Hey Baby 4D Limited

Hey Baby 4D Northampton

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

The service had not been previously inspected. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service had processes to manage safety incidents well and learn lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated women 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 women, families, and carers.
- The service planned care to meet the needs of local people, took account of women's 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 their results.
- 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 women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We rated the service as good. See overall summary of this service.

Summary of findings

Contents

Summary of this inspection

Background to Hey Baby 4D Northampton

Hey Baby 4D Northampton is located just outside of the town centre and offers pregnancy scans to women across Northamptonshire. This includes early reassurance scans, wellbeing, and gender scans, 4D baby scans and late reassurance scans. The service also offers a Non Invasive Prenatal Testing (NIPT) screening. NIPT screening is a test of the blood of the mother to check fragments of DNA released from the placenta to test for certain genetic conditions.

The service has been registered with the Care Quality Commission (CQC) since May 2022 and is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

The service has a registered manager in place and has not been previously inspected.

How we carried out this inspection

We carried out an inspection of Hey Baby 4D Northampton using our comprehensive inspection methodology under the core service framework of diagnostic and screening services. Our inspection was announced. We gave the provider short notice of the inspection to ensure their availability on the day. We undertook a site visit on 21 July 2023.

During our inspection we:

- visited the service and looked at the environment.
- spoke with the manager of the service.
- spoke with 2 staff members.
- spoke with 4 women.
- observed patient care.
- reviewed referral and scanning records.
- reviewed documentation relating to the running of the service.

The team who inspected the service comprised of a CQC lead inspector. The inspection team was overseen by an Operations Manager.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

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

Is the service safe?

Good

We rated safe as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Managers provided evidence during our inspection to demonstrate all staff had completed their mandatory training.

The mandatory training was comprehensive and met the needs of women and staff. Training records showed modules included areas of training such as basic life support, infection prevention and control, moving and handling, fire safety, mental capacity, safeguarding and equality and diversity.

Clinical staff completed training on recognising and responding to women with mental health needs, learning disabilities, autism, and dementia. This included training in relation to people with learning disabilities and autistic people in line with the Health and Care Act 2022 requirement for all staff working in health and care environments to complete the training.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect women 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.

Staff received training specific for their role on how to recognise and report abuse. All staff working in the service had completed level 3 safeguarding training for both children and vulnerable adults. The service director was the safeguarding lead.

The service carried out relevant recruitment checks on staff to ensure staff were safe to work with vulnerable people. These included checks of employment history, references, professional register checks, enhanced disclosure, and barring service (DBS) checks and checks of professional training certificates.

Staff could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act. They were mindful of specific risks and had taken action to make it easier for women to raise concerns. For example, they had telephone numbers in the toilets with domestic abuse service details. The service had checks in place for verifying the age of the women and did not provide scanning services for people under the age of 18.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. All staff we spoke to had a good understanding of specific issues such as child sexual exploitation and female genital mutilation. They were aware of what to look out for and how to respond to any concerns.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The safeguarding policy included up to date contact details for local safeguarding services. Staff could access the policy and told us they were confident in raising concerns.

A chaperone was offered to women during their scan and all staff had received chaperone training to carry out this role.

Staff followed safe procedures for children accompanying their mother during the appointment. This included ensuring that the child's parent understood they were responsible for their child during the visit and that there was another adult accompanying them while the mother was having her scan.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. Cleaning schedules were in place. Cleaning records we viewed were up-to-date and demonstrated that all areas were cleaned regularly. The manager carried out regular audits of cleanliness and highlighted issues to staff, for example, we saw managers took action where cleaning fell below expected standards and the cleaning schedule had not been fully signed off.

Staff followed infection control principles including the use of personal protective equipment (PPE). Gloves and aprons were worn by the sonographer during the appointment. The sonographer also wore a fluid repellent mask when undertaking scans, in line with the provider infection prevention and control policy. We observed the sonographer changing PPE between patients and washing their hands.

Staff cleaned ultrasound equipment after patient contact using antibacterial wipes and documented when they had cleaned equipment. Ultrasound probe covers were used for transvaginal examinations and all equipment used during these procedures were decontaminated using high-level disinfectant designed for medical device decontamination.

Non-Invasive Pregnancy Testing (NIPT) kits were used at the clinic. The kits were single use and included all equipment required for the test. The kits had a security seal and were labelled to alert anyone involved in its handling during transit that it was a biological substance. This meant the kit would not be reopened during transit and was tamper evident.

Clinical waste including sharps bins were managed through a service level agreement. The waste was placed in a dedicated locked area and removed each week for disposal. Cleaning equipment was stored in a locked cupboard away from the public. Control of substances hazardous to health had risk assessments in place and safety checks were maintained.

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 design of the environment was appropriate for the service provided. All seating, examination couches and other furnishings were wipeable, and the environment was well maintained.

Staff carried out daily safety checks of specialist equipment and recorded when this was done. Checks included ensuring there was no damage to equipment and servicing was in date. Furthermore, managers checked that equipment tests had been completed and that ultrasound safety metrics were in line with ALARA (as low as reasonably achievable) guidelines. During our inspection we saw these checks had been completed.

We checked firefighting equipment such as fire extinguishers and found these to be regularly serviced.

The service had suitable facilities to meet the needs of women' families. Facilities included a comfortable waiting area, access to a bathroom and seating in the scanning room for family members accompanying the woman.

The service had enough suitable equipment to help them to safely care for women, this included the ultrasound machine, an adjustable examination couch and in-date items of consumable equipment such as those for taking blood samples. Staff were trained to use equipment and were visibly confident in the operation of the ultrasound scanner.

There was a large storage area that contained good supplies of equipment and staff told us they did not have issues accessing equipment when they needed it. This included blood sampling equipment used for the purposes of NIPT which were carried out in an appropriate environment. Sharps were immediately placed in a sharps bin. They were disposed of when full or every 3 months in line with service guidance. NIPT samples were labelled and sealed inside the kit and transported to the laboratory using a tracking system through the courier.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each woman and removed or minimised risks. Staff knew what to do and acted quickly when there was an emergency.

Staff completed risk assessments for each woman. Women completed an online consent form that included questions about specific risks such as high blood pressure, bleeding, pain, and gestational diabetes. On arrival at the clinic these responses were reviewed by the sonographer as part of the assessment process to ensure the answers were complete. Furthermore, the sonographer checked the identity of the woman prior to their scan.

As part of the appointment, staff confirmed the woman's stage of pregnancy and checked they were attending their NHS maternity scans.

Good

Diagnostic imaging

Processes were in place to ensure any abnormalities or unexpected findings during the scan were recorded and acted on. For example, in the event of a possible ectopic or multiple pregnancy. Staff contacted the Woman's local hospital early pregnancy unit, GP, or midwife on their behalf to ensure they were booked in to be seen. Staff signposted women to the accident and emergency department, GP, midwife, or other clinicians, if they reported experiencing symptoms such as vaginal bleeding or pain. Referral records were completed, and women were offered follow up from the clinic should they wish.

Women were made aware that their scans were not used for diagnostic purposes, and they should continue with their NHS scans as part of their maternity pathway. They were given information about the type of scan, including information about potential risks and staff discussed this with the woman to ensure they understood.

We reviewed 3 referral records during our inspection and found these were appropriately completed and contained sufficient detail and information about follow up where the woman consented to it.

Staff had been trained in basic life support. They did not have emergency equipment due to the nature of the service and their policy in the event of a cardiac arrest was to initiate basic life support and call for an emergency ambulance.

Staffing

The service had enough staff with the right qualifications, skills, training, and experience to keep women safe from avoidable harm and to provide the right care. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service had enough staff to keep women safe. There was 1 sonographer, an office manager and a scan assistant employed by the service. A locum sonographer provided additional cover. The director also provided support to the clinic and helped with reception and chaperoning duties when needed. The number of staff matched the planned numbers.

Managers limited their use of agency staff and had their own locum sonographers who worked across 2 Hey Baby locations. Locum staff received a full induction and were familiar with the service. They understood the policies and processes and had relevant access to the service's systems to carry out their role.

Records

Staff kept detailed records of women' care and diagnostic procedures. Records were clear, up to date, stored securely and easily available to all staff providing care.

Records were stored securely. Paper records were locked securely in a filing cabinet. Electronic records were password protected and encrypted. Staff had received training in information governance and understood their responsibilities in maintaining information securely. Non-invasive prenatal testing (NIPT) results were returned from the laboratory electronically and they were password protected.

The manager audited records. This included consent forms, referral documents, scan images and reports, and the quality of images. A 95% compliance target was set. Managers told us if results fell below this then actions were implemented to identify issues and correct them. Results were consistently positive and above the minimum target.

Women's notes were comprehensive, and all staff could access them easily. We reviewed 3 consent forms and 3 referral forms and found they were legible, complete, and contained relevant information.

Good

Diagnostic imaging

The sonographer had direct access to NIPT results and informed the woman accordingly. If the result was negative, it was emailed to the woman with password protection. If the result was positive, it would be emailed directly to the woman's maternity service for them to inform the woman in an appropriate environment with the support she may require. The process was explained to women prior to undertaking the test and a consent form completed to share the information with relevant services.

Medicines

The service did not stock or administer medicines.

Incidents

The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support.

Staff knew what incidents to report and how to report them. The service had an emergency and significant event policy which detailed the type of incident that constituted a significant event. For example, falls, a needle stick injury, severe abdominal pain or bleeding, and data security breaches. Staff we spoke to during our inspection understood their responsibilities to report incidents. There had been no incidents reported since the service was first registered with CQC.

The service had no never events or serious incidents in the 12 months prior to our inspection. A never event is a serious incident that is preventable.

There was a clear policy on how to address incidents as they arose. This included investigation and identification of learning with a view to using this to improve the service. Staff confirmed they were involved in discussions about ways to improve the service and how lessons could be learned.

Managers shared learning with their staff about incidents or issues that happened elsewhere. We saw evidence that issues in 1 clinic were highlighted within the other to ensure shared learning.

Staff understood the duty of candour. They were open and transparent and had processes to give women and families a full explanation if and when things went wrong.

Is the service effective?

Inspected but not rated

Inspected but not rated.

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.

Good

Diagnostic imaging

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance including National Institute of Health and Care Excellence (NICE) guidance. They followed the British Medical Ultrasound Society (BMUS) guidelines for obstetric scanning, following the 'as low as reasonably achievable' (ALARA) principles in relation to scanning times and ultrasound settings.

There were clear scanning protocols in place, based on national guidance. These provided a step-by-step procedure for the different types of scans provided by the service. They included recommended safety checks such as additional verification of a woman's identification. We observed the sonographer following the protocols.

The provider had a suite of policies and procedures that were regularly reviewed and based on national guidance and best practice. We saw that these were also reviewed in line with learning. For example, the manager updated the procedure for techniques to get the best scan results because of feedback for women. Policies included ultrasound probe decontamination, referral in the event of concerns, safeguarding, quality assurance and clinical governance.

Staff protected the rights of women subject to the Mental Health Act and followed the Code of Practice. Staff had received training in mental health awareness and the mental capacity act.

Patient outcomes

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

There was an audit programme in place to provide assurance of the quality and safety of the service. This included peer review audits which were undertaken in accordance with recommendations made by the BMUS. Clinical and local compliance audits were also undertaken regularly. These included audits of women's experience, infection control, health and safety, equipment, and the quality of ultrasound reports.

Outcomes for women were positive, consistent, and met expectations. The manager audited referrals monthly. Women were asked for consent for the clinic to contact them in the days after an appointment to help staff review and understand outcomes. We saw evidence that referrals had been reviewed and followed up where consent had been provided. For example, from April to June 2023 there had been 18 referrals to hospital following a scan. In addition, staff would regularly speak with hospital staff to ensure they were following local procedures when escalating concerns.

Managers and staff used the results to improve women's outcomes. This included seeking advice and updating protocols to ensure they were following up to date guidance on when to refer women to accident and emergency.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Audits were carried out monthly in most areas. For example, audits of clinical practice which included peer review and observations of clinic processes such as scanning and administrative functions. Other audits were carried out such as records and consent forms, infection prevention and control including decontamination and hand hygiene compliance.

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of women. For example, the sonographer was registered with the Health and Care Professions Council (HCPC) and had completed training and competency assessment in phlebotomy to undertake Non-invasive neonatal testing (NIPT).

Good

Diagnostic imaging

Managers gave all new staff a full induction tailored to their role before they started work. Staff told us their induction included a period of shadowing. For example, a member of staff told us they had worked at a neighbouring Hey Baby clinic to understand the policies, protocols, and processes of the service as part of their induction. We saw that induction records were complete and included training and observations, including the use of the clinic equipment.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had received probationary reviews as part of their induction and their first annual appraisals were scheduled for the current year. Staff meetings were used for learning and development of the team as a whole and staff received 1 to 1 support from the manager around aspects of their development. Staff told us they felt supported by the manager and had good support to progress in their careers and development.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The staff team met regularly to discuss aspects of the service, including results of audits, women's feedback, and any changes.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Multidisciplinary working

Staff worked together as a team to benefit women. They supported each other to provide good care.

The service had established relationships with local hospital and maternity services and regularly liaised with other professionals to ensure they were providing a good standard of care.

Staff worked across health care disciplines and with other agencies when required to care for women. They had access to safeguarding professionals and had an understanding of other local services, including those supporting women with domestic violence concerns.

Seven-day services

Services were available to support timely patient care.

The service did not provide a 7-day service. However, they opened flexibly to meet the needs of women. This included weekend and evening opening.

Health promotion

Staff gave women practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in reception and waiting areas. There were several posters and leaflets in the waiting area, focusing on the health and wellbeing of women and their babies. These included help and support to live a healthier lifestyle. In addition, the service provided women with pregnancy information packs which contained information, help and advice on pregnancy.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported women to make informed decisions about their care. They followed national guidance to gain women' consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

Good

Diagnostic imaging

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. They had all completed training in the Mental Capacity Act (2005).

Staff gained consent from women for their care and treatment in line with legislation and guidance. Consent forms were completed at the time of booking and the forms we reviewed had been appropriately signed. Sonographers sought informed consent from all women prior to undertaking a scan or diagnostic. They explained the risks associated with scans prior to gaining consent. During our inspection, we observed sonographers going through the written consent process and seeking verbal consent throughout the procedure before taking a next step. They provided women with the opportunity to pause if they wished and ask any questions.

Staff documented consent in the women' records and signed consent forms were checked prior to the scan.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Managers monitored how well the service followed consent requirements through regular audits of documentation.

Is the service caring?

Good

We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for women and their families. Staff took time to interact with women and those close to them in a respectful and considerate way. They were focused on their needs and provided explanations throughout the procedure, checking that women and their families could understand the scan. There was a strong visible person-centred culture. We observed 3 scans during our inspection and saw that staff were consistently focused on women and interacted with them in a friendly, approachable, and caring way. The service offered a chaperone for every scan, and we observed the chaperone talking to women, providing reassurance, and encouraging women to ask questions and talk through any concerns. They spent time explaining procedures to women and their family and allowed them time, providing reassurance in a calm and professional manner. We observed staff sharing the joy of the scanning experience and the social and emotional aspects of the service were seen as equally important as physical needs. One woman told us 'Staff make sure it is a family experience' and having attended the service for previous scans they 'would not want to go anywhere else'.

Women said staff treated them well and with kindness. Women described the staff in positive terms. One woman who had attended for a second scan told us they wouldn't go anywhere else as the staff were so caring and the overall experience was helpful to their bonding experience with their unborn child.

Good

Diagnostic imaging

Staff followed policy to keep patient care and treatment confidential. There were clear protocols in place to protect information and conversations with women and their families were held discreetly. Staff understood their responsibilities in terms of confidentiality.

Staff understood and respected the personal, cultural, social, and religious needs of women and how they may relate to care needs. Staff had an understanding of diversity and had all completed equality and diversity training. In addition, they had completed equality and inclusion training in relation to LGBTQ+, autism and learning disabilities. We consistently observed staff interacting with women in a non-judgemental and supportive manner. There were notices in the clinic asking people to inform staff of their preferred pronouns.

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it. We observed staff supporting a woman and their family during the process of referral to the accident and emergency department due to concerns about their pregnancy. Staff provided information and support and allowed extra time for the appointment. They ensured that the woman was treated with care in a private room and helped them to maintain their privacy and dignity.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. They were understanding of the needs of the woman and their family and consistently demonstrated compassion during interactions.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. They checked in with women about a range of issues and provided advice, support, and signposting to other services when necessary. We observed staff respecting and understanding the emotional significance to the women and their family of their experience during the scanning process.

When referring women to other services when an abnormality was seen on the scan, they asked for permission to contact the woman in the coming days to check on the outcome of the referral. The director had developed relationships with local services providing support in the event of the loss of a baby. When following up with the woman in the days after their referral, they provided information on the support available to them locally and provided support where needed.

Understanding and involvement of women and those close to them

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

Staff made sure women and those close to them understood their care and procedures. We observed the sonographer explaining the scanning process and findings. They talked with women, families, and carers in a way they could understand, using online communication aids where necessary. They made sure that women were comfortable and asked about any communication or support needs prior to the appointment.

Good

Diagnostic imaging

Women and their families could give feedback on the service and their treatment and staff supported them to do this. Women were encouraged to provide feedback and we saw that the manager and staff valued the feedback they received and on 1 occasion where the feedback was not positive, they took action to understand and address the concerns.

Women gave positive feedback about the service. Feedback was consistently positive, and most women recommended the service. Comments included staff were warm and welcoming, helpful, professional, and kind. Feedback on the experience of the service included descriptions such as 'fantastic' and 'perfect' and 'nothing was too much trouble'. We saw reviews that included support for women with additional needs, including women affected by anxiety and saw that women felt extremely well supported by staff. Several reviews stated that the service was the woman's scanning service of choice and included 2 reviews where women stated they travelled out of area to use the service because of their positive experience. Women told us staff went the extra mile for them when providing care and support.

Is the service 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.

Managers planned and organised services, so they met the changing needs of the local population. They regularly audited and reviewed services and made adjustments based on women's feedback.

Facilities and premises were appropriate for the services being delivered. Services were provided on the ground floor of the clinic and were accessible to people with a disability. There was comfortable seating in the waiting area and the clinic room. There was an accessible toilet and an adjustable examination couch. There was free parking in the grounds of the clinic and the service was a 6-minute walk from the nearest bus stop.

The service had processes to help care for women in need of additional support or specialist intervention, including clear referral processes.

Meeting people's individual needs

The service was inclusive and took account of women' individual needs and preferences. Staff made reasonable adjustments to help women access services. They directed women to other services where necessary.

Staff had minimal experience of supporting women with additional needs due to the nature of the service provided. However, they were able to describe how they would support women with both physical and psychological needs. We also saw a positive review where the woman described the individual care and support, they received from staff in relation to their experiences with severe anxiety. The length of appointment time was adjusted as necessary to meet the individual needs of women.

Good

Diagnostic imaging

Staff understood and applied the policy on meeting the information and communication needs of women with a disability or sensory loss. The service had information leaflets available in accessible formats and these could be translated into languages spoken as needed.

Managers made sure staff, women, loved ones and carers could get help from interpreters or signers when needed. Staff had access to online interpretation services and women were asked about any additional needs at the time of booking to allow staff time to access individual support as needed.

Access and flow

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

Appointment bookings were received through an online booking system or by telephone. Staff identified the type of scan the woman wanted and matched this to available appointment times. The service was open at flexible times during the week to ensure access to appointments outside of normal work hours to suit the individual. This included evening and Saturday appointments, and we were told that from August 2023 the service was offering an additional Sunday morning session.

Managers worked to keep the number of cancelled appointments to a minimum. In the rare event of an appointment being cancelled women were offered a re-booked appointment at the earliest opportunity.

Waiting times for non-invasive prenatal test results were up to 7 working days and these times were explained to women during their appointment. Staff made women aware of the results. Where results were positive, information would be shared with the woman's midwife, referral to the fetal medicine team and genetic counselling offered.

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 women in the investigation of their complaint.

Women, relatives, and carers knew how to complain or raise concerns. The service displayed information about how to raise a concern in reception and waiting areas. There were visible signs within the clinic that informed women of the complaint procedure.

Staff understood the policy on complaints and knew how to handle them. They told us they raised any concerns expressed to them with the manager and informed women of the process of how to complain.

Managers investigated complaints and identified themes. The manager responded to complaints, including informal ones that were expressed verbally or through online reviews. We saw evidence of complaints being formally investigated with the involvement of staff. For example, managers undertook a review of the process for encouraging the baby into a better position for the scan. This was following feedback from a woman about her experience.

Staff knew how to acknowledge complaints and women received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff could give examples of how they used patient feedback to improve daily practice. For example, in relation to how they communicated actions during the scan.

Good

Diagnostic imaging

Is the service well-led?

Good

We rated well led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills.

The service had a registered manager who was a regional manager for the provider. The service director provided day to day management of the service. When not on site they were available by telephone to support staff. When the director was unavailable, management support was provided by a manager from another regional Hey Baby service . Staff reported that managers were visible and approachable and always available to provide support and guidance.

Staff were supported to develop their skills. For example, the sonographer told us they had been supported by the director to undertake phlebotomy training to carry out Non Invasive Prenatal Testing (NIPT).

The director routinely evaluated the service and understood the priorities and issues faced. They were focused on developing the service and making improvements.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service values centred around fair, family oriented, fun, and friendly services and we saw these in action throughout our inspection.

There was a clear vision and strategy to become the service of choice within the local area by 2024. The director had an understanding of the local and wider health economy. They had taken action to develop strong working relationships with local maternity care providers to provide women with services that were well connected. In addition, they had developed links with other providers to ensure women had access to relevant services, including for those who suffered loss during their pregnancy.

Staff told us they had been involved in developing the values, vision, and strategy of the service.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear.

Good

Diagnostic imaging

Staff told us they felt valued and respected by the manager. All staff were committed to providing a women and family centred service. We consistently saw staff treating women and their families in line with the service values.

The manager promoted equality and diversity in daily work. All staff had completed equality and diversity training. We saw that equality for staff and women was a central aspect of the service's values.

Staff had opportunities to develop their skills and careers and the training provided was comprehensive.

Women and their families could raise concerns without fear. The manager actively encouraged feedback and monitored this for trends and issues. We saw examples of feedback being taken seriously and issues being acted on.

Staff regularly attended meetings with the director. They told us there was an open culture where they could raise concerns, make suggestions, and be involved in the development of the service.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Effective processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services were in place. There was a robust governance framework. The director used a clinical governance and quality assurance audit tool to gather and collate feedback. This included recording incidents, audit results and other issues. The service had an effective system to ensure that all staff underwent appropriate checks as required by Schedule 3 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The director reviewed the assurance tool monthly and held service review meetings with staff to look at results, discuss learning and improvement and feedback. Policies were reviewed and updated in line with changes discussed. We reviewed policies as part of our inspection and saw that these were regularly reviewed and updated. Staff knew how to access policies and procedures and were clear about their roles and accountabilities in relation to delivering the service.

Management of risk, issues, and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Processes were in place to identify, record and manage risks. There was a service risk register in operation. Risks identified included environmental risks such as fire, infection control and other health and safety concerns. Managers followed a risk management process to take action to minimise risks with mitigating actions. For example, they had scheduled fire drills as well as training and maintenance plans to mitigate the risk of fire. Managers reviewed the risk register during the monthly governance meeting.

A programme of clinical and internal audit to monitor quality and operational processes was in place. This enabled managers to have oversight of quality and safety of the service. For example, a robust programme of audits and safety checks was in place providing managers with information to identify quality and safety issues quickly. This included oversight of the referral processes, quality of scans and reports, infection prevention and control practice, and ensuring staff competence.

Good

Diagnostic imaging

The impact of risks on quality and sustainability had been appropriately assessed and quality assurance processes were sufficiently robust. We saw that monitoring of re-scan rates had shown a slight increase in recent months. As a result, the director had implemented enhanced monitoring to identify any trends.

Staff told us they were actively involved in discussions around decision making and that this was focused on the quality of the service provided. They had the opportunity to raise concerns and be involved in identifying and implementing solutions.

The service had a business continuity plan that included back up plans for different types of issue that had the potential to impact the running of the service. This included arrangements in the event of the failure of equipment.

Information Management

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

Information about the types of scans offered, including costs, was clearly visible on the service website. Women were also informed of costs at the time of booking, and we saw information relating to this visible within the reception and waiting areas of the clinic.

Data was collected about aspects of the service such as re-scan rates, errors, complaints, infection control and cleaning, equipment testing and the quality of scanning. This information was used to inform the development of the service and evaluate the quality of scanning processes to provide assurance and inform quality improvement activities.

Staff had access to the necessary information to carry out their roles and responsibilities and they were involved in the evaluation of information as a part of this.

Information systems were integrated, secure and sufficiently backed up. The service also had clear arrangements in place for the secure destruction of records in line with the service policy and national guidance.

Managers were aware of their responsibilities to submit notifications to external organisations.

Engagement

Leaders and staff actively and openly engaged with women, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.

The director actively engaged with women about the quality of the service provided. They monitored online feedback and responded appropriately. They actively sought feedback from women, providing an opportunity for this at the end of every scan. They used feedback to plan, manage and evaluate services.

There were processes in place to collaborate with partner organisations to help improve services. This included a monthly call with local NHS services to ensure that the referral policy was operating effectively. An example of this included collaboration on defining the type of situations where an emergency referral to the local accident and emergency department was appropriate.

Good

Diagnostic imaging

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

The service had a robust quality assurance and improvement framework. There were clear processes for reflection and evaluation of the service provided, with involvement of all staff as appropriate. They used information from women's feedback, complaints, and issues to improve the service. They shared information with another local 'Hey Baby' service so that learning could be shared between services with a view to improving safety, quality and the experience of women and their families.