

International Ultrasound Services Limited

# Lucerne Clinic

## Inspection report

5a Lucerne Mews  
Notting Hill  
London  
W8 4ED  
Tel: 07939290816  
www.iuslondon.co.uk

Date of inspection visit: 06 October 2021  
Date of publication: 10/12/2021

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

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

# Summary of findings

## Overall summary

This was a focused follow up inspection to investigate whether concerns from our previous inspection on 5 October 2019 had been resolved. We did not rate this service at this inspection.

At this inspection we found:

- The provider has complied with certain aspects of Requirement Notice issued in November 2019. The provider had made improvements to ensure that the registered manager maintained a central log to detail when staffs' mandatory training fell due.
- The service now had a guideline for female genital mutilation (FGM) and staff were able to recognise how to identify a patient who had been subject to FGM.
- Policies now had issue, approval and review dates. The service now had a 'management of unexpected/concerning ultrasound findings' policy.

However

- There were a number of policies that had out of date review dates.
- The service was unable to show us evidence of a written SLA concerning cleaning and maintenance of the premises of which the service operated from.
- The service still did not have a backup generator in the event of a power cut.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic and screening services

Inspected but not rated



### Rating

### Summary of each main service

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# Summary of findings

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# Summary of this inspection

## Background to Lucerne Clinic

International Ultrasound Services Limited operate out of premises provided by Lucerne Clinic. The service opened in 2016. The service provides diagnostic ultrasound for musculoskeletal (MSK) issues, gynaecological and fertility issues, abdominal and thyroid problems, and limited vascular, urinary tract and pregnancy scans (excluding screening scans). The service took referrals from self-paying patients from a wide geographical area, although they were mainly located in London.

The service has had a registered manager in post since opening in 2016. The service did not use or store any medications.

## How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

We undertook an inspection of International Ultrasound Services Limited on 6 October 2021 using our focused inspection methodology. We inspected the diagnostic imaging service to see if improvements had been made since our last inspection.

We inspected the service to determine whether the provider was now compliant with the requirements set out in the Requirement Notice issued in February 2019.

We gave staff 48 hours' notice that we were coming to inspect, to ensure the provider could accommodate us in line with government COVID-19 guidelines.

During this inspection, the lead inspector met with one of the sonographers working in the service.

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 **MUST** take to improve:

- The service must ensure that policy review dates are in date and have not expired.
- The service must ensure it has SLAs that are accessible to all staff not just the registered manager (RM).

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

- The service should ensure that it has a policy for the event of a deteriorating patient or emergency situation.
- The service should ensure that it has a backup generator in the event of a power cut.

# 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	Not inspected	Inspected but not rated	Inspected but not rated
Overall	N/A	N/A	N/A	N/A	N/A	N/A

# Diagnostic and screening services

Inspected but not rated 

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

## Are Diagnostic and screening services safe?

Inspected but not rated 

**During this inspection we looked at specific aspects of the safe domain to determine whether the provider was now compliant with the requirements set out in the Requirement Notice issued in November 2019. We were assured that the provider was now compliant in the safe domain with these requirements.**

### Mandatory Training

**At the last inspection in 2019, the registered manager did not monitor compliance with mandatory training and so could not alert staff when they needed to update their training. There was no central log or spreadsheet kept of when training would expire.** At this inspection, we saw that the service kept a log for the four members of staff working in the service, to show when their mandatory training fell due. We were told that three members of staff had substantive posts within NHS trusts, so mandatory training was completed at their respective places of work. One member of staff who did not have a substantive post within the NHS, had completed their mandatory training with International Ultrasound Services Limited.

### Safeguarding

**At the last inspection we found that the safeguarding policy did not reference female genital mutilation (FGM), and a sonographer was not aware of how to identify FGM.** At this inspection, we saw that there was an FGM guideline, issued in October 2019, with a review date of October 2022. The sonographer we spoke with was able to tell us how they would identify a woman who had been subject to FGM, giving examples such as there being a mutilation of the genital area or the labia being removed.

## Are Diagnostic and screening services effective?

Inspected but not rated 

**During this inspection we looked at specific aspects of the effective domain to determine whether the provider was now compliant with the requirements set out in the Requirement Notice issued in November 2019. We were not assured that the provider was now compliant in the effective domain with these requirements.**

### Evidence based care and treatment

## Diagnostic and screening services

**At the last inspection, we found that a number of policies did not have a date of drafting, an indication of a review date, or version control. In an interview at that inspection, the registered manager stated that the policies had not been reviewed since the clinic was opened in 2016, as there had been no changes in best practice or evidence base regarding ultrasound scans.** At this inspection we looked at a number of policies, which included: infection, prevention control; information governance; concerns and complaints; raising concerns; recruitment; risk assessment and safeguarding adults. All of the policies had an issue date, an approval date and a review date. However, the review dates of the policies had expired and had not been reviewed since October 2020. The infection, prevention control policy had a review date of April 2021. We looked at a further three policies; the first aid policy had a review date of December 2022, the lone worker policy had no review date at all, and the mental capacity policy had a review date of October 2020. When we raised this as a concern with the provider, they informed us that they would review their policies and bring them up to date.

**At the previous inspection, there were no written policies or protocols regarding what to do in the event of a deteriorating patient or emergency situation, what to do in the event of an abnormal scan result, or who would be accepted for what types of scan at the service.** At this inspection the service were unable to show us a policy for the event of a deteriorating patient or emergency situation. However, the service did have a 'management of unexpected/concerning ultrasound findings' policy. There was no review date on this policy. We were told that patients would complete a booking form online, and if the service felt like what the prospective patient had written on their booking form was inappropriate, then they would call the patient and discuss it with them. We were given an example of where a patient may have booked for an ultrasound, but following further investigation and discussion, it was determined that they needed an MRI. We were provided with a scenario where a patient may have a presentation of a lump that they want scanning. However, the service would not scan for lumps in breasts, which would be communicated to the patient(s). We were told that there was only one staff member in the service trained to undertake breast scans, but because they had become deskilled in the practice due to not undertaking them regularly, the service was not operating a breast scanning service. When we asked what would happen in the event of a deteriorating patient the provider told us that all staff would immediately dial for the emergency services and ensure that the patient was conveyed by ambulance to the nearest NHS accident and emergency facility. Following the inspection, we were later provided with a deteriorating patient policy.

### Are Diagnostic and screening services well-led?

**During this inspection we looked at specific aspects of the well-led domain to determine whether the provider was now compliant with the requirements set out in the Requirement Notice issued in November 2019. We were not assured that the provider was now compliant in the well-led domain with these requirements.**

#### Governance

**At the service's last inspection, there were no systems for managing and monitoring service level agreements with external companies or third parties. For example, the registered manager did not have processes in place to gain assurance about the cleaning or maintenance of the building.** At this inspection, we were told that there were SLAs for maintenance. The cleaning maintenance was completed by the owner of the premises, as



# Diagnostic and screening services

International Ultrasound Services Limited only rented rooms. The member of staff that we spoke with was not able to show us the cleaning contract, which we were told was in the possession of the registered manager, who was not present at this inspection. The provider later told us that the SLA was produced by the landlord of the building, but it is the provider's responsibility to obtain a copy of the SLA to ensure that cleaning is to the required infection and prevention control standard.

**At the last inspection, we found that the service did not have regular minuted team meetings but relied on informal sharing of information as they were a small team, who worked restricted hours.** At this inspection, we were provided with meeting minutes for 30 November 2020 and September 2021. The minutes for these meetings were very brief but discussed things like trialling opening the service on a Sunday and trialling new imaging options. We were told that the service had an instant messaging group between the four members of staff. We were told that this medium was used because it was hard to align each of their diaries because of their majority substantive posts in the NHS across a wide geographical spread. As such, we were told that because of this, it was hard to maintain frequent meetings.

## Managing risks, issues and performance

**At the last inspection we undertook, there was no backup generator on the premises. At that inspection, the registered manager told us that the ultrasound machine did not have a back-up generator in the case of a power cut. The sonographer could not finish and report on a scan in the case of a power cut.** At this inspection, there was still no backup generator. We were told by a member of staff that in the event of a power cut, the service could ring other clinics locally and get an urgent scan for the patient if necessary. When we raised this with the provider, they pointed out that the building was multi-occupancy and a request would need to be made to the landlord. They also stressed that as a provider of non-acute elective ultrasound, not performing any surgery or interventional procedures, loss of power was not critical. We subsequently wrote to them to stress that if they began to provide higher level acute and emergency procedures and any involving surgery or interventional procedures that it would be essential that they provide a back-up generator and inform CQC of this provision and also the change to their statement of purpose.

**At the last inspection, the service did not have a business continuity plan, although following that inspection, a document was submitted that stated that in the event of a power cut, any scans would be terminated and rebooked. In addition, if any scans were perceived as urgent (unlikely due to nature of the caseload), the patient would be advised to attend the nearest NHS centre.** We looked at the business continuity plan on this inspection and it stated: "If patient scanning is not possible or dangerous the practice manager and the sonographer will contact the patients, explain the situation and reschedule the patient's appointments. Most of the International Ultrasound Services Limited patients are booked for non-acute investigations. If the practice manager decides that a patient needs an urgent ultrasound investigation, patients are advised to seek help in the nearest accident and emergency department or Walk in Centre."

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none"><li>• The service had not ensured that their policy review dates were in date and had not expired.</li><li>• The service had not ensured that its SLAs were accessible to all staff and not just the registered manager.</li></ul>