

Laver Consultancy Limited

Laver Consultancy Limited at Hykeham Chiropractic

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We carried out a comprehensive inspection of Laver Consultancy Limited on 19 September 2023. It was the first time we inspected this service.

Laver Consultancy Limited is an independent health provider who offers diagnostic imaging through sonography to the general public.

Before the inspection we reviewed information we had about the location, including information we received and available intelligence. The inspection was announced at short notice.

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service mostly controlled infection risk well. Staff kept good care records.
- Staff worked for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness and respected their privacy and dignity.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- The service used reliable information systems. Staff were focused on the needs of patients receiving care. The service engaged well with patients to plan and manage services.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic and screening services

Rating

Good



Summary of each main service

The provider offers a diagnostic musculoskeletal (MSK) ultrasound scanning and reporting service for a range of common disorders, injuries, and diseases. For example, the services offers ultrasound scans of the abdomen, renal tract, aorta, carotid arterial, neck, thyroid and temporal artery. Imaging is usually reported on within 24 hours.

Patients can self-refer themselves for treatment through an online booking platform for an appointment at 1 of 7 clinics throughout Lincolnshire, Nottinghamshire & Leicestershire.

Summary of findings

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Summary of this inspection

Background to Laver Consultancy Limited at Hykeham Chiropractic

Laver Consultancy Limited is an independent diagnostic and screening service based in Lincolnshire. The provider is a sole trader who offers diagnostic musculoskeletal (MSK) ultrasound and reporting for a range of joint, bone, muscle, and soft tissue problems.

The provider performed scans for 704 patients in the 12 months before we inspected of these 687 were adults and 17 were children or young people under the age of 18. Most scans were performed on external (688) areas of the body, 16 scans were internal.

We inspected the provider at the Hykeham Chiropractic Clinic in Lincoln. The Hykeham Clinic is not regulated by the CQC.

The service is provided to the whole population.

The service is led by a CQC registered manager.

How we carried out this inspection

The team that inspected this location comprised of one CQC inspector and one specialist advisor. During the inspection we spoke with the registered manager. We reviewed documents and records kept by the service. We spoke with 3 patients.

The inspection team was supported offsite by a CCQ operations manager.

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>.






Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic and screening services

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

Is the service safe?

Good 

This was the first time we inspected the service. We rated it as good.

Mandatory training

The service provided mandatory training in key skills.

The registered manager received and kept up-to-date with their mandatory training. Mandatory training was brought in from an external provider.

The mandatory training was comprehensive and met the needs of most patients. However, specific training on recognising and responding to patients with learning disabilities and autism did not form part of the training delivered. Since 1 July 2022, all registered health and social care providers have been required to provide training for staff in learning disability and autism. This new legal requirement was introduced by the Health and Care Act 2022. A failure to complete this training could mean staff might not have been able to meet the needs of patients with autism or a learning difficulty. The registered manager confirmed this training had since taken place.

Safeguarding

Staff understood how to protect patients from abuse and work with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. The registered manager was trained to level 3 in safeguarding children and safeguarding adults.

No safeguarding referrals had been made in the 12 months prior to inspection. However, the registered manager could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They knew how to identify adults and children at risk of, or suffering, significant harm.

The service had a safeguarding adults and children policy that contained details of the safeguarding teams staff needed to contact if they had concerns.

Diagnostic and screening services

At the time of our inspection the provider did not have a policy or guidelines to ensure safe procedures were followed for children visiting the service. This meant staff did not have a procedure to follow if something went wrong. We raised this as a concern and the provider developed guidelines immediately following our inspection to rectify this.

Cleanliness, infection control and hygiene

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

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. A daily audit of infection prevention and control (IPC) was carried out and demonstrated no risks.

Staff followed infection control principles including handwashing and the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact. However, the expiry date of cleaning fluid used to clean the transducer (a transducer, or probe, is the part of the scanning equipment that comes into contact with the body) had been worn away through frequent use of the product. Following a transvaginal scan, the expiry date of the cleaning fluid along with the lot number should be recorded in the patient notes. This was for infection control purposes in the event a communicable disease was identified following a scan. We raised this as a concern with the registered manager, and immediately following our inspection they replaced the cleaning fluid, so the expiry date was visible. In addition to this a check of the expiry date of cleaning products was added to the daily IPC audit to ensure it was visible so correct recording of this could be entered into patient notes.

Environment and equipment

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

The service was delivered in 7 different, satellite, locations. The provider rented a room in each location and as part of those arrangements patients of the service could use parking, reception, and toilet facilities. This included provision for people who use wheelchairs including a wheelchair ramp to access the ground floor where required.

The service had enough suitable equipment to help them to safely care for patients. The provider had a portable ultrasound system, a portable laptop for storing patients records and a portable fully automatic defibrillator (AED) for use in case of emergency. Staff carried out daily, weekly, and monthly safety checks of their specialist equipment. The provider had a service contact to ensure that broken or faulty ultrasound equipment could be repaired or replaced quickly and easily. The ultrasound scanning equipment underwent regular quality assurance tests to check that consistent and reliable results were being generated and to check for deterioration of equipment performance.

The service had suitable facilities to meet the needs of patients' families. The waiting room and clinic room had enough seats so patients could be accompanied to appointments by family or carers.

Staff disposed of clinical waste safely. Clinical waste contracts, water and fixed wiring tests, maintenance of fire extinguishers and other maintenance of the environment was the responsibility of the landlords for each clinic. As part of the arrangements for renting the room landlords provided evidence that safety checks had been performed each year.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration

Diagnostic and screening services

The registered manager told us they did not carry out urgent scanning, all imaging was pre-planned and through the referral process, so they were aware of patient risks prior to meeting them.

Staff responded promptly to any sudden deterioration in a patient's health. The registered manager was trained to deliver advanced life support for adults and for children, and the service had a portable defibrillator (AED) for use in case of emergency. An AED is fully automatic defibrillator that supports people to deliver cardiopulmonary resuscitation during cardiac arrest. The AED gives voice prompts and/or visual instructions and after it has analysed the patient's heart rhythm it will automatically administer a shock to the patient if one is required. Although the service did not have a policy for responding to deteriorating patients the registered manager was able to talk through the steps, they would take in case of emergency including calling 999.

Staff shared key information to keep patients safe when handing over their care to others. When abnormalities were detected, the registered manager contacted the patients GP the same day and sent a copy of the ultrasound images to them so the GP could arrange for further diagnostic tests as soon as possible. In the 12 months before we inspected the provider had contacted patient's GPs 167 times to suggest further diagnostic tests would be beneficial. Sonographers cannot refer patients for further tests, as this is beyond their professional remit. However, they can suggest further tests, leaving the GP to decide if more tests were required.

The registered manager arranged for psychosocial assessments through the patients' GP if they assessed patients as repeatedly self-referring for diagnostic tests in the absence of physical symptoms.

Staffing

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

The service was delivered by the registered manager. They did not employ other staff. The registered manager was a qualified and experienced sonographer.

The service did not take on more work than could be managed by 1 member of staff.

Reception staff were provided through the room hire agreement the provider had with the different clinics they operated out of. Reception staff could also be used as chaperones if patients required this. At the time of our inspection chaperones did not receive chaperone training. We raised this as a concern with the registered manager. Immediately following our inspection, the provider informed us chaperone training had been arranged for all reception staff.

Records

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

Patient notes were comprehensive and could be accessed easily.

The provider used an online password protected email facility to send patient reports and scan images to patients, GPs and other health care providers with the consent of patients. This was to ensure patient confidential information could not be accessed by unauthorised persons.

Diagnostic and screening services

At the time of our inspection the service did not have a policy to govern how long to keep patients notes after they had been discharged. We raised this as a concern and the registered manager immediately introduced guidance to cover this which reflected current NHS England policy; records for adults were held for eight years and children's records were kept until their 25th birthday (or 26th birthday if treatment ended when patient was 17 years).

Patient records were stored securely on a secure cloud-based system. The computers used to access patient records were password protected.

Medicines

The service did not use or prescribe any medicines.

Incidents

The service had not had any safety incidents.

Staff knew what incidents to report and how to report them. The service had not had any safety incidents. However, there was a process to record incidents and near misses.

The registered manager understood the duty of candour. They understood the need to be open and transparent and give patients and families a full explanation if things went wrong.

Is the service effective?

Inspected but not rated 

We do not rate effective in diagnostic and screening services.

Evidence-based care and treatment

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

The registered manager was registered with the health and care professions council (HCPC) and was a member of the Public Voluntary Register of Sonographers and other relevant professional bodies. They followed policies to plan and deliver high quality care according to best practice and national guidance, for example, from The Society of Radiographers.

Patient outcomes

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

There were systems and processes to ensure the accuracy of reporting of images. For example, quality assurance of the resolution, contrast and sensitivity of the images produced were undertaken by a qualified engineer.

The registered manager had regular peer supervision. This involved 5% of the images and reports generated in a set timeframe being audited by another registered sonographer, audit results were used to improve imaging and reporting.

Diagnostic and screening services

Competent staff

The service made sure staff were competent for their roles.

The registered manager was experienced, qualified and had the right skills and knowledge to meet the needs of patients. They held a diploma in medical ultrasound.

The registered manager had an up-to-date record of their continued professional development. This included training undertaken, supervision of other sonographers and articles published in professional journals.

Multidisciplinary working

The registered manager worked with other healthcare professionals as a team to benefit patients.

The registered manager worked across health care disciplines and with other agencies when required to care for patients for example GPs and chiropractors. However, they were not invited to participate in external multidisciplinary meetings (MDTs) to discuss patients and improve their care. This was because the service was external to the NHS.

Seven-day services

Key services were available to support timely patient care.

The service did not provide care seven days a week because it did not offer urgent diagnostic services. The service offered appointments between 9.am and 5.30pm, Monday to Friday

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff gained consent from patients for their care and treatment in line with guidance, for example from the Society of Radiographers (SoR). Consent was obtained verbally for external ultrasound scans and written consent for internal ultrasound scans.

Written consent forms for internal ultrasound scans were uploaded to patient notes. Verbal consent was recorded within the scan report.

We saw the registered manager use the SoR three points of ID pause and check to ensure the right person received the correct treatment.

The registered manager told us they understood the relevant consent and decision-making requirements of legislation, including the Children Acts 1989 and 2004, and the Mental Capacity Act 2005.

Is the service caring?

This was the first time we inspected the service. We rated it as good.

Diagnostic and screening services

Compassionate care

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

The registered manager was discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way. A portable screen was used to ensure patients could maintain their privacy and dignity.

One online review of the service read “Whilst being scanned, a screen was in front of me, and the sonographer explained everything as they performed the scan. It was very quick, professional and informative. After the scan was completed, the findings were explained in a way I could understand them”.

Staff followed policy to keep patient care and treatment confidential. Staff completed the three-point pause and check which involved asking the patient their name, date of birth, and address, in an area they could not be overheard.

Patients told us the registered manager treated them well and with kindness. One online review said, “the sonographer was supportive and understanding of a very painful shoulder requiring a scan following a fall; entirely empathetic inducing a state of calm and confidence”. Another said “The whole experience was relaxed, and stress free. I have never had a scan on my thyroid before and was quite nervous. The sonographer explained would be involved so I became more relaxed. I would highly recommend this company as hospital settings can be quite nerve racking and add a lot of fear, whereas a small private room with little waiting time is far better”, and “My ultrasound was carried out with the utmost respect for my concerns”.

Emotional support

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

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. Patients told us the registered manager explained what to expect before starting the procedure.

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw from online patient reviews that the registered manager worked to minimise their distress. One review said “I was pleased that I could see my images while the scan was being done. Getting a verbal interpretation at the time and the written report later that day means that you are not left wondering about what the problem might be”. Another review said “My 2-year-old son had an ultrasound today for a Lump on his belly. The sonographer was very patient with my son who was not too keen on having it done, he explained to me in great detail of his findings, putting my mind at ease. 100% recommend”.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. We saw the registered manager explaining the benefits of scanning one area over another to a patient and their spouse. They explained that 1 of the 2 scans that the patient had requested would not directly impact on the diagnosis of their condition and recommended they did not have a second area scanned.

Diagnostic and screening services

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Information about how to feedback was available in the clinic room and on the providers website.

Patients gave positive feedback about the service. We saw 1 4-star online review and 116 5-star reviews for the service.

One online review read “Fantastic service from making an enquiry through to the appointment and getting the results of the scan. Made to feel at ease and able to discuss my concerns. Came away feeling better informed about what the problem was and what my options were in getting it resolved. Would definitely recommend”. Another review read “I had my scan today, only had to wait for a few days to get one. The sonographer was very professional, friendly and easy to communicate with. Whilst scanning they explained what they were doing, and what areas they were looking at and why. After finding issues, they showed me on the screen what they had found, explaining it in terms that were easy to understand. It was all very relaxed, and it was great to get feedback straight away. I would not hesitate to recommend this service. I received a written report of the findings within a few hours of my visit. Excellent service from start to finish”.

Is the service responsive?

Good 

This was the first time we inspected the service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population.

The facilities and premises were mostly appropriate for the services being delivered. Diagnostic imaging was provided on the ground level, there was parking for people with disabilities and a toilet with wheelchair access. In the 12 months before our inspection the service treated 704 patients. Of these, 17 were children or young people. The service did not have a separate waiting room for this patient group. However, all children or young people needed to be accompanied by a parent or guardian to ensure their safety and wellbeing.

Meeting people’s individual needs

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

Staff understood but did not always apply the policy on meeting the information and communication needs of patients with a disability or sensory loss. The businesses hosting the provider were not subject to the Accessible Information Standards (2017) this meant there were no communication aids for the blind or partially sighted, learning disabled, profoundly deaf or people with dementia in the clinic. The registered manager was able to tell us how they would make reasonable adjustments to help patients access the service. However, at the time of our inspection there was no facility on the online booking form for patients to inform the provider in advance of their communication needs. We raised this as a concern and immediately following our inspection the provider ensured the booking form was changed to include this facility.

Diagnostic and screening services

At the time of our inspection the service used an internet platform to interpret for patients whose first language was not English or allowed a friend or family member to interpret on their behalf. We raised this as a concern with the registered manager because this meant the service could not always be assured that information had been translated impartially and patients always understood the procedure they were consenting to. This was not in line with nationally accepted good practice. Immediately following our inspection, the registered manager signed up to a service who specialise in providing live telephone translation services which gives access to translators in 140 different languages. This enabled patients to have their medical history accurately and safely interpreted by an independent translator to ensure their scan was appropriate. This service was provided at no additional cost to patients.

Access and flow

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

People could choose the date, time and location of their appointment using the online booking form. This meant patients could sometimes get an appointment on the same day they booked. Patients told us booking using the online facility was easy and they did not have to wait long for treatment.

The registered manager offered 30-minute or 60-minute appointment slots. This was to ensure patient appointments did not overrun so clinics always ran on time.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas and on the website, this included details of how to complaint to the CQC and the health and care professions council (HCPC).

The service had not received any complaints.

Is the service well-led?

This was the first time we inspected the service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The service was operated by a sole trader. This meant the only member of staff was the registered manager. The registered manager had the skills and abilities to run the service. They were a qualified and experienced sonographer who understood and managed the priorities and issues the service faced.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.

Diagnostic and screening services

The vision for the service included providing an affordable high-quality service to local communities while minimising its carbon footprint. This meant providing a community centred service to help reduce travelling distances for patients, subsequently reducing carbon emissions through car journeys, using ethically sourced consumables, and using electronic communication wherever possible to reduce a reliance on man-made resources (paper and ink).

Culture

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

Details of how to feedback to the service were displayed in the clinic and on the website. This included information about how to give feedback or make a complaint to the CQC or the Health and Care Professions Council which offered patients' opportunity to give anonymous feedback and complaints.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations.

The services had a range of policies to govern practice, these were based on national guidance and were updated annually.

The registered manager monitored arrangements with landlords to ensure the safety of the environment.

There were processes to manage current and future performance which were reviewed and improved through a programme of audits. This included audits for health and safety, infection control, care standards, patient involvement and consent, emergency procedures, patient complaints, clinical notes, domestic cleaning, and clinical waste. There was also a system for an annual management review of overall performance and standards to ensure continuous improvement.

A regular clinical audit by an independent auditor to ensure high standards of imaging and reporting was maintained was conducted. Ultrasound equipment was audited for safety daily.

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.

Leaders monitored risks, quality, operational and financial processes and had systems to identify where action should be taken.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. The service had a governance and quality policy that included details of how risk would be monitored and mitigated. We saw the system used by the registered manager for monitoring risks.

The provider had plans to cope with unexpected events. For example, electronic devices used for patient record keeping and the sonography machine could run on batteries that were kept charged in case of a power outage.

Diagnostic and screening services

Information Management

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

The service had arrangements to ensure they collected reliable data that could be analysed internally and externally to diagnose pathology and support patient health.

Information technology systems were used effectively to monitor and improve the quality of care.

Information governance training was completed by the registered manager as part of their mandatory training. This ensured they protected patient identifiable data and acted with integrity when handling personal information.

There were arrangements to ensure data or notifications were submitted to external bodies as required.

Engagement

The registered manager openly engaged with patients, to plan and manage services.

The registered manager openly engaged with patients and encouraged their feedback on the service. This included through the use of external agencies in order to provide a platform where patients could provide anonymous feedback including making complaints.

Learning, continuous improvement and innovation

The registered manager was committed to continually learning and improving services.

The registered manager strived for continuous learning, improvement, and innovation. They were able to demonstrate this through their continued professional development portfolio.

The registered manager had developed information and learning tools for other sonographers which were published in professional journals.