

Baby Ultrasound Clinic Limited

Quality Report

3 Church Bank

Bolton

BL1 1HX

Tel:: 0333 444 0174

Website: www.babyultrasoundclinic.co.uk

Date of inspection visit: 29 January 2019

Date of publication: 05/08/2019

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

Requires improvement



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?

Requires improvement



Overall summary

Baby Ultrasound Clinic Limited provides pregnancy keepsake scans to self-paying members of the public. The scans are abdominal and include 2D, 3D and 4D keepsake scans and gender scans. The clinic did not provide diagnostic scans.

The clinic had a waiting room, a scanning room, a toilet, a small kitchen area and a room with baby equipment on show for the public to purchase.

The clinic is based in Bolton and employs a radiographer and a receptionist. The manager was based at the clinic but also spent time at the other three locations across the North of England.

Summary of findings

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection on 29 January 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.

The main service provided was baby keepsake scanning.

Services we rate

We rated it as **Requires improvement** overall.

- Recruitment processes were not operated effectively.
- The provider did not have a system or process in place to ensure policies reflected current practice or were followed by staff.
- Not all staff were sufficiently trained or understood how to identify and protect service users from abuse or harm.
- The service did not always control infection risk well.

- The service had suitable environment and equipment, but these were not always looked after.
- The service did not always take account of patients individual needs.

However:

- Staff were competent for their roles and had completed mandatory training.
- People could access the service when they needed it.
- Staff treated patients with dignity and respect and involved patients and those close to them in decisions about their care.
- Concerns and complaints were investigated and treated seriously.
- The service engaged with customers and staff and took action to improve the service provided.

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 three requirement notices. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Requires improvement



Summary of each main service

We rated this service as requires improvement because not all staff were sufficiently trained or understood how to identify and protect service users from abuse or harm. Recruitment processes were not operated effectively. The service also did not have effective governance systems in place to ensure that policies reflected current guidance or that these were consistently followed. However, people could access the service when they needed it and the service engaged with them to improve the service provided. Complaints were treated seriously and patients were treated with dignity and respect.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Baby Ultrasound Clinic Limited	6
Our inspection team	6
Information about Baby Ultrasound Clinic Limited	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Overview of ratings	9
Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19

Requires improvement 

Baby Ultrasound Clinic Limited

Services we looked at

Diagnostic imaging.

Summary of this inspection

Background to Baby Ultrasound Clinic Limited

Baby Ultrasound Clinic Limited is privately operated. The clinic is based in Bolton, Greater Manchester and opened in 2015. The clinic serves the local community of Bolton and accepts patients from outside this area.

The clinic provides 2D,3D,4D scans and produces keepsakes such as DVD's, photographs and key rings.

The clinic is open on Tuesday, Friday, Saturday and Sunday. The service has had a registered manager in post since it opened in October 2015.

There are two other clinics in Huddersfield and Macclesfield, and another clinic in Chester that has recently opened.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and another CQC inspector.

The inspection team was overseen by Nicholas Smith, Head of Hospital Inspection.

Information about Baby Ultrasound Clinic Limited

The clinic had one ultrasound scanning machine and is registered to provide the following regulated activities:

- Diagnostic and Screening.

During the inspection, we inspected all areas at the clinic and observed two ultrasound scans. We spoke with three staff, the manager, radiographer and receptionist. We spoke with two patients and reviewed customer feedback.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the clinic's first inspection since registration with CQC.

Activity (15 January 2018 to 15 January 2019)

- 2754 scans performed.
- No appointments cancelled or re arranged.
- Five women signposted to other services for further review.

Track record on safety

- No Never events
- No incidents or serious injuries
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli
- Four complaints

Services provided at the clinic under service level agreement:

- Fire risk assessment.
- Social media advertising.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as **Requires improvement** because:

- The service did not ensure that staff received appropriate safeguarding training and not all staff understood how to protect patients from abuse.
- The service had suitable equipment and premises but these were not always looked after.
- The service did not always control infection risk well.

However

- Patient records were stored within a secure environment.
- Staff had completed mandatory training.
- Women were signposted for further assessment if any concerns were identified on the scan.

Requires improvement



Are services effective?

We inspected but did not rate the effective domain as we do not collect enough information to rate. During our inspection we saw:

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Managers monitored the effectiveness of its service.
- Staff were competent for their roles.

Not sufficient evidence to rate



Are services caring?

We rated it as **Good** because:

- Staff treated patients with dignity and respect and involved patients and those close to them in decisions about their care.
- Feedback from patients confirmed that staff treated them well and with kindness

Good



Are services responsive?

We rated it as **Good** because:

- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them, and learned lessons from the results.

However:

- The service did not take account of patients' individual needs.

Good



Are services well-led?

We rated it as **Requires improvement** because:

Requires improvement



Summary of this inspection

- Policies were inconsistent and did not always reference current guidance.
- Staff were not aware of all policies and these were not always followed.
- Recruitment processes were not operated effectively.

However:

- The service had a vision for what it wanted to achieve.
- Staff felt supported and valued and there was a positive culture.
- The service engaged with customers and took action to improve the service provided.





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	N/A	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement

Diagnostic imaging

Safe	Requires improvement 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

Are diagnostic imaging services safe?

Requires improvement 

We rated safe as **requires improvement**.

Mandatory training

Staff accessed training via e-learning which had been implemented following a recent inspection at another location. At the end of each module staff completed a test and were provided with a score out of 100. The manager told us staff would be asked to repeat modules if they didn't achieve the 90% target and gave us an example where this had recently happened.

Mandatory training for all staff included health and safety, fire training and safeguarding adults. We saw evidence that all staff had completed these recently.

At the time of inspection, the manager told us training provided to each staff member was role specific and the receptionist had also completed consent training and the radiographer had completed moving and handling.

Data provided to us prior to inspection stated that staff had received training provided by the manager including customer care and conflict training. However, staff we spoke to did not recall receiving this training. When we raised this with the manager they told us the training was informal and more of a discussion for example giving staff scenarios and discussing what they would do.

Safeguarding

Not all staff understood how to protect patients from abuse.

The registered manager told us they had been trained to safeguarding level three by an external company. Following our inspection, we requested evidence of completed training and observed level three had been completed following our inspection on 31 January 2019.

Data provided showed staff had recently completed training in safeguarding of vulnerable adults.

Staff had not received training in safeguarding of children despite the service offering scans to young adults aged 16 and over. This was discussed at the time of inspection and the manager confirmed no one under the age of 18 years had accessed the service. We were provided with evidence that staff had attended training in safeguarding children level two following our inspection.

There was a safeguarding adult's policy for staff to follow. The policy did not reference up to date guidance, including Adult safeguarding: roles and competencies for health care staff- Intercollegiate document (August 2018).

The service did not have a safeguarding children's policy.

Staff told us that they would speak to the manager if they were alerted to a safeguarding incident. However, one member of staff could not describe what a safeguarding incident was. Therefore, we were not assured that the safeguarding training provided for staff was sufficient to protect service users from abuse. We raised this with the manager at the time of inspection.

Information regarding safeguarding abuse, types of abuse along with contact details to report concerns was displayed in the reception area. We saw evidence that staff had had up to date disclosure and barring service checks.

Cleanliness, infection control and hygiene

Diagnostic imaging

The service did not always control infection risk well.

The registered manager was the lead in infection control and had completed training. Staff had access to an infection control policy.

During inspection we observed the majority of areas were visibly clean and tidy.

There were hand wash basins with hand soap, in the scanning room and toilet area we observed posters illustrating hand washing techniques.

During our inspection we observed there was no warm or hot water. We raised this at inspection and the manager told us they were not aware of this and raised it immediately with the landlord. The manager told us they would provide hand gel to be used. However, this had not been done by the time we left the site.

Following our inspection, the registered manager confirmed the issue with the water had been resolved.

We observed the radiographer putting gloves on prior to scanning a woman, but they did not wash their hands or use hand gel either before or after. Hand gel was positioned next to the radiographer, but they told us they hadn't used it due to it being too cold to apply to their fingers as this would prevent her ability to type on the machine.

The radiographer and receptionist were responsible for cleaning the premises.

During our inspection we observed signed forms to confirm areas were clean or had been cleaned. However, we observed the patient bed was covered in dust and the cover which was placed on top was marked. Staff applied a paper roll on top of the cover and replaced this after each patient. We raised this at the time of inspection and the manager told us she would address it immediately.

Following our inspection, we requested a copy of the cleaning schedule completed for December 2018 and January 2019. However, at the time of writing the report we had not received this.

The infection, prevention and control policy stated that all staff were to attend training in infection control and we observed hand washing, chemicals and personal protective equipment, waste and laundry and linen was part of the health and safety module that both staff had completed.

Environment and equipment

The clinic had suitable equipment and premises but these were not always looked after well.

The ultrasound scan had not been serviced since November 2015 as per the manufacturer guidance. The manager had contacted the manufacturer two weeks prior to our inspection to address the issue and we saw evidence the service was planned to be undertaken within the next week. We saw evidence the manager contacted the manufacturer who told them the equipment was safe to use.

We observed equipment including the ultrasound scan had been safety electrical tested.

The clinic had a first aid kit and all items within it were within their expiry date.

Staff had access to gloves and ultrasound gel: all were found to be in date.

We saw bleach and other cleaning liquids stored on top of a kitchen cupboard that could not be reached by children. There was no cupboard for the storage of chemicals hazardous to health.

The premises had clearly marked fire exits, alarm points and extinguishers which were stored securely. We observed the fire extinguishers had recently been serviced in accordance with British Standard 5306 part 3. Tackling fires and fires extinguishers was part of the mandatory fire training.

On the day we inspected the clinic, the weather was cold and the service was using portable electrical heaters in the reception and the other in the scanning room. Despite this, we observed the scanning room did not warm up until the afternoon, with the other areas remaining cool throughout the day. This could potentially make it uncomfortable for pregnant women and those accompanying them. Two women we spoke to mentioned the temperature of the room was cold.

Assessing and responding to patient risk

The service did not offer diagnostic imaging services. Staff told us the scans were not intended to be diagnostic and did not replace routine hospital scans. This was reflected on the service's website.

Diagnostic imaging

Information on the website regarding risk was inconsistent. The website and consent form informed women that “there is no evidence to suggest that the scans are harmful in any way. However, it is vital that you are aware of the risks associated with the procedure before coming to any decision on the matter”. However, information documented on the websites frequently asked questions page stated that “ultrasound has been used for the last 40 years successfully. No proven risks are known to date. For updated information see Fetal Medicine Foundation and British Medical Ultrasound Society”.

Women were asked to bring their medical notes so in the rare circumstance something was picked up, their doctor or midwife could be contacted. Staff told us if further assessment or opinion was required the radiographer would explain the process to the woman and provide information for the woman to take to the appropriate healthcare professional as advised by the radiographer. In addition, the woman would be given the option of staff also contacting the health professional.

Staff had completed an e-learning course in health and safety which included first aid. The service had a policy for staff to follow if a person became unwell. Staff were aware of what actions to take which included attempting resuscitation, if required and dialling 999.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to provide the right care.

There was one radiographer along with a receptionist who was based full time at the location. Data provided showed there were no vacancies.

Challenging behaviour and lone working was part of the health and safety module. The service had a lone worker policy. However, staff were not aware of it.

The service did not utilise agency or bank staff and staff would travel and provide cover to other locations if required

The registered manager worked across the three other locations, but told us they could get to the clinic within an hour if required.

Records

Staff kept records of patient care and these were stored securely.

All information relating to patient care was stored electronically apart from consent forms which were stored in a secure filing cabinet. The manager told us these would be shredded after 3 years.

Incidents

Data provided showed from 15 January 2018 to 15 January 2019 there were no serious incidents reported at the clinic.

Staff had access to an incident reporting policy and staff understood the process.

Staff told us any incidents would be recorded within the incident book in reception and investigated by the manager. However, they confirmed there had been no incidents at this location.

Staff we spoke to were aware of the principles of duty of candour and being open and honest. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain ‘notifiable safety incidents’ and provide reasonable support to that person.

The radiographer gave us an example of an incident in a previous employment where they had been open and honest with a patient.

Are diagnostic imaging services effective?

We inspected but did not rate the effective domain as we do not collect enough information.

Evidence-based care and treatment

The service provided information and referenced guidelines relevant government websites and the British Medical Ultrasound Society referenced guidelines from Public Health England (previously the Health Protection Agency) on their website and on the consent form.

Nutrition and hydration

Diagnostic imaging

Women attending for early scans were advised it is helpful to have a full bladder. A water cooler was available in the waiting area for those attending the scan to have a drink.

We also observed snacks such as sweets and chocolate available to purchase.

Patient outcomes

The manager monitored the effectiveness of care and used the findings to improve them.

The registered manager told us they performed a 'total body audit' to monitor the effectiveness of the service. We reviewed a copy of the audit summary for 2017 that concluded no further actions were needed. The next review was due in 2019.

Patient experience was monitored through complaints and patient feedback forms which were available in the reception area for patients to complete.

We observed eight feedback forms and noted all were positive about the service they received.

Competent staff

The service made sure staff were competent for their roles.

During our inspection we found staff were knowledgeable about the patients' pathway and their roles and responsibilities.

The service had an induction policy that explained the process for new employees that included training on an induction day and regular reviews. We observed documentation in each staff file that regular reviews had been held with staff as per the policy.

The radiographer told us on induction they were trained on the ultrasound machine by an external company. A training operative manual was available on the ultrasound machine and staff told us if there were any issues they could refer to this at any time. New radiographer to the company were shadowed and observed performing scans by more experienced colleagues until they were both confident and competent.

Staff confirmed there were regular meetings with the manager although these were not always formal or minuted.

Multidisciplinary working

During our inspection we observed good interaction and a positive working environment with the three staff members at the service.

The manager was responsible for four sites including one which had recently opened. Staff told us that the manager regularly visited each location.

Radiographers provided cover for leave for colleagues at other locations. The radiographer told us they had done this the previous week.

Staff told us the radiographer would liaise with the midwife or relevant health care professional if there were any concerns identified during the scan.

Seven-day services

The clinic was open four times a week: Tuesday (10am to 7pm), Friday (11am to 8pm), Saturday (10am to 7pm) and Sunday (11am to 5pm). This meant those who had commitments such as work or childcare could attend the appointment.

Consent and Mental Capacity Act

The service had a consent form for women to read and sign and included information by Public Health England and stated the scans were not diagnostic, did not provide obstetric care or replace scans with the NHS.

Consent was taken by the receptionist. The receptionist provided each patient with a consent form on arrival and gave time to read and sign.

During our inspection we observed the receptionist check the patient understood the information and the reason for attendance.

We also observed the radiographer asking the patient to confirm what scan they had come for along with explaining and asking for confirmation to proceed to performing tasks such as applying gel onto the abdomen.

Data provided showed the receptionist had completed a training module on consent which also included capacity. The radiographer had not completed training in consent. However, the manager told us they were due to complete this in the next few weeks.

The service had a Mental Capacity Act policy and we were told staff received training on induction.

Diagnostic imaging

We spoke with staff who demonstrated understanding around capacity and consent and told

us if there was any doubt regarding a patient's capacity they would not consent or perform the scan and the patient would be asked to see their midwife.

Are diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

Patients were respected and their privacy and dignity was maintained.

Comments documented on patient feedback collated from the provider were positive and included written comments "staff are very polite and friendly, brilliant experience"

Emotional support

Staff provided emotional support for patients to minimise their distress.

Staff told us if an anomaly was detected, they would support the woman and their families and advise them to see their midwife. The service had a 'privacy and dignity' policy which stated staff responsibilities.

During our inspection we observed the radiographer having conversations with patients in the scanning room where they could not be overheard. The reception area was small and conversations could be overheard. However, we observed conversations were discreet.

Patients were given time and privacy to complete the patient questionnaire.

Understanding and involvement of patients and those close to them

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

During our inspection we observed the radiographer explaining the images whilst they were on the screen to a

woman and their partner. The radiographer asked another woman if they wished to know the gender before disclosing it and asked if they were happy with the images and had any further questions.

Following the scan, the women and their families had a number of images to choose from and during our inspection we observed they were not rushed in picking the ones they wanted.

Information regarding the different types of scans and packages available for people to purchase was clearly presented on the providers website.

Are diagnostic imaging services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

The clinic was located near to the centre of town with access via public transport. Pay and display car parking was available outside the clinic.

The clinic was located on the ground floor and consisted of a reception area, a scanning room, a kitchen area, toilet and an additional room that had baby equipment, mainly prams that could be purchased.

In the scanning room there was an ultrasound machine, four chairs, a patient bed and a sink. In addition, there was a raised television screen on the wall that displayed the images from the scan. We observed this was positioned to the side of the patient which meant the mother to be would have to turn their head to see the images. Staff told us they had raised this to the manager but nothing had been actioned.

The clinic informed patients that they should be at least seven weeks pregnant for a keepsake scan, and 16 weeks for a gender scan.

The appointment time allowed the patient time to read and sign the consent form, ask questions and not be rushed. We observed this during our inspection.

Meeting people's individual needs

Diagnostic imaging

The service did not take account of patients' individual needs.

The serviced advertised that that there was disability access throughout the clinic and the receptionist told us she would advise those who had a disability to attend the Bolton clinic. However, we did not observe any disability facilities within the toilet and there was limited space in the clinic room. Staff told us if a person in a wheelchair required a scan they would move the chairs to the corridor to allow a wheelchair to be positioned next to the bed. Staff were not provided with any training regarding disabilities.

There were no arrangements in place for staff to access translation services for patients whose first language was not English and for patients who required British Sign Language interpreters. Staff told us they had never had any issues with translation as all patients had spoken English.

Access and flow

People could access the service when they needed it.

Women could arrange an appointment over the phone or via the provider website seven days a week.

The receptionist arranged appointments for scans across all locations which were received either by phone call or via the website. During the process, staff would go through a checklist with the customer and this included the purpose of the scan, whether there was an anterior placenta (which can affect the quality of the scan), whether it was a multiple pregnancy and discuss pre-scan instructions.

Appointments were clearly documented on an electronic system with the woman's details and the type of scan to be undertaken.

Customers paid a non-refundable deposit when booking the appointment. This information was clearly documented on the website.

Data provided showed from 15 January 2018 to 15 January 2019:

- 2754 scans were performed.
- No appointments were cancelled or rearranged by the provider.

- Five women were signposted to other services following their scan.

Learning from complaints and concerns

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

Information about who to contact to raise any concerns or complain to was visible within the waiting area at the clinic and on the website.

Between 15 January 2018 to 15 January 2019 the service received four complaints each regarding different issues; the quality of the image, not receiving all images, a DVD disc was not working and a complaint about not being reimbursed when unable to attend a rearranged appointment.

The manager gave us examples of change in practice following complaints including updating the website and consent form to ensure it was clear that abdominal scans were performed.

The manager kept a record of the complaints including complainant details, date of complaint and who raised to and the outcome with recommendations. However, the date of resolution was not documented which meant we were not clear whether these were addressed within a timely manner. The manager told us the complaints had been responded to immediately and they were going to start collating this information.

Are diagnostic imaging services well-led?

Requires improvement 

We rated it as **requires improvement**.

Leadership

The service was led by the registered manager. The manager told us they had not accessed any training in leadership. However, they planned to do something in the future.

The manager told us they regularly reviewed the British Medical Ultrasound Society's website for new articles to keep up to date.

Vision and strategy

Diagnostic imaging

The vision for the service was to build a reputable brand that was recognised and reputable.

The service had a business plan that included actions taken to achieve the vision including increasing online exposure and a review of strengths, weaknesses, opportunities and threats (SWOT).

Culture

The manager promoted a positive culture across the service that supported and valued staff.

Staff felt fully supported and valued by their manager. Although the manager wasn't based at the location, staff told us they were always accessible.

Staff told us they were happy to work at the clinic and were comfortable in raising concerns directly with the manager.

Governance

The service did not have systems or procedures in place to ensure that its policies were up to date, regularly reviewed, referenced current guidelines or that these were followed.

The service had a recently revised complaints policy that stated the process and expected timelines for complaints to be responded to and resolved. It also included the process that makes reference to review by 'the board'. However, the manager confirmed there wasn't a board.

The service did not provide staff with training as documented within some of the policies for example the cardiopulmonary resuscitation policy stated "the organisation will ensure staff are trained to at basic life support/ intermediate life support standard and practice techniques every 12-18 months on a mannequin and that that staff were to complete anaphylaxis training". Staff told us they had completed basic life support training as part of their health and safety module. This was not a practical training session. The manager confirmed staff had not completed any anaphylaxis training and no adrenaline was stored at the clinic.

Policies were also inconsistent with the safeguarding policy stating "staff appointments are all subject to two references" and the recruitment policy stating at least one written reference".

Staff were not aware of all the policies and these were not always followed.

The provider had a recruitment and selection policy that explained the recruitment process from identifying the vacancy to the probationary period. The policy included templates for candidate pre-selection and person specification. However, we did not see evidence of these in the two staff files we reviewed.

We also found no evidence of references being requested or received. The manager confirmed there were no references as they had experienced difficulty chasing a member of staff references and references were not requested for the other member of staff as they had not had a previous job. However, this staff member told us they had previously been employed.

We observed that a disclosure and barring service check had been undertaken for all staff.

Managing risks, issues and performance

The service had systems to identify risks, and planned to eliminate or reduce them.

Risk assessments were completed and reviewed annually. The risk assessments included the risk/hazard, who might suffer and why, what actions were in place to mitigate the risk and further actions required. A responsible person along with expected and actual date of completion was documented. Risks included contact with bleach and other cleaning products, slippery surface in the toilet and kitchen areas, privacy in the treatment room, display screen equipment, fire and lone working in addition to the risks documented on the risk register.

The service had a risk register that was reviewed and updated annually. The risk register described each potential risk and current controls in place along with proposed controls. There were no dates as to when the risk was added to the register.

The register had four risks on. These were storing personal data incorrectly, faulty ultrasound equipment, inadequate policies and procedures and competency of staff. We observed the controls in place for ultrasound equipment was that it was serviced on a regular basis as required. However, we did not see evidence of this on inspection.

Diagnostic imaging

The manager told us they would perform monthly checks at the location including fire extinguisher checks and alarms. However, these were not recorded.

Annual audit was performed that monitored outcomes, clinical issues and incident and staff adherence to governance procedures and policies. Following our inspection, we received a copy of an audit and noted information was brief and indicated compliance in all areas.

Team meetings were held six monthly. However, staff told us as the team was small they would discuss any issues as they occurred and were kept informed daily, if required. We reviewed minutes from May 2018 and November 2018 and noted they were brief but staff had the opportunity to raise any issues or concerns.

Managing information

The service collected, analysed and used information well to support its activities.

The service had a secure portal that allowed for sharing of information across the locations. Staff told us this was useful if a second opinion from another radiographer at the service was needed on a scan image.

Computers in reception area were password protected. However, the ultrasound machine was not. The registered manager told us they were currently addressing this. The machine was stored in a clinic room which we were told was locked overnight.

Information on the website was not clear as it stated that 'the professional scanning team are all fully qualified

radiographers working within the NHS'. However, the radiographers who worked at the clinic did not work elsewhere. In addition, the website stated no more than three scans will be provided as per British medical ultrasound society guidelines. However, we did not see any guidance in relation to the number of scans performed.

Engagement

The service engaged well with customers and staff.

Women who accessed the service were given the opportunity to provide feedback relating to the service they received on the feedback form along with a feedback book that was in reception. We reviewed the book and saw all the comments were positive but these all dated back to 2016.

Staff completed a questionnaire relating to their experience yearly. We reviewed the completed forms for 2018 and noted all responses were positive and there was nowhere on the form for staff to expand on their yes/ no answers.

During our inspection staff felt that the manager engaged with them and they gave us examples of changes in process as a result of them raising issues to the manager, including increasing the time to scan a patient.

Learning, continuous improvement and innovation

The serviced used complaints and patient and staff feedback to improve its service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure all staff receive safeguarding training that is relevant and at a suitable level for their role to enable them to recognise different types of abuse and the ways they can report concerns.
- The provider must ensure staff are aware of and have access to current procedures and guidance for raising and responding to concerns about abuse.
- The provider must ensure there are systems and processes in place to review internal policies to ensure they reflect current guidance and are followed by staff.
- The provider must ensure recruitment procedures are operated effectively to confirm persons employed are fit and proper and are of good character by requesting and retaining employment references.

Action the provider **SHOULD** take to improve

- The provider should consider taking steps to improve its infection prevention and control practices.
- The provider should consider recording all information, including timelines when investigating and responding to complaints.
- The provider should consider providing staff and patients access to translation services and literature in other formats or languages if they are required.
- The provider should review the provision of services for people accessing the location with additional needs or disabilities.
- The provider should consider arranging for access to the ultrasound scan to be only by authorised people.
- The provider should consider offering all staff the opportunity to complete additional training modules.

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

Diagnostic and screening procedures

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Systems and processes must be established and operated effectively to prevent abuse of service users

Regulation 13 (2) (3)

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 HSCA (RA) Regulations 2014

Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

Persons employed for the purposes of carrying on a regulated activity must be of good character

Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions

Regulation 19 (1)(a) (2)