
- There was no process in place for counselling pregnant women who had received bad news following a scan or a non invasive prenatal test for Downs Syndrome.
- The sonographer told us they would discourage pregnant women for having frequent scans due to the possible but unknown risk to the unborn baby.

Are diagnostic imaging services responsive?

Diagnostic imaging

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

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

- The environment was appropriate for patients attending for ultra sound scans and there was ample free car parking.
- The clinic was housed in a large Victorian building with clear designated waiting areas and good signage. A quiet room was available for patients who might find a busy environment distressing although there was generally a calm and unhurried atmosphere through out the building.

Meeting peoples individual needs

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

- The ultra sound scan room was on the first floor of the building, a lift was available for wheelchair users or patients with limited mobility.
- The medical ultra sound scan appointments were between 20 and 30 minutes long and the baby scan appointments were between 10 and 30 minutes long which meant there was plenty of time for the scan to take place and any questions to be answered.
- Examination couches were extra wide to allow for bariatric patients. Bariatric patients are larger size patients.
- Staff told us that if patients living with dementia or learning disabilities attended for ultra sound scan they knew beforehand from the GP referral letter and they would ring carers to ask if any special arrangement were needed. Relatives and carers were encouraged stayed in the room with the patients throughout the scan to reduce anxiety.

Access and flow

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

- The clinic arranged scan appointments within one to two weeks of receiving the referral and could arrange urgent scan appointments within two working days if necessary.
- Appointments were made to suit the patient. Scan clinics took place on Monday, Wednesday, Thursday and Saturday and were mixed clinics of baby scans and medical ultra sound scans.
- There was no waiting time for scan reports, scan reports were written on the day of the scan and e-mailed to the patient's GP.

Learning from complaints and concerns

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

- In the reporting period the clinic had received one complaint for the ultra sound scanning service, however, following investigation this complaint was not upheld.

Are diagnostic imaging services well-led?

Good 

We rated well-led as good

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

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

Managing risks issues and performance

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

Managing information

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

Engagement

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

- We saw a copy of the ultrasound service patient survey July 2017 to July 2018. The results were overwhelmingly positive. 279 patients out of 280 said they would recommend the service to family and friends.

Learning, continuous improvement and innovation

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

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that staff attend specific detailed training in the Mental Health Act, dementia, learning disability or child exploitation. This has already been put in place by the manager.
- The provider should review safeguarding children policies to include child exploitation.
- The provider should pursue its programme of removing carpets from clinical areas in line with HBN 00-09.
- The provider should include staff with practising privileges in hand hygiene audits.
- The provider should ensure all electrical items are regularly serviced.
- The provider should consider compiling a documented list of referral criteria or exclusion criteria.
- The provider should consider operating a 24 hour helpline for post operative patients..
- The provider should review pre assessment documentation to include appropriate questions about psychological health particularly for cosmetic surgery patients.
- The provider should produce relevant antibiotic protocols for prophylactic antibiotics used for cosmetic surgery procedures (liposuction)
- The provider should introduce the collection of patient outcome data.
- The provider should investigate the provision of interpreting services for private patients.
- The provider should consider providing training in counselling skills or delivering bad news particularly in relation to the ultrasound service and non invasive pre natal testing for Downs Syndrome.