

Katie Ellison Limited

HELLO BABY

Inspection report

1 Scholes Lane
St Helens
WA9 5NX
Tel: 01744810999
www.hellobaby4dscan.co.uk

Date of inspection visit: 01 November 2022
Date of publication: 05/12/2022

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 enough staff with the right skills to carry out activities relevant to this service to keep people 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 registered manager 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 information when this was required.

Staff treated women with compassion and kindness, respected their privacy and dignity, and helped them understand their keepsake images. They provided emotional support to women, families and carers when this was necessary.

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 images.

The registered manager ran the service 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 using the service. Staff were clear about their roles and accountabilities. All staff were committed to continually improving the service.

However:

- The service had not yet included training awareness for Learning Disability and Autism which had become mandatory on the 1 July 2022.
- The service had sensitive information recorded on paper which although shredded was not disposed of correctly using a confidential waste disposal service.
- The service did not have evidence of maintaining hand hygiene measures.
- Two references had not been obtained for new employees or risk assessed before starting employment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	See overall summary above

Summary of findings

Contents

Summary of this inspection

Background to HELLO BABY	5
Information about HELLO BABY	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to HELLO BABY

Hello Baby is operated by Katie Ellison Limited. Hello Baby registered with the Care Quality Commission in 2017. The service has had a registered manager in place since initial registration.

The service provides a range of ultrasound scans in 2D, 3D and 4D during pregnancy for women aged 18 years and over.

It is registered to provide the regulated activity of diagnostic and screening procedures.

All scans were performed by the registered manager and the service employed five receptionists.

We inspected this service on 21 June 2019 and rated it Requires Improvement with breaches in Health & Social Care Act (HSCA) (RA) Regulations 2014. These included, Regulation 11: Need for consent, Regulation 12: Safe care and treatment, Regulation 13: Safeguarding service users from abuse and improper treatment, and Regulation 16: Receiving and acting on complaints.

A further inspection was undertaken on 3 March 2022 due to concerns identified in our monitoring approach. On this occasion the rating went down as the service had failed to make the required improvements identified in the last inspection and had breaches of HSCA (RA) Regulation 14. These included, Regulation 10: Dignity and respect, Regulation 16: Receiving and acting on complaints, Regulation 12: Safe care and treatment, and Regulation 17 Good Governance.

We rated the service inadequate overall and suspended the service pending actions it must take. The suspension was lifted in April 2022 following improvements made by the service.

For more details please refer to the previous report about this service in March 2022.

This inspection is a follow up inspection to assess the service and review the rating.

How we carried out this inspection

Our inspection was unannounced. We inspected this service using our comprehensive inspection methodology. One lead inspector and a second inspector carried out the inspection on 1 November 2022 with off-site support from an inspection manager and head of hospital inspection.

On the day of the inspection, we spoke with two members of staff, the registered manager and two people using the service.

We reviewed four staff recruitment files, competency and training records and appraisals. We also reviewed five service user consent and booking form records.

We also reviewed a wide range of policies and procedures and audits.

Summary of this inspection

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

Areas for improvement

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

- The service should ensure that training for Learning Disability and Autism awareness is mandatory.

From 1 July 2022, all CQC-registered health and social care providers have to make sure their staff receive training on learning disabilities and autism appropriate to their role, under s181 of Health and Care Act 2022.

- The service should ensure that sensitive information recorded is destroyed and disposed of correctly as per the General Data Protection Regulation 2018 (GDPR)
- The service should ensure two references are obtained prior to working in the service or a risk assessment is undertaken to provide 'satisfactory evidence of conduct in previous employment concerned with the provision of services relating to (a) health or social care, or (b) children or vulnerable adults' as per The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The service should ensure the implementation of hand hygiene monitoring in line with the national IPC guidance and recommendations.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

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

On our last inspection staff had not completed all their mandatory training. On this inspection the registered manager had implemented a training matrix as set out by the Skills for Health Core Framework. All staff had received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of women and staff. National mandatory training announced July by the Health and Care Act 2022, introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. for learning disability and autism had not yet been implanted but some aspects of awareness had been covered in other training such as the Mental Capacity Act and safeguarding. Additional training undertaken by the service included chaperone training, duty of candour and display screen equipment (DSE).

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.

On our last inspection the service did not have a comprehensive safeguarding policy and staff were not trained to the appropriate level.

Following this inspection, the service had updated and implemented a comprehensive safeguarding policy and procedure. We saw evidence that all staff received training specific for their role on how to recognise and report abuse and had completed level 1 and 2, Safeguarding Children and Young People and Adults.

Staff had training to identify adults and children at risk. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager shared several examples of protecting women and had ensured that they were followed up by services.

Diagnostic and screening services

Posters with information about domestic violence were visible and a chaperone policy and training were in place.

The service completed pre employment checks including disclosure and barring checks (DBS), and employment history. Four personnel files were reviewed and found to contain the expected pre-employment checks and current DBS certificates. However, the service had not ensured two staff had provided both references before starting employment and risk assessments had not been made.

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.

On our last inspection we found the service failing to assess, prevent, detect and control the spread of infections, including those that are health care associated by not ensuring that premises and equipment were clean and free from infection.

On this inspection we found all areas were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed current infection control principles. Hand sanitiser was visible and people using the premises were encouraged to use it. Masks were also available. Preferences of service users for staff and visitors to wear masks was accommodated. We saw the ultrasound technician observed hand hygiene measures in between scans. Handwashing facilities were available in the adjacent bathroom and handwashing posters were displayed. There were no records of hand hygiene audits available.

Staff cleaned equipment after patient contact following the manufacturer's instructions and recommended product. Cleaning records were completed. We observed that the ultrasound technician was bare below the elbow when scanning women and in clinical areas.

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.

On our last inspection we found the service was failing to assess the risk to the health and safety of service users and was not doing all that was reasonably practicable to mitigate such risk for example, loose flooring tiles, incorrectly stored substances hazardous to health and an unsafe scanning couch.

On this inspection records confirmed safety and maintenance checks of equipment were carried out as per manufactures' recommendations such as, fire extinguishers, portable appliance testing (PAT) and scanning machine.

The service had suitable facilities to meet the needs of women's families. Floor tiles had been replaced since our last inspection and Control of Substances Hazardous to Health 2002 (COSHH) had been put in place with cleaning products stored in a locked cupboard.

The service had enough suitable equipment to help them to safely care for women. The scanning couch had been replaced since our last inspection that was adjustable and had brakes making it safer for women to use.

Staff disposed of clinical waste safely and had a waste management contract in place.

Diagnostic and screening services

The open plan design of the reception, waiting room and viewing area meant that it could be difficult for women to speak with staff or view pictures in private. The registered manager maintained a limit on the number of people allowed in the service at any one time. Women could speak privately to staff in an enclosed office or the scanning room.

Assessing and responding to patient risk

Staff assessed risks to women and knew what to do when there was an emergency.

On our last inspection we found the service did not have a policy for staff to follow in the event of an emergency or if a service user became unwell and needed to be urgently referred to another healthcare provider.

Since our last inspection the service has implemented a referral pathway to the Early Pregnancy Assessment Unit (EPAU) should a woman need to be referred to the hospital for follow up. The pathway was also displayed in the office. The service had contact details for local maternity units if the mother preferred the registered manager to contact them on her behalf. The registered manager said a follow up phone call was made with the unit within two days to ensure the woman had been referred. Anyone needing emergency medical treatment would be referred through the 999 service.

The service had implemented a rescanning policy and guidance for staff about repeat scanning. The registered manager said each woman would be assessed and directed to their general practitioner and The British Medical Ultrasound Society website (BMUS) to make an informed choice about the frequency of scanning. The ultrasound technician follows ALARA principles. ALARA stands for “as low as reasonably achievable”. ALARA means avoiding exposure to radiation that does not have a direct benefit to you, even if the dose is small.

Staff completed risk assessments for each woman on arrival and asked about allergies. New booking forms will include a specific box for allergies.

Following our last inspection an inclusion and exclusion criteria, for women who could or could not access the service had been implemented. The registered manager gave an example of when the exclusion policy had been used. The service no longer accepts scan requests for persons under 18 years of age.

Staffing

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

The registered manager told us that locum staff were not used. If the ultrasound technician was unavailable, the clinic would close.

There were five receptionists to cover the service hours to take calls, telephone bookings and to cover reception when scanning was taking place. They supported women to view their scan images and prepare products such as gender reveal balloons and toy bears.

Records

Staff kept appropriate records of women's medical conditions and baby scans. Records were clear, up-to-date, stored securely and easily available to all staff providing scans.

We reviewed five women's records which were comprehensive and all staff could access them easily. On arrival forms completed on-line were checked with the woman for accuracy and a signature only obtained by the ultrasound technician after consent had been obtained. Staff completed any relevant notes on the booking forms.

Diagnostic and screening services

Paper records were stored securely and kept in a locked cupboard and destroyed within one year. However, there was not a confidential waste management service to safely remove the destroyed paper to ensure sensitive information was disposed of as per the General Data Protection Regulation 2018 (GDPR). Scan images and photographs were securely stored electronically and removed after 20 weeks. Staff removed scan images and photos sent by email when requested by clients and deleted safely. The service had an information governance policy

Incidents

The service had a clear process for the management of incidents. Managers ensured that actions from safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The service had not had any serious incidents within the last twelve months. We reviewed incident logs which demonstrated the action taken and outcomes.

Staff understood the duty of candour. Although duty of candour had not been required, staff had received training and understood what it was and how to apply it appropriately including giving women and families a full explanation when things went wrong.

Safety alerts were monitored by the registered manager and distributed to staff as required.

Are Diagnostic and screening services effective?

Inspected but not rated 

We inspected but did not rate Effective

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.

On our last inspection we found the service was not always following the latest guidance for example, the service was displaying British Medical Ultrasound Society guidelines for professional ultrasound practice was out of date.

On this inspection staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

The registered manager of the service subscribed to British Medical Ultrasound Society (BMUS) and reported accessing information and articles.

Policies including a recruitment and employment policy, referral policy, lone worker policy and safeguarding policy were in place. These were in date and referred to up-to-date guidance and legislation.

The registered manager explained clearly to women that this was a non-diagnostic scan. Women were reminded of the importance of attending their hospital scans and appointments.

Diagnostic and screening services

Patient outcomes

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

The registered manager used audit results to improve women's outcomes where possible. These included auditing COSHH controls, maintaining cleanliness and infection prevention and control to keep people safe. Peer reviews had been introduced since our last inspection with a sonographer external to the service.

The registered manager audited outcomes and made sure staff understood information from the audits so that improvements could be made and monitored. For example, a gender inaccuracy log was recorded and reviewed. The service stated clearly in written and verbal information that gender scans are not 100%. However, if the scan from the hospital differed from the keepsake scan a further scan was offered at a later date and if still different a refund was offered. Peer review scans provided external oversight of scanning standards.

The service also monitored feedback on social media apps to support service improvement where possible.

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.

On our last inspection we found the service failing to ensure that persons providing care and treatment to service users have the qualifications, competence, skills and experience to do so safely.

On this inspection we found staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. Since our last inspection the ultrasound technician who performed all the scans had implemented peer reviews with an external sonographer and completed a full range of mandatory training.

New reception staff employed by the service had a full induction tailored to their role and supported to complete their training.

The registered manager supported staff to develop through yearly appraisals of their work, identified any training needs their staff had to develop their skills and knowledge. The registered manager kept a record of all staff training needs and when they were due for renewal. All staff had received an annual appraisal and one member of staff was supported to extend their role with training and certification to take in house for gender confirmation.

The registered manager held team meetings with staff who had access to full notes when they could not attend.

Multidisciplinary working

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

The registered manager knew how to refer women for mental health support from their general practitioner or community mental health team when they showed signs of mental ill health such as depression. An appropriate pathway had been introduced for information sharing with local maternity units and safeguarding procedures where this was required or requested by the woman.

Seven-day services

Services were available five days a week. The service occasionally opened on a sixth day if

Diagnostic and screening services

required. This service did not provide emergency care and treatment and was not required to provide a seven day service.

The clinic was open for scans Tuesday to Saturday, and occasionally on a Sunday. Although no women would be booked in for a scan on a Monday, the reception was staffed to allow patients to call and book an appointment.

Health promotion

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

The service had relevant information and posters promoting healthy lifestyles and support in public areas, such as, eating disorders, drugs and alcohol, smoking, domestic violence and COVID-19.

Women were informed that they must also attend their NHS ante-natal scanning appointment.

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's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

On our last inspection staff did not receive training in consent, the Mental Capacity Act or Deprivation of Liberty Safeguards and were not always clear between the two.

On this inspection we found the service had improved. Staff received and kept up to date with training in the Mental Capacity Act (MCA). Staff were aware of women who may need support to make informed decisions and consent. They reported that their training for MCA. There was a 100% compliance for training which was mandatory.

Staff understood how and when to assess whether an expectant mother had the capacity to make decisions about their care.

Staff gained consent from women for their care and treatment in line with legislation and guidance. We observed the ultrasound technician clearly discuss scanning safety questions and obtain informed consent prior to carrying out the scan. Women using the service also told us this had taken place.

Staff made sure women consented to treatment based on all the information available. In addition, the registered manager signposted women to the BMUS website to make informed choices where required.

Staff said they used translation services to ensure women were consented directly. The service could translate the consent form into any language and those spoken by the women and local community.

Staff clearly recorded consent in the women's records. Five records were reviewed and demonstrated that consent was recorded appropriately. We also reviewed six months of consent audits which demonstrated oversight from the registered manager and they were completed appropriately.

Staff had access to mental health numbers and supported women to self-refer or would offer to phone on their behalf if they need psychological support. The safeguarding policy was followed in the event of a women needing more support. We reviewed records when this had occurred.

Diagnostic and screening services

Good 

Are Diagnostic and screening services caring?

Good 

Our rating of caring improved. We rated it as good.

Compassionate care

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

On our last inspection we noted that women did not always have the opportunity to speak to staff in private.

On this inspection we observed staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way.

We spoke with two women using the service who said staff treated them with kindness, respect and dignity during their visit. They reported that they were given enough time in their appointments to talk privately in the scanning room. Women described the service as “brilliant”, “would recommend the service to others” and “would have no hesitation in attending again.”

Women gave positive feedback about the service. Social media platforms from people who had experienced the service was predominantly positive.

Staff followed policy to keep patient care and treatment confidential. The number of service user were restricted in the service at any one time to provide more privacy. However, we noted that scan appointments were still 15minutes apart which the registered manager had assessed and found to be adequate pointing out that the actual scan only takes around five minutes as they are not diagnostic scans. The additional time was viewing and selecting keep sake images. Thirty minute appointments could be booked for four D scans and to allow more time for women during their appointment if required at an additional cost.

Emotional support

Staff provided emotional support to women, families and carers to minimise their distress.

Staff described how they gave women and those close to them help, emotional support and advice when they needed it.

The registered manager had not undertaken training on breaking bad news but was able to describe verbally how she managed bad news in practice when having difficult conversations. Women were given time in the scanning room for privacy until they were ready to leave. A wide range of Information was available on the service website for bereavement support.

The registered manager said they contacted women following bad news and now had a policy and process in place for staff to follow.

Diagnostic and screening services

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.

The service offered various scan packages. Information was displayed in the service and on the website so that women could choose which package they wanted.

Women who used the service could bring along friends and family members, including children, to their scan but had restriction in place to prevent too many people in the service at any one time.

Staff talked with women, families and carers in a way they could understand, using communication aids where necessary. For example, making sure that expectant mothers could see the wide screen scan images of the baby and taking the time to explain what the mother was looking at.

During our inspection, we observed staff making everyone feel welcome in the scan experience, including family members and friends.

Women and their families could give feedback on the service. The complaints policy was on display in the clinic and we saw staff encouraging women to leave reviews.

Women and their families could give feedback on the service and staff encouraged and supported them to do this.

Are Diagnostic and screening services responsive?

Good 

Our rating of responsive improved. We rated it 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.

The registered manager planned and organised services, so they met the changing needs of the local population. This included appointment times in the evening and weekends. Women said their appointment times were suitable.

The clinic was easily accessible by public transport and free parking available on nearby streets and a public car park.

The registered manager made welfare phone calls to women who did not show for their appointments.

Meeting people's individual needs

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

Diagnostic and screening services

On our last inspection the service did not have a policy for equality, diversity and inclusion and additional needs were not discussed or considered at the time of booking.

On this inspection the service had implemented an equality, diversity and inclusion policy and all staff had received equality & diversity training.

Following our last inspection, a list of proforma questions have now been introduced when taking direct and online bookings to ensure any special requirements prior to attending can be accommodated and documented; 48 hours' notice may be required for some adjustments.

People using the service told us the electronic booking was easy to use.

An inclusion policy ensured staff understood and applied the policy on meeting the information and communication needs of women with a disability or sensory loss. For example, the registered manager made sure staff, and women, could get help from an on-line translation service.

The service was accessible. The manager said doors had been widened to accommodate wheelchairs. However, a baby changing table occupied a large area of the toilet space and had to be removed first. There was also an assist handle in the toilet for accessible use. There was some information on the service website about accessibility.

A new scanning couch had been purchased that was adjustable to aid women from getting on and off it safely.

A water machine was available for people visiting the service

The service had a chaperone policy in place.

The service directed women to other services where necessary. A wide range of Information was available on the service website for bereavement support

Access and flow

People could access the service when they needed it. They received their appointment and images promptly.

Women could access an appointment booking system online which generated an automated booking confirmation.

Appointments could also be booked in person or by telephone.

Staff said the appointment booking system worked well.

The service kept a log of appointments and followed up nonattendances.

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.

Diagnostic and screening services

On our last inspection we found that the theme of complaints was the same as was found at the previous inspection about service users feeling rushed. Not enough actions had been taken to address this complaints theme.

In the last six months the service had received two complaints. This was a reduction in the number of complaints prior to our last inspection. The registered manager had taken action to speak with the complainants, offer resolution and share lessons with staff.

The service clearly displayed information about how to raise a concern or complaint directly with the provider and people using the service knew how to raise concerns or complain.

The registered manager monitored feedback and took action to respond to all positive and negative comments when left on social media. The registered manager invited dissatisfied reviewers on external media to raise a concern with the service directly to allow the service to review and resolve it.

Are Diagnostic and screening services well-led?

Good 

Our rating of well-led improved. We rated it 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 and take on more senior roles.

The registered manager had the skills, knowledge and experience to run the service well. They understood the challenges they faced and were clear about their roles and accountabilities.

They were visible and approachable to staff and worked closely with them to support the effective running of the service.

The registered manager had understood, managed and acted on the priorities and issues the service faced following the warning notice from our last inspection. A wide range of new and improved policies and procedures had been implemented to keep people safe. They had ensured that all staff had the skills and knowledge to carry out their roles effectively and safely.

Staff said how much the service had improved and felt supported.

A member of staff had undertaken training to take the gender blood test samples in house as part of their development.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

Diagnostic and screening services

At our last inspection the manager said they wanted to provide service users with a safe, caring and comfortable environment. They wanted to deliver 2D and 4D live ultrasound technology to all customers in a professional manner and that they wanted to promote excellence and ensure accuracy in all areas of scanning. However, they did not have the mechanisms in place to deliver this effectively.

On this inspection we found the service had implemented policies and processes giving greater clarity on how to achieve their vision and strategy. Staff understood the strategy for the service and felt able to contribute at regular team meetings.

Culture

Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service had an open culture where women, their families and staff could raise concerns without fear.

Staff felt supported and were proud to work for the organisation. The culture of the organisation was centred on improving the service and the needs and experience of the people who used it.

A lone worker policy was in place within the service and staff knew the process for lone working. When lone working the door was kept locked. A key safe had been installed in the case of an emergency. Staff said they felt safe in their workplace and did not worry about coming into work. They said the registered manager was always contactable. When scanning took place there was always two people in the service.

Systems were in place to ensure women using the service were provided with information that included terms and conditions of the service and the amount and method of payment of any associated fees.

Governance

Leaders operated effective governance processes, throughout the service. 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.

The registered manager was the sole owner, they had implemented external support with clinical and corporate governance guidance. Peer support was in place and records kept of advice and feedback provided. The registered manager had reviewed, updated and organised policies making them easily accessible and auditable. Policies we reviewed were in date.

On this inspection we found the service had worked hard to improve cleaning schedule compliance and the service was visibly clean with schedules completed.

Staff meetings now had a formal structure and were held every four months. Minutes of two team meetings demonstrated topics such as, infection prevention and control, general data protection, fire safety, maintaining privacy and dignity and the introduction of new consent forms were discussed.

Since our last inspection the registered manager had taken action to improve areas that were identified in our last two inspections and provided the CQC with updates and an action plan. Staff including the registered manager had received and kept up to date with mandatory training including safeguarding to level 2 in line with the intercollegiate safeguarding recommendations. Staff understood the principles of the Mental Capacity Act in relation to obtaining valid consent and we found consent forms fully completed and audited.

Diagnostic and screening services

Processes to ensure staff were suitably qualified, competent, skilled and experienced persons to provide a safe service were followed. For example, the manager had obtained DBS checks for all staff and new starters. However, two references were not always sought when we reviewed recruitment records, or were risk assessed to ensure that they were suitable to work in the regulated service. The registered manager said this was because they were already known to the service.

Women could book into the clinic for a blood test to find out the gender of their baby. This service was offered by another provider who provided the equipment, and staff and performed the blood test. Hello Baby, provided the clinic space, booked the appointments and posted the samples to the laboratory. There was a service level agreement in place which outlined clear responsibilities for each 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 were made aware and reminded of the services policies and procedures both verbally and in team meetings. Staff could access information in dedicated folders kept in the manager's office.

Performance was monitored through clinical audit and reviewed by the registered manager and in team meetings to identify where actions need to be taken.

Risk assessments were carried and audited by the registered manager and logged on a spread sheet with actions and mitigations in place. We reviewed the service risk assessments and found the recommendations and actions had been completed providing evidence of risks being identified and resolved.

A fire risk assessment, alarm testing and fire drills were now in place and fire extinguishers had been tested. All staff had received training in fire safety.

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.

The service had arrangements for the confidentiality of patient identifiable data, records and data management systems in line with the General Data Protection Regulation.

Relevant information was accessible to all staff and information was used to measure performance and improvement.

The service had an automated booking system

The service collected data on rescans and gender accuracy and all staff were now trained in information governance. Staff were reminded in team meetings to remove images from emails when removing data from systems. No DVD's were kept on record but given on the day of the scan when part of the service.

Information about retention of scan images was included in the terms and conditions.

Diagnostic and screening services

The manager ensured paper and electronic records were destroyed safely when no longer required, however shredded confidential waste was not disposed of by a confidential waste contractor.

Engagement

The service engaged with staff, expectant mothers and external stakeholders.

Staff meetings were held every four months to set aside time to review, improve and share updates. Meeting notes showed discussions were taking place to ensure the service and staff were meeting the service goals and maintain good standards.

All staff appraisals had been completed and recorded.

Improvements had been made by introducing a referrals pathway to the Early Pregnancy Maternity Unit (EPMAU) and liaising with them if women required follow up after their appointment. The registered manager said if they detected an abnormality even though they are not a medical diagnostic service, they would, contact the woman's midwife to ensure she had been referred for follow up.

The service engaged with the public through social media platforms. Feedback was gathered by the service and where possible used to shape and improve it. However, social media feedback was consistently good.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving the service.

The service had made improvements since our last inspection and had identified and acted on areas identified. Staff said they were committed to providing a good service.