

# this is my: London Screening Centre

## Quality Report

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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?	
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

# Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

this is my: London Screening Centre is operated by this is my: limited. The service operates at this location on Saturdays and rents one clinical room for this purpose. The service is part of a national network of multiple locations with individual CQC registrations led by a single registered manager, who is the managing director. Facilities include one ultrasound room and a waiting room shared with other providers in the same building. We did not inspect these services during this inspection.

The service provides obstetric and non-obstetric ultrasound, including non-invasive prenatal testing (NIPT).

The service offers screening to patients on a private, self-pay basis.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the service on 2 March 2019.

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

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We rated the service as **Good** overall.

We found good practice in relation to diagnostic imaging care:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, and supported them to make decisions about their care. Staff had good access to information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

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

Dr Nigel Acheson

**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

**Diagnostic  
imaging**

### Rating

Good



### Summary of each main service

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

# Summary of findings

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Good



# this is my: London Screening Centre

**Services we looked at**

Diagnostic imaging.

# Summary of this inspection

## Background to this is my: London Screening Centre

this is my: London Screening Centre is operated by this is my: limited. The service opened in 2013 and relocated to this location in 2016 following patient feedback. It is a private clinic based in rented accommodation in a building operated by another medical provider. The service accepts self-referring patients from any area.

The service has had a registered manager in post since December 2015.

We did not inspect the other services in the building, which were provided by another organisation.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Terri Salt, Interim Head of Hospital Inspection.

## Information about this is my: London Screening Centre

The service operates once per week from one dedicated scanning room and is registered to provide the following regulated activity:

- Diagnostic and screening procedures.

During the inspection, we visited the service whilst it was operating. We spoke with the registered manager/ managing director and with five patients and partners. We observed procedures taking place and reviewed three sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has not previously been inspected

One radiographer provided 0.2 whole time equivalent (WTE) cover and five administration staff provided clerical

and logistical support from the provider's head office. The radiographer was also the registered manager and managing director and provided the service by themselves on a Saturday morning.

Track record on safety

- No never events
- No clinical incidents
- No serious injuries

No incidences of service acquired Meticillin-resistant Staphylococcus aureus (MRSA),

No incidences of service acquired Meticillin-sensitive staphylococcus aureus (MSSA)

No incidences of service acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

Two complaints.

# 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



- **The service provided mandatory training in key skills to staff and made sure they completed it.**
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse, and they knew how to apply it.
- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.** Staff managed clinical waste well. They kept equipment and the premises visibly clean.
- **Staff completed and updated risk assessments for each patient and removed or minimised risks.** Staff identified and quickly acted upon patients at risk of deterioration.
- **The service 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.**
- **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.
- **Staff recognised incidents and knew how to report them.** Managers ensured that actions from patient safety alerts were implemented and monitored.

#### However, we also found areas for improvement:

- **The service controlled infection risk well.** They kept equipment and the premises visibly clean. Although staff used some control measures to protect patients, themselves and others from infection, there were gaps in the use of personal protective equipment.

### Are services effective?

We do not currently rate effective in diagnostic imaging services.

We found areas of good practice:

- **The service provided care and treatment based on national guidance and evidence-based practice.** Staff protected the rights of patients in their care.



# Summary of this inspection

- **Staff monitored the effectiveness of care and treatment.**  
They used the findings to make improvements and achieved good outcomes for patients, within the scope of the service size.
- **One member of staff provided the service at this location. They ensured they were competent for their role.**  
Performance and supervision systems provided support and development opportunities.
- **All those responsible for delivering care worked together as a team to benefit patients.** They supported each other to provide good care and communicated effectively with other agencies.
- **Staff gave patients practical support and advice to lead healthier lives.**
- **Staff supported patients to make informed decisions about their care and treatment.** They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Are services caring?

We rated it as **Good** because:

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- **Staff provided emotional support to patients, families and carers to minimise their distress.** They understood patients' personal, cultural and religious needs.
- **Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**

Good



## Are services responsive?

We rated it as **Good** because:

- **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.**
- **The service was inclusive and took account of patients' individual needs and preferences.** Staff made reasonable adjustments to help patients' access services. They coordinated care with other services and providers.
- **People could access the service when they needed it and received the right care promptly.**

Good



# Summary of this inspection

- **It was easy for people to give feedback and raise concerns about care received.** The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Are services well-led?

We rated it as **Good** because:

**Good**



- **The registered manager provided the service from this location and demonstrated appropriate integrity, skills and abilities. They understood and managed the priorities and issues the service faced.**
- **The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were centralised and applied to each location services operated from.**
- **The provider demonstrated how it promoted equality and diversity and provided opportunities for career development.**
- **Leaders operated effective governance processes, throughout the service and with partner organisations.**
- **The provider 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.**
- **Information and data were managed at provider level. Staff delivering the service could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**
- **Due to the small nature of this location and service delivery by one member of staff, there was limited opportunity for a broad cross-section of engagement with patients, staff, the public and local organisations to plan and manage services. However, at corporate level the provider collaborated with partner organisations to help improve services for patients.**
- **Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research at provider level.**





# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

### Mandatory training

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

- The provider had a standardised mandatory training package that included safeguarding, infection control, first aid and data security.
- At this location there was one member of staff who had completed training.

### Safeguarding

#### Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

- An up to date safeguarding policy was in place at provider level, which the registered manager adapted to each location accordingly. The manager had access to the contact details for the local authority safeguarding team, including the out of hours crisis team.
- The registered manager had up to date safeguarding level 1 training and knew how to act in cases of suspected abuse, where they suspected a safeguarding need and where patients disclosed confidential information. However, there were no staff with a more advanced level of training available when the service was in operation. After our inspection the registered manager completed level 3 safeguarding training.
- The service had an up to date care of the vulnerable adult and adult abuse policy in place. This

supplemented staff training in recognising and responding to suspected abuse, although it did not refer to female genital mutilation (FGM) or child sexual exploitation (CSE). The policy guided staff in urgent situations and helped them contact local out of hours services when they were providing weekend clinics. However, we were not assured of the provider's readiness or capability to respond to a safeguarding need due to the lack of advanced training and clear guidance on specific issues such as FGM and human trafficking. The provider addressed this after our inspection by introducing more advanced training for key staff.

- Chaperone arrangements were in place and patients could book this in advance when they confirmed an appointment.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well.** They kept equipment and the premises visibly clean. Although staff used some control measures to protect patients, themselves and others from infection, there were gaps in the use of personal protective equipment.

- The service rented space in a building and the operator was responsible for maintenance and infection control standards overall.
- We observed variable practice of infection control standards during our observation. For example, the radiographer carried personal protective equipment (PPE) with them. However, they did not use PPE consistently. For example, the member of staff did not wear gloves when taking a blood sample.
- The radiographer maintained the environment appropriately between patients. For example, they cleaned the probe between each patient and used antibacterial wipes on surfaces between patients.

# Diagnostic imaging

- The service had contracted an external audit of infection control standards of practice between July 2018 to September 2018. The audit found consistent standards of compliance with local policy and national guidance. The audit found a need for improved compliance with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. For example, the auditor found staff did not consistently close the sharps bin temporary closure when it was not in use, which was not in line with best practice. This was noted as an area for improvement although there was no documented evidence staff had acted on this. During our inspection the radiographer used the sharps bin safely.
- The clinical room had handwashing facilities available and the radiographer used this appropriately. Antibacterial gel was readily available, and they encouraged patients and their partners to use this.
- The building operated supplied biological hazard spill kits, which were available at reception. The radiographer was trained to use this, which would help control an infection risk in the event of a spillage of human fluids or waste.

## 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 operated from rented space in a building used by another healthcare provider. The reception team was employed by the building operator and patients had access to a well-appointed and maintained waiting area. Whilst patients waited, their safety was the responsibility of the reception team in the event of an incident or evacuation.
- Staff secured the same clinical room for each patient list, which was not used by others when lists were not scheduled. This meant staff were assured equipment and the environment was secure and free from interference.
- The building owner was responsible for fire and evacuation checks and audits. The provider maintained records of fire risk assessments to ensure they understood local procedures in the event of an

emergency. We reviewed a copy of the latest fire risk assessment, which had confirmed the building was operating in line with the Regulatory Reform (Fire Safety) Order 2005.

- The service had waste disposal systems and contracts in place that were in line with the Department of Health and Social Care Health Technical Memorandum 07/07. This included the storage, management and disposal of waste.
- Some patients had blood samples taken, such as for non-invasive prenatal testing (NIPT). The service contracted an accredited laboratory outside of London, which meant the radiographer had to arrange for the transport of blood products. This system was standardised and included a labelling and tracking system that reduced the risk of lost samples.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks.** Staff identified and quickly acted upon patients at risk of deterioration.

- The service provided scans on demand for patients who were medically fit, and staff did not carry out scans for patients who were unwell. The booking team established the medical condition of each patient before confirming an appointment. The service had an established policy for medical deterioration, including the transfer of patients who became unwell whilst in the clinic. This formed part of the routine risk assessments the radiographer completed for each patient.
- All staff had first aid training and had access to emergency equipment located elsewhere in the building.
- The radiographer had a clear understanding of the advice issued by Public Health England in relation to baby souvenir scanning. They adhered to this and ensured when they carried out a souvenir scan that this included an anomaly scan to check for developmental issues.
- We observed the member of staff checked the identity of each person matched the information on the booking system using a three-stage process. This reflected national best practice.
- The provider had an established major incident policy in place that included staff responsibilities and the role of the building manager in an emergency.

# Diagnostic imaging

- All staff maintained up to date cardiopulmonary resuscitation (CPR) training and the provider ensured staff who only occasionally carried out scans had up to date training from their main employer. At the time of our inspection the provider demonstrated 100% compliance with this requirement.
- The radiographer recognised the potential vulnerability of working alone in the event a patient collapsed or became suddenly unwell. The clinical room was fitted with an emergency alarm connected to the reception desk and a direct-line phone to reception. We spoke with a receptionist about this who demonstrated the standardised building procedure in the event of an emergency, regardless of the service this related to.
- In the 12 months leading to our inspection there had been no urgent, emergency or unplanned patient transfers out of the service.
- Urgent referral processes were in place in the event the radiographer found an anomaly during a scan. This included sharing the scan result with another clinician in the provider for a second opinion and referring the patient to urgent NHS services. The radiographer followed consent processes in such instances.

## 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.**

- One radiographer provided the clinical service. Support services were based at the provider's head office. In the 12 months prior to our inspection, the service had not used any staff from an agency or who worked under practising privileges. Processes were in place to allocate such staff in the event the radiographer was unavailable as the provider used agency and temporary staff at other clinics. We reviewed these processes as they were in place for the provider to use in the event the radiographer was unavailable at short notice. They included an induction for temporary staff, a Disclosure Barring Service (DBS) check and a review of the individual's training and competencies.
- The provider had a staff handbook that contained guidance for daily reference and was available remotely on a shared, protected drive.

- The radiographer attended monthly staff meetings to discuss new practices, learning from other locations and other issues that affected the service. This enabled all staff to remain up to date regardless of their usual place of work.

## 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.

- Staff managed records in line with the provider's records management policy. This was based on national best practice guidance in relation to confidentiality and the managing director had overall responsibility for this.
- We reviewed three sets of patients' records and found consistent standards of completion. Each record included legible notes, details of the examination carried out and the clinical justification.
- The managing director carried out spot-checks on reports and on record storage standards. This was a rolling safety and quality check programme and ensured reports were of consistent quality. The system was managed from the provider's head office and applied to all locations, which meant learning from the checks was applied equally.
- Each patient had a unique identifier number, which staff used to link and archive referrals, images and reports. Staff used an electronic records system that they could access remotely. This assisted radiographers where patients changed the location of their appointment and meant other clinicians could review scans on request. The records system was secured and available only to staff with authorised access.
- The provider's electronic system adhered to international standards of storage and transmission and included all elements of handling, storage, printing and transmitting in medical imaging.
- The radiographer provided each patient with a copy of their report before they left the clinic and shared this with the patient's GP or referring clinician on request.

## Medicines

- The service did not store, prescribe or dispense medicines.

## Incidents

# Diagnostic imaging

**Staff recognised incidents and knew how to report them.** Managers ensured that actions from patient safety alerts were implemented and monitored.

- The service had an established incident policy. This included guidance on the recognition of an incident and its severity and impact and the reporting procedure. The incident reporting system applied to all staff that provided services on behalf of the provider. This meant the system was standardised and ensured the senior team had consistent oversight.
- Staff we spoke with had a clear understanding of common reportable incidents and could describe the process for recognising and reporting in detail.
- The service had not documented any incidents in the previous 12 months, which meant we could not assess the effectiveness of the investigation process in practice. The incident policy outlined key roles in the incident investigation process as well as timelines and communication plans with partner organisations and patients.
- An incident reporting policy and checklist guidance was in place for reporting serious incidents to the strategic executive information system (STEIS). The incident policy was based on national guidance, including the reporting of injuries, diseases and dangerous occurrences Regulations (RIDDOR) (1995).
- The senior team monitored national safety alerts, including from the Central Alerting System. They reviewed these against the services provided to identify any areas where changes were needed.

## Are diagnostic imaging services effective?

We do not currently rate effective for diagnostic imaging.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice.** Staff protected the rights of patients in their care.

- Policies and protocols were evidence-based on appropriate sources, including the National Institute of Health and Care Excellence (NICE), the British Medical Ultrasound Society and the Royal College of Radiologists.

- The service arranged for a sample of obstetric ultrasound scans to be audited annually by the Foetal Medicine Foundation. This was a benchmarking process to establish the standards of scans and reports.
- Radiologists had non-obstetric ultrasound scans double-reported and verified by a colleague to ensure their accuracy and viability.
- The service used an accredited laboratory for blood samples, which ensured samples were handled in line with national legislation and standards.
- The service used the latest accredited laboratories to process samples and all results were reported in a timely and professional manner. We observed the process for transporting samples by courier, including the labelling and tracking process, and saw this was fit for purpose with risk assessments in place.
- The service provided early diagnostics to avoid unnecessary referrals to secondary care and to improve outcomes through faster access to the primary care setting. Staff provided pathway-based care, which meant diagnostics could be undertaken as a part of a broader care and treatment plan with other services involved with patients.
- The service provided direct access ultrasound to improve access to diagnostics, reduce waiting times and improve choice for patients. This aided early identification of care needs by providing appropriate testing in a clinically appropriate setting. The approach integrated diagnostics into planned care pathways and reduced the need for future unnecessary scanning.
- Between October 2017 and October 2018 staff completed diagnostic reports in an average of 20 minutes after their appointment, with a range between five minutes and 60 minutes.
- Care pathways were protocol-led. This meant staff carried out scans in line with national clinical standards and worked to set protocols for each examination.

### Patient outcomes

**Staff monitored the effectiveness of care and treatment.** They used the findings to make improvements and achieved good outcomes for patients, within the scope of the service size.



# Diagnostic imaging

- The radiographer compared scan outcomes with the referring report outcomes to ensure the diagnostics plan had been met. Where a second opinion was required, the provider could arrange this within 48 hours.
- The senior clinical team arranged for scans to be peer reviewed on a quarterly basis. They used the outcomes to identify examples of good practice and opportunities for improvement.

## Competent staff

**One member of staff provided the service at this location. They ensured they were competent for their role.** Performance and supervision systems provided support and development opportunities.

- The managing director/registered manager delivered services from this location. They maintained up to date registration with the Health and Care Professions Council (HCPC), British Medical Ultrasound Society and the Society of Radiographers. This meant their skills and competencies were maintained in line with national best practice standards. This individual engaged in continuous professional development, including in cannulation.
- The registered manager undertook an annual appraisal with a member of the senior executive team and discussed practice and training needs collaboratively with the wider team, based across the provider's network.
- Clinical specialists were available on-call when this location was operational. This meant the radiographer had immediate access to clinical support if they needed specialist input during a scan.
- The provider required all staff to complete on-going continuous professional development training and all clinical staff held current accreditation by a relevant professional body.

## Multidisciplinary working

**All those responsible for delivering care worked together as a team to benefit patients.** They supported each other to provide good care and communicated effectively with other agencies.

- The service provided screening and blood test results to the patient's GPs or other doctor on request. The team worked with other healthcare professionals to establish diagnostic testing as part of a care plan.

- Staff contacted referring clinicians or patient's GPs where follow-up was required after a scan.
- The provider had policies in place to ensure multidisciplinary working took place only with patient's consent and within information-sharing policies.
- The service had established contracts with three clinical commissioning groups (CCGs). This enabled staff to establish communication pathways with NHS services that provided access to multidisciplinary working opportunities, such as with GPs and midwifery services.
- The radiographer included recommendations for further imaging in diagnostic reports and provided the patient and their GP or referring clinician with this information. This helped to reduce duplication of scans by including NHS doctors and providers in the care pathway initiated at the clinic.

## Seven-day services

- At the time of our inspection, the service operated on a Saturday morning. However, this service was based on patient demand. The provider had the ability to increase working hours in response to increased patient demand.

## Health promotion

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

- Staff typically saw patients on a single occasion for appointments that lasted up to 20 minutes and were not involved in long-term, holistic care planning. However, the team was proactive in offering health promotion information and advice when appropriate. For example, they signposted patients to local non-profit and specialist services such as smoking cessation and weight loss services.

## Consent and Mental Capacity Act

**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 or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

- The provider had recently introduced Mental Capacity Act (MCA) 2005 and Mental Health Act (MHA) 2007 training for all staff who delivered care.



# Diagnostic imaging

- During our observations of care the radiographer adhered to the provider's consent policy, which reflected national best practice. For example, the radiographer obtained signed consent from each patient to proceed with a scan and obtained consent for additional processes, including for releasing information to a patient's GP or other doctor.

## Are diagnostic imaging services caring?

Good 

We rated caring as **good**.

### Compassionate care

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

- The radiographer treated patients and their partners with kindness, dignity and respect. They took the time to provide care with empathy and friendliness and made sure patients were relaxed and at ease before a scan.
- At the end of each examination, staff asked the patient for feedback on the procedure and overall experience. This was part of the provider's approach to ensuring they understood the patient experience on a rolling basis.
- We spoke with four patients and three partners or friends during our inspection. Each person spoke highly of the service and gave examples of the compassionate care they had experienced. One patient said, "I'm really happy with the appointment. The [radiographer] was really nice." Another patient said, "The service is brilliant; really smooth."
- One patient said the radiographer had acted quickly and with compassion when they could not find a heartbeat during a scan. The patient said they persevered to look for evidence of blood flow, wrote an immediate letter for their GP or emergency department and advised them where to go to seek further urgent care.
- Staff delivered care based on the provider's privacy and dignity policy. This was up to date, had been reviewed regularly and reflected best practice. The policy provided staff with support in ensuring privacy and

dignity in line with the Equality Act (2010) and in varying settings. The policy established a 10-point dignity in care pledge that staff in all locations committed to delivering.

- Patients commented on the friendly manner of the booking team, who coordinated appointments for patients by phone. One patient said, "The telephone operator was really nice. I thought they were sensitive and well-informed about my options."
- One person said, "I liked the matter of fact and straight forward approach and the breadth and range of tests on offer. And the comparison tables the radiographer shows you between appointments, so I could really see the differences."

### Emotional support

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

- This clinical typically saw patients who wanted an early pregnancy scan that provided them with an image of greater clarity and quality than they could access in the NHS. This meant they had often not seen a GP or other healthcare professional first and were unaware of any potential problems or complications. The radiographer recognised this and provided guidance and support to patients.
- Staff provided patients with information leaflets and written information to explain their scan. This included straightforward explanations of the type of scan they were due to have and what the scan would produce. We saw the radiographer talked through relevant leaflets with each patient and their partner.
- Staff discussed treatment options with patients and encouraged them to actively participate in the decision-making process.
- We observed the radiographer provide gentle reassurance to patients who were nervous or anxious and take extra time to explain the process. They extended this approach to anyone accompanying the patient, including relatives.
- The radiographer understood how to ensure patients privacy and dignity if they became distressed, including

# Diagnostic imaging

during procedures and when they were waiting to be seen. The radiographer was trained to provide emotional support and guidance in the event they found an anomaly during a scan.

## Understanding and involvement of patients and those close to them

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

- Where results would not be immediately available, such as for blood tests, the radiographer established how the patient wanted to be contacted; this involved a phone call, e-mail or a new appointment. In each case they explained what the results meant and how it would impact the patient's care.
- Patients said they felt involved in their care by the whole team. One patient told us, "The [radiographer] explained what was happening and the accuracy of the tests. I wanted my results sent to my GP, which they said was no problem." Another patient said, "I've noticed a huge difference with this service. I've been to other [providers] and they don't compare. This is much more informative, and they care about our questions here. I've got more confidence because of coming here." One person said, "[Radiographer] explains what you're seeing on the screen in real time. They're very calm and explain things simply without patronising you."
- Patients said the radiographer was patient and gave plenty of time to ask questions. The partners and friends accompanying patients agreed with this and said they felt the radiographer involved them and allowed them time to ask questions.
- The service respected patient's wishes in relation to the amount of information they wanted from scans. For example, one patient said they were not sure if they wanted to know the predicted gender of their baby. In response, the service placed stickers over any part of their results letter that referred to the gender. This meant the text was not visible, but the patient could peel off the sticker if they changed their mind.
- The service provided patients with contact options before and after a scan. These meant patients could contact the radiographer through the provider's head office to ask follow-up questions at any time. This reflected good practice as it meant patients had on-going communication access despite the clinic

operating only once per week. If the radiographer was unavailable, the booking team arranged for another clinician to speak to the patient about their scan. During office hours, the head office team offered an online live chat service to provide more options for patients.

## Are diagnostic imaging services responsive?

Good 

We rated responsive 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.

- The service relocated from Mayfair to Harley Street as patients requested a Harley Street location in central London. This also addressed the request for a larger waiting area. The provider had installed a new static ultrasound machine to increase the range of scans offered.
- All services offered were general ultrasound imaging, tailored either to obstetric ultrasound or general imaging. Scans were pathway and protocol led and the senior clinical team audited these on a rolling basis to ensure they met national guidelines.
- The provider had developed services based on patient demand and to match the care pathways offered by NHS primary care services. Patients often self-referred and did not need to be based in the UK to access the service; the provider had developed services to meet the needs of these patients.
- Trained clinical specialists, a professor of epidemiology, consultant feto-maternal specialists, consultant radiologists and a sports medicine doctor provided support across the provider's network to ensure patient needs were met. The radiographer liaised with other professionals in advance of appointments to ensure the correct scans were prepared, and liaised with other professionals following if they required further information or support with the findings.
- The service offered scans at various stages of pregnancy, including non-invasive prenatal testing (NIPT), which

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checked for a fetal heartbeat to reassure the patient about their babies' wellbeing. The service offered scans planned in advance at key stages of pregnancy and serenity testing.

- The radiographer offered patients a blood test where this was appropriate and provided results by telephone and e-mail, with an average turnaround time of 10 days.
- The provider had established links with NHS diagnostics services nationally and liaised with them where they were unable to offer the most appropriate test for patients.
- The radiographer followed a process to escalate the patient's care in the event of findings that needed further investigation. This included a referral to the patient's main healthcare provider or ensuring the patient attended an urgent care centre.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences.** Staff made reasonable adjustments to help patients' access services. They coordinated care with other services and providers.

- Staff in the provider's booking centre ensured appointments were booked appropriately to meet each patient's needs. For example, they told patients if it was too early in a pregnancy to undergo ultrasound screening and discussed with them the pros and cons of genetic testing.
- The booking team completed a standardised template for each patient, so the clinician could plan and prepare in advance. This meant the radiographer was aware of the patient's previous medical history or any specific concerns in advance.
- The booking team provided printed or e-mail information in advance to patients ahead of their appointment. This included directions to the clinic, information on the planned procedure and how to contact staff on the day of the appointment if they had any problems.
- The service did not routinely see patients living with dementia. The provider offered appointments to patients living with a learning disability with prior notice, so they could establish the communication and support needs of the patient, such as a private waiting area.
- The service arranged interpreters in advance to accompany patients during appointments. This was

arranged at the time of booking on request by the patient or booker. If a patient was unable to communicate on the day of an appointment and had not asked for an interpreter to be present, the radiographer rescheduled their appointment, as interpreters were not available at short notice.

- The service rented a single room in the building, which meant this was also the space they had for administration and pre- and post-procedure discussions. The radiographer used a mobile privacy screen between the administration area and the scanning area. This ensured patients' privacy was protected if they wanted the person accompanying them to remain outside of the scanning area.

## Access and flow

**People could access the service when they needed it and received the right care in a timely way.**

- The provider had established integrated systems with NHS services that enabled staff to use digital image transfer solutions and the national choose and book system. This meant patients had access to care and appointments that were part of long-term care pathways.
- Patients booked an appointment through the provider's centralised service. This team had live access to current capacity and offered patients same-day appointments where available. Appointments were typically 20 minutes in duration and patients could book longer appointments on request.
- Patients self-referred to the service and the provider accepted referrals from NHS and independent healthcare services.
- Patients we spoke with were happy with the process to access the clinic and make appointments. One patient said they had made an appointment on the same day and the provider had been accommodating with their time preference.
- Patients said they were happy with the length of appointments. Three patients told us they had felt relaxed and not rushed.
- The provider offered flexibility to patients who were unsure of their pregnancy term. For example, the service offered scans from 10 weeks. If patients were unsure of

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their current term and wanted a scan, the service would reschedule at no additional charge if the radiographer found they were less than the minimum gestation period.

- Between October 2017 and October 2018, there was no waiting list for an appointment. During this period no patients experienced a delay on the day of their appointment and the service did not cancel any appointments.

## Learning from complaints and concerns

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

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

- The provider had an up to date complaints policy. This outlined how patients could make a complaint and the service they could expect after doing so. The policy established response and investigation times and indicated how often the investigating member of staff would update the patient. Although the policy included a second tier escalation process in the event the complainant was not satisfied with the first investigation, it did not provide details of how patients could access external support or independent review.
- Details of the complaints process were on display in the procedure room and on the provider's website. This included details of how to raise minor concerns and submit compliments on the service received.
- The service had received one complaint in the previous 12 months. The complaint related to three issues; the lack of a lift in the building, an information error in the patient's notes and a lack of confidence in the scan results. The radiographer apologised to the patient for the access problem and the information error and identified contributing factors to this. They reviewed the patient's scan with senior clinicians and identified no errors or concerns with quality.

### The registered manager provided the service from this location and demonstrated appropriate integrity, skills and abilities. They understood and managed the priorities and issues the service faced.

- The managing director was the registered manager and was responsible for multiple locations in the provider's network. This individual was a radiographer and delivered most clinic lists from this location, with support from the head office team. When they were delivering a clinic, the registered manager arranged for a senior colleague to be on call for staff at other locations in the event a manager was needed.
- A corporate management structure was in place across all locations. This included the managing director, who delivered clinical care, and a chairman, executive director, business manager and office manager. The administration team reported to the office manager and the clinical team reported to the managing director.

## 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 centralised and applied to each location services operated from.

- The provider had overarching aims and objectives that applied to all locations. This was focused on providing highly individualised, on-demand care that supplemented NHS pathways to improve patients' access to services and options.
- The registered manager demonstrated how they reflected the organisation's priorities when delivering care, including offering flexibility in appointments and ensuring patients remained in control of their care options.

## Culture

### The provider demonstrated how it promoted equality and diversity and provided opportunities for career development.

- Care at this location was provided once per week by a single member of staff with support from a centralised administration team. The registered manager described the approach of the leadership team as facilitating a positive and supportive culture.

## Are diagnostic imaging services well-led?

Good



We rated well-led as **good**.

## Leadership

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- The provider had a duty of candour policy in place that applied to all of its locations. The registered manager, who provided care from this location, was responsible for the use of the duty of candour and demonstrated a good standard of knowledge.
- A whistleblowing policy enabled any member of staff to raise concerns about practice without fear of reprisal.

## Governance

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

- The service at this location operated single-handedly from rented premises. Governance processes were operated at corporate level from the provider's head office.
- The senior team managed governance through a corporate governance structure that applied nationally to all locations. The structure clearly detailed each staff members individual role and established their key accountabilities.
- The senior team led meetings weekly and quarterly to review governance, including complaints, services provided by contractors, such as blood testing and audits. We reviewed a sample of four sets of these meeting minutes. The minutes demonstrated a focus on safe care and service improvements made through learning and development from across the provider's clinic network.

## Managing risks, issues and performance

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

- The clinical lead used a risk register to identify, monitor and mitigate risks to the service locally. At the time of our inspection, two risks were listed on the register. One risk related to fire safety in the context of working from another service's premises and another related to infection control in relation to patients with infectious conditions. Both items had control measures in place and staff categorised them as low risk using a risk grading system. However, it was not evident why the senior team had identified these two issues as risks as there was limited evidence for either. There were no

- risks entered on the risk register relating to clinical practice or the radiographer working alone. The provider did not have a lone working policy and the member of staff delivering this clinic relied on the safety and security systems operated by the building operator.
- The provider maintained a corporate business continuity plan that would enable staff to coordinate care and communication remotely with patients and to arrange alternative care in the event the premises were uninhabitable. The plan included guidance to support service continuity in the event of staff shortages or mass disruption such as a flu pandemic.
- Risk and performance were standard agenda items at clinical governance meetings. The corporate business manager was responsible for risks and tracked changes between review dates.

## Managing information

### **Information and data were managed at provider level. Staff delivering the service could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

- Staff used an overarching information security policy to manage information, data and records. An information asset register kept track of all systems used to store personal data and a senior member of staff was the accountable officer.
- The service was equipped and resourced to use individual patient NHS numbers. This included up to date staff data security training and electronic systems that adhered to NHS data protection standards.
- The corporate business manager documented reviews of access to patient information from mobile devices and from remote locations. This ensured confidential information was accessed only when necessary, was appropriately encrypted and was used only by authorised staff. This represented an overarching system of assurance of information security.
- The managing director was responsible for information quality and records management assurance and used a lifecycle policy to ensure records were maintained up to date.
- An information security policy ensured that transmission of information or patient data was done so within the secure system. This meant data was



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protected whenever a member of staff, or a professional working temporarily for the provider, accessed data.

Staff used a secure exchange portal to transmit images between computers within the organisation and to referring doctors. Staff used NHS e-mail addresses, which meant security standards met NHS requirements for sharing patient information for clinical reasons.

- The provider's governance team had audited policies and systems, which provided assurances that the service complied with relevant legislation, including the General Data Protection Regulations (GDPR) 2016/679, the Data Protection Act 2018 and the Environmental Information Regulations 2004. The senior team maintained risk assessments for compliance with legislation to ensure continual compliance.
- The radiographer operating from the location completed information governance training as a mandatory requirement, which was supplemented with periodic updates.
- Senior members of staff were Caldicott Guardians and accountable for the legal and ethical processing of information. This team managed an information governance incident reporting process in the event of a data loss or breach. Staff reported near misses to enable learning and ongoing improvements to data security.

## Engagement

**Due to the small nature of this location and service delivery by one member of staff, there was limited opportunity for a broad cross-section of engagement with patients, staff, the public and local organisations to plan and manage services. However, at corporate level the provider collaborated with partner organisations to help improve services for patients.**

- The provider had a user group that met regularly and attended national British Medical Ultrasound Society (BMUS) meetings. This helped the group and the provider to remain up to date with the latest practice and research on ultrasound.
- The senior team had implemented a system of external audit and quality assurance to improve performance and risk management. This included more frequent engagement with referring GPs and other clinicians and with national specialty organisations to review service standards.
- The service shared information from external sources with all staff on the provider's intranet.
- The governance structure ensured input from all staff was valued and applied. All patients had the opportunity to contribute through feedback. This had resulted in the relocation of the clinic to a more central site in London.

## Learning, continuous improvement and innovation

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

- The senior team were in the process of installing a new web-based picture archiving and communication system (PACS). This would enable staff to share images with NHS services where they had referred patients or where patients requested their results be shared with other doctors. This reflected a significant improvement in the service provided and would bring it into line with national standards.
- The service had developed advanced screening for inherited disorders and Down's Syndrome, using new, third generation sequencing technology.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should include signposting to an external, independent and recognised complaint arbitration service in the complaint policy.
- The provider should implement consistent standards for the use of personal protective equipment during clinics.
- The provider should review the local risk register to identify tangible risks and address these using appropriate action, including the risks associated with lone working.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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



This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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