

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Beehive Solutions Limited

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Beehive Solutions Limited
Registered Managers	Mr. Zaffar Ahmed Mr. Craig Smith
Overview of the service	Beehive Solutions is a private provider of diagnostic and screening ultrasound services. The service operates within a variety of health care settings including GP surgeries and NHS trust facilities.
Type of service	Diagnostic and/or screening service
Regulated activity	Diagnostic and screening procedures

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

When we spoke with people who use the service they told us that they felt "comfortable" during the course of the ultrasound procedure. Other people we spoke with told us that they felt sufficiently informed about the process and the examination itself. People we spoke with made favourable comparisons about this provider in regards to their previous experience of different diagnostic and screening ultrasound providers.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The provider outlined the referral process and how the issue of consent was addressed during contact with people who use the service. All referrals came via a GP or a hospital consultant. On receipt of a referral the provider would make contact with the individual and arrange an appointment for the ultrasound scan to take place. We saw evidence that details of the physical examination were listed in the appointment letter as well as pre-appointment instructions.

The provider had a formal policy on "consent" held on file. The provider also held consent forms to be signed by people who use the service and we saw evidence to show this had been used. The provider told us that for any internal examination it was their policy that consent must be sought and recorded. In the case of internal examinations it was the providers policy to have two members of staff in place. We saw evidence to confirm this was the case and that patient consent had been recorded.

Members of staff we spoke with told us that they would explain the process and discuss treatment options with people who use services. Staff members also told us that if a person was not willing to proceed with an internal ultrasound examination other treatment options and potential outcomes were discussed. If a person did not wish to proceed with any examination at the appointment stage then the provider would report back to the referrer.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The care and treatment records we reviewed showed that the initial referral information contained details of clinical indications, for example abdominal pain, leg pain and thyroid complaints. We saw evidence that the provider had completed an individualised report of the findings for all ultrasounds. The provider report also contained individualised recommendations, for example for a biopsy to be completed or in some cases that no further treatment was required at that stage. In addition to the routine reporting of outcomes of the scanning procedure the provider also had a policy in place for communicating information on an urgent basis to the referrer. The policy stated that it was the sonographers responsibility to feedback any urgent findings to the referrer and to provide a provisional report by the end of the examination process.

Staff we spoke with advised us that having established the identity of the patient they would discuss the referral from the GP/ consultant and explain the examination process. Staff said they were willing to discuss individual needs in relation to issues of privacy and dignity, for example the provision of blankets to cover parts of the body during the scan.

In terms of emergency procedures the provider told us that as the service operates on a number of different sites the staff have to be familiar with and follow the specific on site emergency procedures. Staff members we spoke to confirmed that this was their understanding in relation to emergency procedures and that they were aware of the specific on site procedures.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

The provider was able to demonstrate that there was sufficient suitable equipment for the purposes of completing ultrasound scans across a number of different locations. The provider told us that they had purchased two diagnostic ultrasound systems and that this equipment was portable so that it could be easily transferred from one location to another. The provider told us they had two machines using one as a back up in case of any mechanical failures. We saw evidence to confirm that two portable diagnostic ultrasound systems had been purchased. We saw evidence to show that the equipment was serviced on a bi-annual basis.

The provider told us that the ultrasound system could only be used by a qualified sonographer.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider told us that vacancies were advertised on their own website and in relevant professional journals and that interviews for sonographers were completed by the registered manager and the director. The provider told us that all background checks including CRBs, health checks, fitness to work and reference checks were completed prior to commencement of employment and this was confirmed by documentary evidence.

Records demonstrated that staff employed had been educated to an appropriate level for their role and that there were employment references on file. We also saw evidence that staff members were affiliated to the appropriate professional bodies.

People we spoke with confirmed the application and interview process as well as telling us that they had followed a formal induction process. This had included a period of "shadowing" another member of staff.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider was able to show that there was a formal complaints policy in place and this contained details of time frames for responding to any complaints. The policy also detailed who was responsible for responding within the company. There were no formal complaints recorded in the previous 12 month period.

The provider also told us that they sought feedback from people who use the service by means of a "Patient satisfaction survey" form. The provider advised us that this form is given to patients after their ultrasound appointment. The provider was able to demonstrate that feedback was collated over a one year period and the feedback was of a positive nature.

We found that in addition there was a formal "whistle blowing" policy on file and that complaints training formed part of the staff induction process using an e-learning method.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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