The Scan Clinic

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?	**Requires improvement**
Are services effective?	**Not sufficient evidence to rate**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

The Scan Clinic is operated by Sonology Medical Ltd. The service provides ultrasound diagnostic facilities for adults and young people aged 16 and older.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection 5 February 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.

Summary of findings

The main service provided by this hospital was ultrasound.

Services we rate

This was the first time we had rated this service. We rated it as good overall.

We found good practice in relation to diagnostic imaging:

- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness.
- The service had suitable premises and equipment and looked after them well.
- The service planned and provided services in a way that met the needs of local people. Facilities were appropriate to patients' needs.
- People could access the service when they needed it and patients were offered a choice of appointment times and could book next-day appointments when available.
- The service improved service quality and had defined clinical governance processes.
- The service engaged well with patients and staff to plan and manage appropriate services.
- The service had a vision for what it wanted to achieve and plans to turn it into action.

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

- Although staff had training on how to recognise and report abuse, staff were not clear on processes they would use to report safeguarding. The service did not have access to a level 3 safeguarding lead for children and vulnerable adults and we were not assured staff understood their duty to report female genital mutilation (FGM). Staff completed a FGM course following our inspection.
- The service was not registered with central alerting system to receive patient safety alerts.
- Although the service had many risks listed on their risks assessments with action plans, we found they were not always fully realised.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice. Details are at the end of the report.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	**Diagnostics was the only activity the service provided.** **We rated this service as good because it was good for effective, caring, responsive and well-led. However, it required improvement in safety.**

Summary of findings

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Summary of this inspection

Background to The Scan Clinic

The Scan Clinic is operated by Sonology Medical Ltd. The service opened in 2011 and is a private clinic in Ilford, Essex. It provides private ultrasound diagnostic imaging and diagnostic bloods testing for private patients who are self-referred. The clinic primarily serves the communities of East London and West Essex. It also accepts patient referrals from outside this area.

The hospital has had a registered manager in post since October 2011.

Our inspection team

The team that inspected the service comprised a CQC lead inspector who had completed the single speciality diagnostic imaging training and a specialist advisor with expertise in radiological services. The inspection team was overseen by David Harris, Inspection Manager.

Information about The Scan Clinic

The Scan Clinic occupies six rooms above a dental practice and has its own secure entrance. The service is open Monday to Saturday and offers diagnostic service appointments Tuesday through Saturday.

Appointments for ultrasound and diagnostic blood testing can be booked directly through the service. There was one consultation room with an ultrasound machine and another one where blood for tests was drawn.

The Scan Clinic is registered to provide the following regulated activities:

- Diagnostic and screening procedures

During the inspection, we spoke with four staff including; the registered manager who is the primary ultrasound practitioner an administrative staff member, and two clinic managers. We spoke with two patients. During our inspection, we reviewed five sets of patient's 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.

We inspected the service in February 2014. This inspection was carried out under the previous inspection methodology. It was a routine inspection. We inspected the following standards, this is what we found:

- Consent to care and treatment: Met this standard.
- Care and welfare of people who use services: Met this standard.
- Cleanliness and infection control: Met this standard.
- Safety, availability and suitability of equipment: Met this standard.
- Assessing and monitoring the quality of service provisions: Met this standard.

Activity

- In the reporting period January 2018 to December 2018, all episodes of care were privately funded. Most ultrasound scans were obstetric (49%). Other non-obstetric scans included musculoskeletal and abdominal ultrasound scans (46%). Approximately 5% of other episodes of care were blood tests.

Summary of this inspection

One full-time ultrasound practitioner, two administrative staff and two managers worked at the clinic. The service had one part-time ultrasound practitioner and one part-time phlebotomist.

Track record on safety

- No never events
- No clinical incidents
- No serious injuries
- No incidences of hospital acquired infections.
- There was one complaint which was not upheld.

Services accredited by a national body:

- Bupa facility recognition from November 2015

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Grounds Maintenance
- Maintenance of medical equipment
- Pathology and histology

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?

Requires improvement

We rated safe as requires improvement because:

- Although staff had training on how to recognise and report abuse, staff were not clear on processes used in reporting safeguarding. At the time of our inspection, the service did not have access to a level 3 safeguarding lead for children and vulnerable adults and we were not assured staff understood their duty to report female genital mutilation (FGM).
- The service was not registered to receive patient safety alerts.
- There were no health and safety, fire safety, control of substances hazardous to health or water and legionella risk assessments undertaken.
- Hazardous substances such as cleaning products were not always secured.
- We found some disposables were out of date.

However, we also found the following areas of good practice:

- The service controlled infection risk and staff adhered to infection prevention and control principles and kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service secured patient information and records in locked areas and the computer systems storing patient information were secure.
- Of the few incidents the service reported, the service managed them well. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services effective?

Not sufficient evidence to rate

We currently do not rate effective, we found:

- The service monitored the effectiveness of diagnostic imaging, they completed audits to improve the service.
- The service made sure most staff were competent for their roles.
- The service had consent policies and ensured patients were provided with enough information to make informed decisions.
- Staff of different roles worked together as a team to benefit patients.

However, we also found the following area for improvement:

Summary of this inspection

- There was no job-specific training analysis or set of requirements for individual job roles. There were no individual staff's responsibilities for their job specification.

Are services caring?

Good

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care.

Are services responsive?

Good

We rated responsive as good because:

- The service planned and provided services in a way that met the needs of local people. Facilities were appropriate to patients' needs.
- The service took account of patients' individual needs.
- People could access the service when they needed it and patients were offered a choice of appointment times and could book next-day appointments when available.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the outcomes, and shared these with staff.
- Patients received their scan results within 48 hours and obstetric scan results were provided to patients during their appointment. Staff had processes to refer to the patient's GP or consultant or emergency services for urgent findings.

Are services well-led?

Good

We rated well-led as good because:

- Managers in the service had the right skills and abilities to run a service providing high-quality care.
- The service had a vision for what it wanted to achieve and plans to turn it into action.
- Leaders improved service quality and had defined clinical governance processes.
- The service had systems to identify risks, plans to eliminate or reduce them, and cope with expected and unexpected events.
- The service engaged well with patients and staff to plan and manage appropriate services.

Summary of this inspection

- The service managed and used information well to support all its activities, using secure electronic systems with security safeguards.

However,

- The service was not signed up for patient safety alerts and did not have a process to be made aware of patient safety alerts.
- Although the service had many risks listed on their risks assessments with action plans, we found they were not always fully realised.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Requires improvement	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Not rated	Good	Good	Good	Good

Good

Diagnostic imaging

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

Are diagnostic imaging services safe?

Requires improvement

This is the first time we have rated this service. We rated it as **requires improvement** for safe.

Mandatory training

The service provided mandatory training in generic key skills.

- One full-time and one part-time ultrasound practitioner delivered the service and both had completed a one-day mandatory training, which complied various modules. Training records showed five of the seven staff working at the service completed the one-day training course covering a variety of topics: equality and diversity, health and safety, information governance, including Caldicott principles, fire safety, manual handling, basic life support, safeguarding of vulnerable adults and children (levels 1 and 2), complaints handling, conflict management, and lone-working.
- The service's mandatory training was not informed by a detailed training needs analysis or the minimum requirement for the service. There was no specific mandatory training for different job roles in the service, for example for clinical and non-clinical staff.
- At the time of our inspection, there was no evidence staff were trained in female genital mutilation (FGM). However, within a week following our inspection, we saw evidence most staff members completed a training course on FGM awareness.
- Most staff undertook a new site induction training. This training covered site responsibilities, first aid, accidents and incidents, fire procedures, emergency procedures, health and safety, biological hazards, policies, procedures and protocols, equipment used, store room and consumables, general housekeeping and patient pathways.
- There was evidence all clinical staff and at least one non-clinical staff member completed a training course in high-level probe disinfection procedures. This meant staff could ensure that equipment was kept to a high level of cleanliness.

Safeguarding

Although staff had training on how to recognise and report abuse, staff were not confident in reporting safeguarding.

- There was a safeguarding vulnerable adults policy that was regularly updated. It was last updated in July 2016 and due to be reviewed in July 2019. The policy had clear processes on what to do if there was a safeguarding concern. It also included local contacts to make a safeguarding referral for both adults and children. The service had a safeguarding report form, however staff said they had not needed to use it.
- The service's adult safeguarding policy designated the clinical director as the named professional who was responsible for ensuring the quality and effectiveness of the services provided in relation to safeguarding vulnerable adults. They would be the point of contact for other agencies. The registered manager who was also the primary ultrasound practitioner and designated as the clinical lead was trained to level 2 in safeguarding of vulnerable adults and children.

However, the service did not have access to a level 3 trained children's safeguarding lead. Following our inspection, the registered manager completed a level 3 children's safeguarding course and level 3 vulnerable adults safeguarding course.

- We saw evidence all substantive staff were trained in levels 1 and 2 safeguarding of vulnerable adults and children. There were safeguarding contact details clearly posted in the staff office. However, staff could not confidently identify examples of safeguarding and there did not seem to be an embedded understanding from non-clinical staff on how to report safeguarding.
- The registered manager was aware of FGM but had not completed any training while in his current post. Although they had not come across cases of FGM, the service was not aware they had a legal requirement to report FGM in those less than 18 years of age to the police. In the week following our inspection, the service provided evidence that most staff completed a course in FGM awareness and understood their duty to report case of FGM.
- The service offered all patients a chaperone. There was a policy for all intimate scans to be chaperoned and we saw evidence where a consent form was filled in and patients were provided chaperones for these scans.

Cleanliness, infection control and hygiene

The service controlled infection risk and staff adhered to infection prevention and control principles and kept equipment and the premises clean. They used control measures to prevent the spread of infection.

- The service had an up-to-date infection prevention control policy that was regularly reviewed. It provided guidance on the use of personal protective equipment (PPE), such as gloves, handling of blood products, hand hygiene, handling of clinical waste, decontamination of equipment and environmental cleaning, including the use of spill kits.
- We observed the processes of decontamination of probes to be thorough and robust and saw documented evidence of completion of decontamination.
- We found the premises and equipment to be visibly clean. We observed the decontamination processes of the clinical area to be good.
- There was sufficient hand sanitising gel in the clinical area and in waiting areas in the service and we observed staff using it. However, because of the arrangement of the equipment, the room's handwashing facilities were obstructed. This meant staff had to go across the hall to wash their hands and did not encourage staff to use a hand washing station.
- The service conducted an internal hand hygiene and cleanliness audit which showed compliance at 67% for November 2018. The audit covered hand hygiene, environment, toilet, kitchen, waste management, PPE and decontamination. Actions were put into place following the audit, for example they placed several posters in the service to emphasise hand hygiene, including posters for '5 key moments for hand hygiene' and 'proper hand washing technique'. They were due to audit again this month to see if there was an improvement in their score.
- The service manager was the infection control lead who took responsibility for the internal auditing and ensured cleaning checklists were done. Cleaning checklist and cleaning works were completed for all working days in January 2019.

Environment and equipment

The service had suitable premises and equipment, however hazardous substances were not always secured and some disposables were out of date.

- The Scan Clinic was located on the first floor and had a private secure entrance with video surveillance. The service was only accessible by stairs; there was no lift. This meant the service only screened patients could access the service without needing a lift.
- Staff had sufficient room for scans to be carried out safely.
- The layout of the centre was mostly compatible with health and building notification guidance for ultrasound (HBN06), however there was a rug in the clinical area which HBN06 deems is inappropriate.
- Within the two years prior to our inspection, the service purchased a new ultrasound machine. The

machine came with a four-year warranty to have the machine serviced regularly and to replace parts. This assured staff the images produced were of a good quality.

- The service maintained their diagnostic imaging equipment and ensured it was in good working condition and safe for patient use by having yearly portable appliance testing (PAT) and we saw evidence of this.
- The service had an agreement with the local council for waste management. The service mostly stored waste securely and disposed of it properly. However, we were not assured staff always followed their policies to dispose of clinical waste in clinical waste bins as there was no designated clinical waste bin in the bloods testing area.
- The service used CCTV, lockable external shutters, and intruder alarms to ensure the safety of the environment. The service had restricted clinical areas with lockable doors and cabinets, however, not all cleaning supplies were locked away.
- The service did not follow their own policy for Control of Substances Hazardous to Health (COSHH). For example, at the time of our inspection cleaning supplies in the toilets was not locked away and did not have a chemical safety data sheet to address the possible risks of it being in contact with patients or their families. Following our inspection, we saw evidence that the service obtained a locked cabinet to store all hazardous substances, including chemical products.
- We found several out-of-date disposables at the time of our inspection. This included an out-of-date first aid kit, spillage kit, several laboratory vials, three bloods collection tubes, and two bloods and urine diagnostic kits. We brought this to the attention of managers and they disposed of these immediately. We saw evidence that following our inspection, managers implemented a new audit to make check that stock is in date. We also saw evidence that a new first aid kit and spillage kit were ordered.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient.

- The service had a process for the management of patients who suddenly became unwell during their procedure. In the event of a cardiac arrest, staff called 999 for an ambulance. Staff were trained in basic life support and would put their training into use until the ambulance arrived. Since the service started, staff reported two incidences of having to call for an ambulance.
- Staff told us they always took contact details for the patient's GP before any scan. It the service identified any findings requiring escalation to another health provider, they would immediately communicate with the relevant healthcare professional. This could include the referring consultant or the patient's GP. We saw evidence where the service referred the patient to emergent services or the patient's GP. The service had procedures in place to direct patients in management of miscarriage, for example, when a patient may need to seek medical or surgical management.
- Staff made regular checks on the quality of equipment to ensure image results recorded were accurate. There was regular service of the ultrasound equipment by the medical servicing company that the service had an agreement with.
- All patients who underwent a transvaginal ultrasound scan were asked if they had any allergies to latex. The service had both latex and non-latex covers for the transvaginal ultrasound probe and would select the cover according to the response from the patient.
- We asked for records of a fire risk assessment and a water safety risk assessment. The registered manager told us these risk assessments had been carried out by the landlord of their building. When we asked for records of these assessments at time of inspection they could not be provided. We saw evidence of a fire safety log book from January 2017 where there was regular documentation and updates of staff training, fire alarm system testing, fire instructions and drills records and escape routes. However, within the week following our inspection, the service had a risk assessment carried out for the control of legionella disease. They were issued with a certificate of environmental hygiene in accordance with required standards.

Good

Diagnostic imaging

- We were provided with a fire inspection certificate for the building from testing in July 2018. Fire testing was in accordance with the recommended standards. We saw evidence that within a week following our inspection, the service had a formal fire risk assessment in accordance with the Regulatory Reform Order 2005. Recommendations were made to improve fire safety, and the service had plans to carry out these actions within two weeks. The service provided evidence some of these actions were already completed.
- All staff undertook a lone-working training course in the event they were in the clinic alone.
- The service provided us with a copy of their safe management and disposal of sharps policy. It was last modified in July 2018 and due to be review in July 2020. It covered safe disposal of sharps, what to do in case of a needlestick or blood splash injury, and managing a sharps disposal bin.
- The service checked the patient's identity using two unique identifiers prior to undertaking the scan.
- There was an escalation procedure for urgent findings or deteriorating patients. The registered manager told us that prior to any scan, patients must provide contact details of their GP. Any urgent findings were referred to the GP or to the local emergency department. The service called an ambulance for deteriorating patients.

Staffing

The service had enough radiography staff with the right qualifications, skills, training and experience to meet patients' needs.

- The service employed one full-time ultrasound practitioner and one part-time ultrasound practitioner. We saw evidence both were registered as radiographers with Health and Care Professions Council (HCPC).
- All staff had induction training. The service did not use agency or bank staff in the 12 months prior to our inspection.
- There was an effective recruitment procedure for most staff. However, we found the service's policy required Disclosure and Barring Service (DBS) checks for all staff but did not always follow this. All clinical staff had DBS checks. During our inspection we found completed DBS documents for one of four administrative staff. Following our inspection, the service provided evidence of DBS checks for all but one administrative staff member.
- At the time of our inspection there was no evidence all staff had references and qualifications checked. However, following our inspection we were provided with additional staff references showing all staff were competent and had the necessary experience to perform their designated roles and keep patients safe. Staff files were held in the office and stored securely.

Records

The service secured patient information and records in locked areas and the computer systems storing patient information had robust security in place.

- We reviewed the service's records management policy which was last updated in July 2016 and due for review in July 2019 and referenced General Data Protection Regulations 2018 (GDPR). The service followed the policy whereby all records containing personal data would be tracked via tracking systems.
- The service created a bespoke records management system to send diagnostic reports to patients and their GPs, if necessary.
- We reviewed five patient records and found all to be fully and clearly completed and of good quality.
- The service maintained a paper-free record system. All relevant patient medical information, like consents or referrals, were scanned into the patient's electronic record and hard copies were destroyed or returned to the patient. The service kept all records on file in line with the current legislation of Records Management Code of Practice for Health and Social Care 2016.

Medicines

- The service did not use any controlled drugs, medicines, or contrast media.

Incidents

Good

Diagnostic imaging

Of the few incidents the service reported, the service managed them well. When things went wrong, staff apologised and gave patients honest information and suitable support.

- From November 2017 to November 2018, the service reported one incident. The service investigated the incident and put in place additional checks to prevent the incident reoccurring. Incidents and informal complaints were discussed at team meetings to share learning.
- However, we found there was limited understanding amongst most staff of what qualified as an incident. There were very few incidents reported.
- The service had an up-to-date duty of candour policy. Staff apologised if things went wrong and took actions to make things right. For example, after a diagnostic test did not have clear results, the service apologised and offered to rescan or offer a refund for services.
- There were no never events reported for the service from November 2017 to November 2018. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.

Are diagnostic imaging services effective?

Not sufficient evidence to rate

We do not rate the effective domain for this type of service.

Evidence-based care and treatment

We reviewed policies, procedures and guidelines produced for the service to implement. We found many referenced out-of-date legislation and few referenced evidence-based care and treatment or best practice.

- All staff had access to a policy folder which contained paper copies of the providers policies. While policies and procedures appeared to be routinely updated, we found many references to out-of-date legislation while also citing current legislation.
- The service carried out some audits, for example scan quality and infection control and prevention. However, there was no agreed audit system to establish if care and treatment was in line with evidenced based care and treatment.
- The service followed guidelines for the Fetal Anomaly Screening Programme (FASP) for ultrasound practitioners.
- Although there were some mentions of National Institute for Health and Care Excellence (NICE) guidance use in the services policies and procedures, there was no evidence they received up-to-date and new guidance to update their policies. The policies often referred to old guidance and staff could not site specific NICE guidance they followed.
- The service was unable to demonstrate how it ensured treatment was always provided in line with current guidance and best practice, for example with the Society and College of Radiographers (SCoR) or the British Medical Ultrasound Society's (BMUS) guidelines for professional ultrasound practice. However, we saw evidence staff followed and were knowledgeable of some BMUS guidance, for example, the registered manager had a professional indemnity arrangement; this was in line with BMUS guidance.

Nutrition and hydration

- Patients had access to a water cooler in the waiting room while they waited or if they needed hydration for a particular scan.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

- While ultrasound is a relatively painless diagnostic test, staff asked patients if they were comfortable and acted to help with minimising and potential discomfort.

Patient outcomes

Good

Diagnostic imaging

The service monitored the effectiveness of diagnostic imaging, they completed audits to improve the service.

- We saw evidence when the service followed up on patient outcomes, however, the service did not routinely collect and monitor information about the outcomes of people's care and treatment. The service had an 'interesting cases' log book where the ultrasound practitioner followed up on patients' outcomes. For example, the service followed up with a patient's GP several times after a diagnostic ultrasound showed questionable changes to a patient's liver. The service received feedback from other healthcare providers to ensure intended outcomes for patients were achieved.
- Diagnostic reports were made available within the clinic appointment for obstetric scans and within 48 hours for all other scans.
- Both ultrasound practitioners at the service participated in relevant quality improvement initiatives, such as clinical audits. Their scans were audited by a third-party ultrasound practitioner and staff learned from audits. For example, the auditor gave feedback where the focus could be improved on images, or where missing imaging labels were. The auditor scored the quality of images and the quality of the report on a scale of one to five where one was very poor and five was excellent.
- Both ultrasound practitioners participated in a case study discussion meeting in August 2018. They discussed clinical indications, observations from the scan, and discussion points and key learning.

Competent staff

The service made sure most staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

- Sonography is not recognised as a profession by the Health and Care Professions Council (HCPC). The majority of ultrasound practitioners who are employed in the UK come from a background of radiography or midwifery. Both ultrasound practitioners working in the service were registered radiographers with HCPC. This meant they met a national set of standards in relation to conduct, performance and ethics, proficiency, continuing professional development and had relevant education and training.
- The ultrasound practitioners in the service had insurance indemnity for medical malpractice.
- Not all staff members were issued with a statement of terms and conditions of employment, which would identify their responsibilities and contract agreements. There was no evidence all staff had references checked before they commenced their employment. However, following our inspection we saw that missing references were obtained and qualifications were checked.
- There was no job-specific training analysis or set of requirements for individual job roles. There were no individual staff's responsibilities for their job specification.
- All staff working in the service were appraised and their appraisals included individual goals.
- All non-clinical staff at the service completed chaperone training; staff said they were prepared and confident in chaperoning.

Multidisciplinary working

Staff of different kinds worked together as a team to benefit patients.

- This was a small service and all ultrasound practitioners involved with the service worked well together. Staff of different grades worked together as a team to benefit patients and this was evident in the positive patient feedback.
- There was a service level agreement (SLA) for the provision of bloods results from a private laboratory. The service worked well with the private laboratory and relaying bloods results to patients and their practitioners.
- Ultrasound practitioners in the service communicated with patients' GPs. The service discussed complex scan results with the patient's individual GP clinic and other referrers to the service.

Seven-day services

Good

Diagnostic imaging

- It was not a requirement for this service to operate over seven days.
- The service operated Monday to Saturday with diagnostic appointments available Tuesday to Saturday and evenings when requested.
- No clinical emergency patients or persons under the age of 16 were scanned within the service

Health promotion

- The service's website included information about what each scan would entail and what was expected of the patient before and after the scan appointment.
- The service offered well-man and well-woman testing packages.
- There were informative leaflets in the waiting area signposting patients to cancer and antenatal choices charities that patients could take with them.

Consent and Mental Capacity Act

- The service had consent polices to ensure patients were provided with enough information to make informed decisions however, it did not refer to current legislation, such as the Mental Capacity Act 2005.
- We observed patient consent gained prior to their scan and saw consent was recorded in the patient's electronic record.
- Following our inspection, the registered manager and one of the clinic's managers completed a level two Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) course.
- There were no incidents from November 2017 to November 2018 where the service needed to make a duty of candour notification.

Are diagnostic imaging services caring?

Good

This is the first time we have rated this service. We rated it as **good.**

Compassionate care

Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

- The service actively sought feedback from patients. There were comment cards in the waiting area that patients could fill out and return anonymously. Staff asked patients to fill out comments cards after their visit. Patients commented that the service was "excellent".
- The clinic environment was adapted to ensure patients' privacy and dignity. Consultations were done in a closed room to ensure the patient was not overheard. Staff used a privacy screen to ensure patients' dignity was maintained when changing or during intimate scans.
- The provider had a dignity and respect policy that was reviewed regularly and in date. Staff followed policy by promoting the dignity of all people, providing same-sex staff where possible or rescheduling appointments to meet this need. Staff were mindful of patient's religious beliefs and trained to ensure patient dignity.
- We observed staff treated patients with kindness, compassion, respect, and courtesy. Staff introduced themselves before the scan and explained what their role was and what to expect from the appointment.
- We reviewed around 30 feedback forms from January 2019 which were all positive. Patients said, "The service was excellent, [there were] friendly and helpful staff", "Would definitely recommend to others", "Very helpful and incredibly reassuring [staff]; made me feel very much at ease", "The specialist who scanned explained things very well", and "This is a top place for a scan – will recommend to all my friends". Patients we spoke with on the day of inspection said similar positive things about the service.

Emotional support

Staff provided emotional support to patients to minimise their distress.

- Due to the nature of the scans, there were times when patients would receive distressing news. We saw staff offered reassurance to patients and their relatives.

Good

Diagnostic imaging

- The ultrasound practitioner had links to a charity to support patients during antenatal testing, and they often signposted patients to this service. The service had leaflets and cards in the waiting area for the charity's support and the ultrasound practitioner could signpost patients as well. There were leaflets in the waiting area for an ovarian cancer charity with information about who to contact and local support groups. A letter written to a patient indicated patients were referred to appropriate support services and informed of support available to them.

Understanding and involvement of patients and those close to them

Staff involved patients and those close to them in decisions about their care.

- Patients and their family members asked questions about their scans and were given adequate time to ask questions. The service created a leaflet for patients to read while in the waiting area called 'Patient's Guide to Ultrasound' that covered a range of frequently asked questions.
- The service allowed for a family member or carer to remain with the patient for their scan if necessary.
- The service regularly signposted patients to supportive charities and networks if they received bad or difficult news.
- Patients were informed of when they would receive their scan results; there were clear expectations and the service met their timely goals.

Are diagnostic imaging services responsive?

Good

This is the first time we have rated this service. We rated it as **good** for responsive.

Service delivery to meet the needs of local people

The service planned and provided services in a way that met the needs of local people. Facilities were appropriate to patients' needs.

- The service provided weekday and evening appointments to accommodate the needs of patients who were unable to attend during daytime hours. The service provided diagnostic testing at the patient's convenience.
- The service had a good understanding of the needs of the local population. The service provided a flexible service with good choice of appointment times. One patient told us they found the service on a search engine, was given a choice of time slots including the next day and had a short wait on the day of the scan. We were told the booking process was efficient.
- All patients had to provide their GP details prior to any scan. This meant the service could always notify the relevant healthcare professional should there be any urgent findings.
- The waiting area was warm and welcoming. There was adequate, comfortable seating and informative signage in the waiting area. Patients had access to a water cooler, if necessary.
- Obstetric scan reports were available by the end of the patient's appointment and the patient received a hard copy of the scan before leaving the clinic. The ultrasound practitioner aimed to have all other non-obstetric reports completed within 48 hours but most were done within 24 hours. Staff emailed the completed reports to the patients through a bespoke secure email system.
- Patients who used the service were all privately funded. The service was appropriate and sensitive when having conversations about cost. Patients we spoke with reflected this and said there were no surprise additional costs and all payment of services was handled well.

Meeting people's individual needs

The service took account of patients' individual needs.

- As the service was located on the first floor and it did not have lift access, staff screened patients before booking to ensure patients would be able to access the clinic. The service told us they hoped to gain a

room on the ground floor of the building for scans in the future, however, there were no plans for this at the time of inspection. The clinic also had information on their website to alert patients there was no lift access.

- Although the service did not have access to interpreters, the lead ultrasound practitioner could speak four languages, including English. Where the patient did not speak one of these languages they were encouraged to have a family member, friend, or carer with them to translate. However, without a professional medical interpreter, the service could not ensure patients receiving care and needing interpreting service were communicated complete and accurate results.
- There were information leaflets for support charities and for information about scans in the waiting area. In addition, in the waiting area there was an information guide to common reproductive diseases, for example endometriosis, polycystic ovarian syndrome and pelvic inflammatory disease.
- In response to patient feedback from comment cards, the service introduced off-peak scan discounts from Tuesday to Thursday during variable hours for certain scans. Off-peak hours were from 11am to 1pm on Tuesday, from 3pm to 6pm on Wednesday and from 2pm to 4pm on Thursday. This was clearly marked on the service's website.
- We saw a sign in the waiting area that all patients could have access to a chaperone during their scan if they wanted.

Access and flow

People could access the service when they needed it.

- Patients were offered a choice of appointment times and could book next-day appointments when available.
- A sign in the waiting area notified patients there were sometimes delays due to the nature of the service. Staff notified patients if there were delays and provided regular updates.
- If scans were cancelled for any reason, the service would do their best to accommodate patients. For example, if a patient wanted a same-sex staff member, the service would do their best to book at the relevant time as soon as possible.
- The service provided obstetric patients with scan reports on the same day, before leaving the clinic. All other reports were delivered to the patient within 48 hours. Staff had processes to refer to the patient's GP or consultant or emergency services for urgent findings.
- The Scan Clinic's website was used to support patients to have timely access to clinic appointments with clear access to clinic contacts. The service's website was up to date and easy to use.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.

- The service had a complaints policy which was up to date and reviewed regularly. The service received a low volume of complaints with only one complaint from November 2017 to November 2018. The most recent complaint was identified by the provider as unfounded, however the service disseminated learning from the events and implemented new measures to prevent reoccurrence.
- The service discussed patient feedback and informal complaints at team meetings and we saw evidence of this.

Are diagnostic imaging services well-led?

Good

This is the first time we have rated this service. We rated it as **good**.

Leadership

Managers in the service had the right skills and abilities to run a service providing high-quality care.

- The Scan Clinic was run by a limited company, which was a family company. The service was clinically led

by the registered manager who was also the lead ultrasound practitioner. A marketing manager and the clinic manager led and oversaw the day-to-day operations of the service.

- The registered manager had many years' experience in radiography and sonography, including several years in NHS hospitals and several years working for private healthcare providers. The registered manager maintained close contact with ultrasound practitioner colleagues and sought regular clinical audits.
- The clinic's managers had experience in administrative work and education in marketing.
- Leaders of the service were open and transparent. When they did not know something, or were not sure if they had documentation, they told us this and made efforts to provide all evidence. Leaders were passionate about the service and providing patients with an excellent experience.

Vision and strategy

The service had a vision for what it wanted to achieve and plans to turn it into action.

- Managers at The Scan Clinic told us the vision for the service was to promote quality healthcare for all. This was reflected in staff induction and was visible to patients in printed and digital material.
- To deliver the clinic's vision, managers planned to continue delivering high quality, affordable diagnostic services. They also intended to promote their services across West Essex and East London and drive innovation in the way they deliver diagnostic services.
- Although the service had a vision and strategy, there was no evidence on how they planned to deliver the vision with timely goals.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- The lead ultrasound practitioner enthusiastically carried out the care for patients and staff told us they enjoyed working in the service. The leadership team invested time and energy into the service and passionately worked to develop and expand the service.
- Staff had good working relationships with each other; they said they felt respected and listened to and enjoyed working in the clinic. There was an open, transparent culture where staff felt able to share experiences and learning.
- All staff honestly spoke about where they thought there were gaps in their service and they identified areas of improvement.
- The service had an equality and diversity policy which was updated in July 2016. The registered manager told us all patients were treated equally, with dignity and respect.

Governance

Leaders improved service quality and had defined clinical governance processes in place.

- The registered manager held professional indemnity insurance for the service. Independent ultrasound practitioners are required to have suitable professional indemnity so they are protected if a medical negligence claim is made against them
- There was a quality assurance programme for diagnostic images whereby the registered manager partnered with a third-party locum radiographer. The auditing radiographer was a practicing ultrasound practitioner. They were registered with the Health and Care Professions Council (HCPC), which meant they also met national set of standards in relation to conduct, performance and ethics, proficiency, continuing professional development and had relevant education and training.
- The service monitored performance and undertook quality control audits. For example, they started undertaking an internal infection prevention and control audit every three months starting in July 2018. This audit included hand hygiene, environment, toilet, kitchen, waste, PPE and decontamination. Following results of 67% compliance, the service identified gaps, and put action plans in place with goals to improve their score by the next testing date.

- The service had regular monthly staff meetings. Staff meetings had a set agenda which included staffing, patient feedback, training, marketing, sales, and medical issues. There was evidence a log was kept and actions were agreed from the meetings. Although the service sometimes took an attendance record at meetings, there was inconsistency after changing the form the meetings were recorded on and therefore it was not clear who attended the meetings after May 2018.

Managing risks, issues and performance

The service had systems to identify risks, plan to eliminate or reduce them, and cope with expected and unexpected events.

- The service had a risk register that identified risks, put actions in place to address them in a timely manner.
- The risk register identified risks around fire safety, health and safety, manual handling, slips, trips and falls, infection, information governance, security and theft, business continuity, Control of Substances Hazardous to Health (COSHH), sharps, equipment and reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR). However, we found not all risks in the service were identified and some were not complete. For example, while the service identified fire safety in the risk assessment, they did not have the access to the building's fire risk assessment and therefore did not have complete oversight of the risk.
- There was an up-to-date business continuity plan that was reviewed and tested in January 2019. We saw evidence the business continuity policy was reviewed on a yearly basis. It included plans for failure of electricity supply, gas supply, and water supply as well as failure of IT systems and loss of medical records.
- We also found that relating to risks around COSHH there were gaps in the risk assessment. The service had a policy for COSHH and identified there was a risk but did not have chemical safety data sheets for all chemicals and therefore could not be assured they were keeping patients safe. Following our inspection, we saw evidence that COSHH risk assessments were completed for all substances used in the service.
- The service was not registered to receive patient safety alerts, for example with the Central Alerting System (CAS) which is a web-based cascading system for issuing patient safety alerts, public health messages and other safety critical information to independent providers of health and social care. However, following our inspection, we saw evidence managers signed up for patient safety alerts.
- The service lacked effective systems and processes to provide assurance that treatment provided to patients was in-line with current best practice. This was evidenced by lack of reference to current guidance and legislation in the service's policies and procedures. For example, the information governance policy was documented as last updated in July 2018 but still referenced old legislation: the Data Protection Act of 1998 which was repealed by the Data Protection Act of 2018. As well, there were some policies that had up-to-date legislation but the policies did not reflect that they were updated. For example, the record management policy was documented as last updated in July 2016 and due for revision in July 2019. However, the record management policy cited legislation from 2018, meaning there were not effective systems to update policies.

Managing information

The service managed and used information well to support all its activities, using secure electronic systems with security safeguards.

- The registered manager as well as all other staff at the service completed information governance training as part of their one-day training course.
- There was an information governance policy that was last reviewed in July 2018 and due to be reviewed in July 2020. The policy reflected current legislation from the Data Protection Act 2018.
- While the service's record management policy showed it was reviewed regularly, there was out of date legislation cited. This meant the service could not be assured they were following current guidance to manage patient information.

Good

Diagnostic imaging

- The service created a bespoke clinical record system for storing patient information. The service communicated scan results to patients by encrypted email with a unique password. We found the systems to be robust and secure.
- Staff demonstrated they could locate and access relevant information and records easily; this enabled them to carry out their roles. Electronic patient records could be accessed easily but were kept secure to prevent unauthorised access to data. All staff had a password-protected unique, individual login which managers had authority over.
- The service was aware of the requirements of managing a patient's personal information in accordance with relevant legislation and regulations.

Engagement

The service engaged well with patients and staff to plan and manage appropriate services.

- Patients told us the service was flexible, reliable, with dedicated staff.
- The registered manager maintained contact with a local clinical commissioning group (CCG) and a local clinic which sometimes referred patients to the service.
- The service received feedback from patients through a satisfaction survey; we found feedback about the service to be very positive.
- The service carried out a focus group with patients in July 2018. Topics discussed included how to improve awareness of the service, how did patients find the overall booking process, what changes could be made to improve the booking process and did you think the pricing per scan was fair. An action plan was put in place with dates for completion. On inspection, we saw these items were implemented.

Learning, continuous improvement and innovation

The service was committed to improving services by learning and promoting training.

- The lead ultrasound practitioner who was also the registered manager was committed to improving and expanding the service. At the time of our inspection, the lead ultrasound practitioner was undertaking an advanced training course in musculoskeletal ultrasound.
- There was a strong commitment to improve the service. For example, all issues identified at the time of our inspection were addressed and evidence showed a strong commitment to provide a safe, reliable service to patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure staff to have access to a level three lead for safeguarding children.
- The provider must ensure adherence to Control of Substances Hazardous to Health (COSHH) regulations.

Action the provider SHOULD take to improve

- The provider should ensure staff understand what constitutes as an incident and improve incident reporting.
- The provider should ensure there are training needs analysis undertaken to identify needs of the service and staff working in various job roles.
- The provider should ensure there are complete records for staff members and all staff competencies are up to date.
- The provider should ensure there is a sufficient risk assessment of the environment, including water, fire and health and safety.
- The provider should ensure there are arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare Products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- The provider should update policies and procedures to reflect the current legislation and evidence-based practice.
- The provider should consider having translation services available.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: • There was no evidence that all staff had references and qualifications checked. The provider did not follow their own recruitment policy. • The service did not have effective systems to monitor patient safety alerts. • Staff were not trained in female genital mutilation and had limited awareness of the issue. • The service did not have access to level 3 trained children's safeguarding lead. Staff could not confidently identify examples of safeguarding and there was lack of understanding on how to report on safeguarding. • Cleaning supplies were not locked away. • The provider was not aware of their responsibility in monitoring environmental risks.