

Ultrasound Care Ltd

Cotton Exchange

Inspection report

Ground Floor Suite G15
Cotton Exchange
Liverpool
L3 9LQ
Tel: 01516620282

Date of inspection visit: 16 November 2022
Date of publication: 25/01/2023

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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

We previously inspected this service on 15 June 2022, and rated the service overall as requires improvement. Following the inspection in June 2022 we issued the provider with a warning notice for Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. We also issued the provider with two requirement notices for Regulation 11 HSCA (RA) Regulations 2014 Consent and Regulation 17 HSCA (RA) Regulations 2014 Good governance.

We carried out a focussed responsive inspection at Cotton Exchange on 16 November 2022 as a follow up to the warning notice that was issued in June 2022. During this inspection we found there had been some improvements since the last inspection and the provider had addressed the concerns raised in the warning notice from the previous inspection.

This inspection was not rated. We found that:


- The service had changed the way they monitored mandatory training. At the time of our inspection staff compliance with mandatory training was 100%.
- The service had taken steps to ensure specialist equipment was regularly serviced and maintained.
- The service had taken steps to control infection risk. The service introduced new processes to protect women, themselves, and others from infection risks.
- The service introduced new processes to collect outcome data and monitor the quality of scans.
- The service now provided up-to-date risk assessments for women to remove or minimise risks.
- The service had acted on our recommendations to ensure policies were reviewed regularly and in line with best practice guidelines.
- The service now had evidence of staff appraisals for work performance, supervision meetings and development support for staff.
- The service had made changes to support women to make informed decisions about their care and treatment.
- Leaders now monitored the effectiveness of the service. Staff had formal meetings to discuss and learn from the performance of the service.
- Leaders had developed a defined risk register with risks that were rated or graded in terms of impact or likelihood
- Leaders had introduced systems to manage performance effectively. Leaders were able to identify and escalate relevant issues and identify actions to reduce their impact.
- The service had introduced processes to collect reliable data and analyse it to understand performance, make decisions and improvements.

However:

- The provider did not display information on how to raise a complaint and signpost appropriately.
- Consent was not always recorded in line with the services own policy.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Inspected but not rated 	This inspection was not rated. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Cotton Exchange

Ultrasound Care Ltd was registered with the Care Quality Commission in March 2021 to provide the regulated activity of diagnostic and screening procedures. There has been a registered manager and a company director in place since initial registration.

The service provides a range of private ultrasound scans to self-funding women who are aged 16 and over. The scans offered by the clinic include; early pregnancy scans from six weeks gestation, reassurance and gender scans from 16 weeks and growth and 4D scans from 26 weeks. All scans are performed by the registered manager who is also the lead sonographer.

The service is based on the ground floor in a grade II listed building located in Liverpool's commercial district. A receptionist is employed externally as a point of contact for all companies within the building.

The service was last inspected in June 2022 and was rated as requires improvement.

This inspection was not rated. We found that:

- Staff now had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well.
- Managers now monitored the effectiveness of the service and made sure staff were competent.
- The service introduced staff appraisals for work performance or supervision meetings to provide support and development.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Staff now assessed risks to patients, acted on them and kept good care records.
- The service now managed safety incidents well and learned lessons from them.
- The service now had formal meetings to discuss and learn from the performance of the service.

However:

- Staff did not always record consent in line with the consent policy.
- The provider did not display information on how to raise a complaint and signpost appropriately to the Independent Sector Complaints Adjudication Service (ISCAS).

How we carried out this inspection

Our inspection was announced (staff knew we were coming) to enable us to observe routine activity. We inspected this service using our focused inspection methodology. Two inspectors, with support from an off-site inspection manager, carried out the inspection on 16 November 2022.

During the inspection visit, the inspection team:

- Inspected the premises.
- Spoke with the registered manager/lead sonographer.
- Looked at the training files.

Summary of this inspection

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

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

Areas for improvement

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

- The provider should ensure it clearly displays information on how to raise a complaint and signpost appropriately to the Independent Sector Complaints Adjudication Service (ISCAS).
- The provider should ensure it continues to review and update their policies in line with best practice.
- The provider should ensure it adapts the data protection policy in line with best practice.
- The provider should ensure consent is recorded in line with the consent policy.
- The provider should consider adapting the consent process for 16 and 17 year olds in line with best practice.

Our findings





Overview of ratings

Our ratings for this location are:

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

Diagnostic and screening services

Inspected but not rated 

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

Are Diagnostic and screening services safe?

Inspected but not rated 

Inspected but not rated.

Mandatory training

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

At the previous inspection in June 2022 the service did not monitor mandatory training for staff. Since the last inspection, the registered manager had developed a matrix table to manage training modules completed by staff. The table included when training had been undertaken and when modules were due to expire.

The registered manager was able to demonstrate that staff mandatory training modules were up-to-date. This included key modules such as basic life support, infection prevention control (IPC), information governance, data security, moving and handling, preventing radicalisation, equality and diversity, fire safety and health and safety in health care.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training to recognise abuse in adults and children, and knew how to apply it.

Since the last inspection the service had introduced a chaperone policy. The registered manager told us her daughter acted as a chaperone when needed. The use of family members or friends acting as chaperones is not in line with best practice. However, the service was in the process of recruiting a student midwife who could act as a chaperone when required.

The safeguarding policy still did not include information about how to make a referral or contain the contact details for the local authority safeguarding team.

Cleanliness, infection control and hygiene

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

Diagnostic and screening services

Since the last inspection the service had introduced new cleaning records, we saw evidence that cleaning tasks were now undertaken daily.

The service had also introduced an infection control audit schedule. Monthly audits were conducted by an external individual, the audit covered areas such as hand hygiene, ultrasound equipment, PPE, general environment, and clinical waste. The service had also introduced a cleaning logbook which was completed after each transvaginal transducer decontamination process.

Since the last inspection the service had updated the policy for infection control. It was now clear from the IPC and cleaning policy what methods should be adopted when cleaning the transducers.

The IPC policy however still did not include information on how to manage and dispose of clinical waste after transvaginal ultrasound scans.

The service had not replaced the fabric chairs. The fabric chairs were not impermeable to dirt and liquid meaning they could not be cleaned effectively.

The overall environment and equipment throughout the clinic were visibly clean and well-maintained.

Environment and equipment

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

Since the last inspection the service had completed appropriate environmental, fire, health and safety risk assessments. We saw evidence of an internal fire risk assessment audit report for the building that had been completed on 4 November 2022.

Since the last inspection all electrical equipment, including the ultrasound scanning machine had portable appliance testing (PAT) stickers on. Evidence provided showed that equipment had been safety tested in August 2022.

The registered manager provided us with evidence that the ultrasound machine had been serviced since the last inspection.

The service had introduced new measures to dispose of clinical waste safely. The service was now using the appropriate clinical waste bags and had a contract with a company to dispose of clinical waste.

The service did not have its own first aid kit in the scanning room. However, a first aid kit and automated external defibrillator were both located near reception just a couple of corridors away.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

Diagnostic and screening services

The service had introduced measures to assess the risks to the health and safety of women receiving care. Prior to their appointment the service collected information such as allergies, and pregnancy history as part of the online booking process. The registered manager told us service users were also asked about relevant medical history, and allergies such as latex, during their appointment. The service used both latex free gloves and transducer covers.

Since the last inspection the registered manager had developed an urgent medical review pathway. The policy used flow charts to indicate what action to take in relation to the severity of risk.

Since the last inspection the registered manager had made relevant changes to the terms and conditions section of their website, the simplified version made it clear to women booking that they should not treat this scan as an alternative to their NHS scans. The registered manager stated they also explained this information at the time of the scan.

Since the last inspection the service had introduced an exclusion policy outlining circumstances when women could not access the services provided. The exclusion criteria consisted of service users under 16 and clients with symptoms of ectopic pregnancy.

Incidents

The service managed patient safety incidents well. The registered manager recognised incidents and reported them appropriately.

Since the last inspection the registered manager had reviewed the duty of candour policy. Duty of candour is a legal obligation for healthcare workers to be open and honest with patients when something goes wrong with their treatment or care.

The accident and incident investigation policy viewed on inspection had been reviewed and updated. The registered manager recognised incidents and knew how to report them appropriately.

Are Diagnostic and screening services effective?

Inspected but not rated.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The service supported women to make informed decisions about their care and treatment. However, did not always follow national guidance to gain women's consent.

Since the last inspection the service had made some changes to the consent process and policy. Information provided online as part of the consent and booking process was now presented in a way which service users could understand. The registered manager stated she also discussed consent with service users during the appointment.

Diagnostic and screening services

Although there had been some changes made since the last inspection to the consent form, the service still did not have a specific consent form for 17 and 16years olds. Staff did not always adhere to the processes laid out in the consent policy. The policy stated that when consent was given it must be recorded on the formal written obstetric report. However, 2 out of 4 patient reports we viewed on site made no reference to consent.

Are Diagnostic and screening services responsive?

Inspected but not rated 

Inspected but not rated.

Learning from complaints and concerns

The service had introduced a complaints policy respond to concerns and complaints appropriately. However, it was not always easy for people to find information on how to raise a concern.

The complaints policy had been reviewed and updated since the last inspection. However it still referenced the Parliamentary and Health Service Ombudsman (PHSO) which is for NHS patients and not appropriate for the women who use their service.

The complaints policy and complaints information on the terms and conditions page still did not inform people that they could raise their concerns with the Independent Sector Complaints Adjudication Service (ISCAS). Information on how to raise a complaint was not clearly displayed on the website or in the clinic. The registered manager stated service users received an email asking for feedback following their appointment, however this process was not referenced in the complaints policy.

Are Diagnostic and screening services well-led?

Inspected but not rated 

Inspected but not rated.

Governance

Leaders operated effective governance processes. Staff had regular opportunities to meet, discuss and learn from the performance of the service.

Since the last inspection the registered manager had introduced supervision mechanisms in line with the governance policies. The service was now adhering to the quality assurance policy. Monthly meetings were now held with the company director to discuss any specific concerns, wellbeing, service updates and other business.

The service had also introduced monthly peer reviews and audits to review image quality. We saw evidence of an annual external imaging audit that had been completed since the last inspection. There was evidence that infection control audits were now taking place on a monthly basis.

Diagnostic and screening services

Since the last inspection the service had taken appropriate action to update policies. We saw evidence that the service now had a policy for equality, diversity and inclusion.

The registered manager stated they did not have an internal professional annual appraisal with the company director but had evidence of up-to-date appraisals with a locum firm.

Management of risk, issues and performance

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

Since the last inspection the service had updated the lone worker policy. We also saw evidence of a completed lone working risk assessment

Leaders had developed a defined risk register with risks that were rated or graded in terms of impact or likelihood. We saw up-to-date and complete risk assessments for infection control, health and safety, fire safety and the Control of Substances Hazardous to Health (COSHH).

The employer liability insurance certificate was now up-to-date. The registered manager also provided us with evidence of recent legionella audit completed for the building in September 2022.

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.

Since the last inspection the service had put mechanisms in place to review performance data.

Since the last inspection the data protection policy had been updated. The policy specified records would be retained for 25 years after a child's birth but did not specify when scan images or scan reports would be destroyed.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The registered manager had implemented some changes to the service since the last inspection and acted on some of our recommendations.

Since the last inspection the service had carried out a service user feedback survey which was completed in September 2022 to review areas for improvements. The registered manager stated there were plans to continue the use of feedback surveys to review service quality and performance.