MKAIN LTD

Future Baby 4D Scanning Studio

Inspection report

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Tilehurst
Reading
RG30 4AA
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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

We have not inspected this service before. We rated it as good because:

- The service had enough staff to care for clients and keep them safe. Staff had training in key skills, understood how to protect clients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to clients, acted on them and kept good care records.
- Staff provided good care and treatment. The registered manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of clients, supported them to make decisions about their care, and had access to good information. Key services were available flexibly.
- Staff treated clients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their pregnancy. They provided emotional support to clients, families, and carers.
- The service planned care to meet the needs of local people, took account of clients' 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 for their results.
- The service had an overarching vision that focused on the needs of people who used the service. Staff were clear about their roles and accountabilities. The service engaged well with clients to plan and manage services and staff were committed to improving services.

However:

- There was no formal consent policy, in particular there was no documentation which considered the necessary information for taking consent for young people between age 13 and 18 years.

It is noted that following our inspection the service has produced an updated informed consent policy, which now includes reference and guidance for gaining consent from children. (September 2022)

- The service should consider improving the method of recording team meetings.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	See Overall Summary above

Summary of findings

Contents

Summary of this inspection

Background to Future Baby 4D Scanning Studio

Future Baby 4D Scanning Studio is operated by MKAIN Limited based in Tilehurst in Reading. The service first registered with the Care Quality Commission (CQC) in March 2021. The areas covered by the service include; Reading, Basingstoke, Thatcham, Newbury, and Bracknell.

There is one scan room, a reception area/waiting room, and an area towards the rear of the premises where clients can sit quietly if they have received upsetting news.

The clinic provides self-referred, privately funded pregnancy scans including; viability and reassurance scans, dating scans, gender scans, well-being, and growth scans, 4D scans, detailed pelvic scans, detailed fertility scans, and non-invasive prenatal testing (NIPT). The service provides keepsake pictures as well as other optional keepsakes such as heartbeat bears and gender reveal scratch cards.

The owner, who is medically qualified, is the CQC registered manager responsible for the service. The manager and the sonographers are supported by a receptionist during service opening times.

The centre is registered to provide the following regulated activities for adults, and for children between age 13 and 18 years:

- Diagnostic and screening procedures

How we carried out this inspection

We inspected this service using our comprehensive methodology. We carried out an unannounced inspection on 11 August 2022. The inspection team on site included two CQC inspectors. The inspection was overseen by an inspection manager and Carolyn Jenkinson, Head of Hospital Inspection.

To get to the heart of clients' 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.

During the inspection, the inspection team:

- visited the service and looked at the environment
- spoke with the manager for the service
- spoke with two staff and four clients
- observed scanning procedures
- looked at a range of policies, procedures and other documents relating to the running of the service.

We spoke with a second sonographer on the telephone the following week.

You can find information about how we carry out our inspections on our website:

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure that a formal consent policy is developed with particular attention to appropriate level information for young people between age 13 and 18 years.
- The service should consider improving the method of recording team meetings

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

Are Diagnostic imaging safe?

Good

We have not inspected this service before. We rated it 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. The sonographers completed mandatory training as part of their role in the NHS, and the registered manager collected evidence demonstrating they were up to date with all their NHS mandatory training.

The mandatory training offered by the Future Baby Scanning Studio through an external company was comprehensive and met the needs of clients and staff. This training included, for example; first aid, basic life support, hand hygiene, health & safety, infection control, equality, diversity & inclusion, and fire safety, safeguarding and information governance.

All staff completed awareness training on recognising and responding to clients with mental health needs, learning disabilities, Mental Capacity Act & DoLS

Safeguarding

Staff understood how to protect clients from abuse and how to recognise and report abuse.

The sonographers completed adult and child safeguarding level 2 and the registered manager was trained to level 3 in adult and children's safeguarding. This level was appropriate to their role and in line with national guidance (Intercollegiate Document, *Adult Safeguarding: Roles and Competencies for Health Care Staff* (August 2018); Intercollegiate Document, *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* (January 2019). The receptionists received safeguarding training at level 1.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff told us they had not needed to make any safeguarding referrals since their employment at the service. However, they were able to verbally describe situations where they would need to make a referral and could give examples of how to protect vulnerable people.

Good

Diagnostic imaging

The safeguarding policy for the service was dated March 2022 and included details of the nearest local authorities' safeguarding teams and how to contact them. However, we saw the service did not always ask for patient's addresses to support them to identify the correct local authority for each patient or include their address as part of any safeguarding referrals.

The registered manager maintained up to date information for the local safeguarding team and had established links with safeguarding leads at local NHS trusts in the event of an urgent referral.

Staff had an up to date female genital mutilation policy which explained the signs and indications to look out for and what staff should do if they came across this.

Cleanliness, infection control and hygiene

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

The clinic had an infection control policy available to all staff dated March 2022

Clinical areas were clean and had suitable furnishings which were clean and well-maintained; the chairs, ultrasound couch and surfaces in the scanning room were wipeable and staff used disinfectant wipes to clean them between patients. Sonographers also used a paper sheet on the couch which they replaced between clients.

The registered manager audited the cleanliness regularly throughout the premises; the audits we saw demonstrated good compliance and actions to complete when a standard was not met.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service offered clients face masks and hand sanitiser at reception. The sonographer on duty at the time of our visit was bare below the elbows.

The sonographer washed her hands between clients, this was in accordance to NICE QS61 Statement 3: *People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care.*

Staff cleaned equipment after patient contact using standard decontamination products widely used in clinical areas throughout healthcare.

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 followed national guidance. Scanning and blood tests took place in a clinical room that met Department of Health and Social Care national guidance on the clinical environment.

Staff carried out daily safety checks of specialist equipment. Service agreements were in place for annual planned servicing and a call-out plan was in place in the event of equipment failure.

Good

Diagnostic imaging

The service had suitable facilities to meet the needs of clients' families. The clinic was located in a shopping precinct where clients could access parking nearby. The clinic was all at ground floor level and made up of a small reception/ waiting area, one scanning room, a toilet, and a small kitchenette for staff use.

Staff had access to equipment such as gloves, hand gel and ultrasound gel. All ultrasound gels were in date. There was sufficient storage for equipment and there was a locked cupboard for storing products associated with scanning such as the cleaning wipes and ultrasound gel

The scanning room was a relaxing and calm environment. The equipment used was appropriate for the ultrasound procedures provided, and there was an adjustable couch for clients which was wipe clean and well maintained.

The service had one ultrasound machine with an associated maintenance contract; records showed the staff had prompt access to an engineer if there was a problem with the scanner.

There was also an area towards the rear of the building with seating, which provided a space for clients to sit for a while following upsetting news or receive counselling and advice.

Although the clinic was small, staff were able to maintain social distancing by preventing too many clients and their families from being in seating areas at the same time.

Staff disposed of clinical waste safely. The receptionist took responsibility for putting yellow clinical waste bags in the bin at the back of the building , this was kept locked and the clinic had a contract with an external company for regular removal of the bags.

The clinic also had a contract for collection of sharps bins.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each client. Staff knew what to do and acted quickly when there was an emergency.

Clients completed a pre-scan questionnaire that included pregnancy history such as any previous miscarriages or ectopic pregnancies, on arrival. Clients are asked to bring ante-natal notes with them when attending for all scans should the sonographers need to refer to them.

The service had a clinical risk pathway which identified what action sonographers should take in the event they identified issues of concern during a scanning procedure. The pathway detailed the necessity to refer to appropriate NHS services, and the approach to take in dealing with clients receiving potentially upsetting news.

Staff used the *Have you paused and checked?* checklist devised by the British Medical Ultrasound Society (BMUS) and Society of Radiographers. We saw a poster clearly displayed within the scanning room to promote this, and act as a reminder to staff. The sonographer completed the checks during scans, which included confirming the woman's identity and consent, providing clear information and instructions.

Guidance in response to an emergency or serious concern such as if a service user became unwell or needed urgent medical attention was available to staff in the emergency incident procedure. Staff told us that they would call 999 and request assistance.

Good

Diagnostic imaging

Staff shared key information to keep clients safe when handing over their care to others. The service told patients they should not treat their scan as an alternative to their NHS scans. Patients signed to say they understood this as part of the consent process.

The sonographer discussed further scanning options and provided a scan report. The report was also e mailed to the clients.

Staffing

The service had enough staff with the right qualifications, skills, training, and experience to keep clients safe from avoidable harm and to provide the right care. Managers regularly reviewed and adjusted staffing levels.

The service had enough staff to keep clients safe. Staffing at the clinic included the registered manager who was medically qualified, two part time sonographers who also worked in NHS hospitals, two regular bank sonographers, one infrequent bank sonographer and two part time receptionists, one of whom was on site whenever the clinic was open.

The service did not use agency staff. Staff rotas were completed in advance of the clinics and there was regular communication with staff to cover sickness and staff absence. In the event of any short notice sickness the registered manager and sonographers would cover between themselves to help prevent clinic cancellations.

Staff told us that there were always two staff working and no staff were ever alone in clinic.

Records

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

The service obtained health information for women prior to their scan with the pre-assessment health questionnaire. For example, number of pregnancies, health conditions and reasons for scan.

We saw pre-scan questionnaires and signed consent forms and women were given a copy of the written report to take to their local NHS midwifery service or GP.

Sonographers completed scan reports immediately following the scan; scan reports included the client's estimated due date, type of ultrasound scan performed, the findings, conclusions, and recommendations.

In the event the sonographer found sinister pathology or evidence of a miscarriage, they provided a detailed report to the nearest early pregnancy assessment unit or to the nearest emergency department. Women consented to this in advance of a scan.

Records were stored securely. Paper records were stored in lockable cabinets accessible to authorised staff only. Electronic records were stored on a secure server which is protected by passwords. Staff were prompted to change passwords every three months.

Medicines

The service did not store, manage, prescribe, or dispense medicines**.**

Good

Diagnostic imaging

Incidents

The service had systems in place to manage safety incidents. Staff recognised and knew how to report incidents and near misses.

The service had an emergency procedure document and a significant & critical event policy. These documents contained an incident drill flow chart for staff to follow and a reporting template to record events or near misses. There had been no reported serious incidents or never events for the service since opening in March 2021.

Staff told us they would report incidents directly to the registered manager for action.

Staff understood the duty of candour; they explained they were open and transparent and gave patients and families a full explanation if things went wrong. There was a duty of candour policy available to support staff.

None of the staff we spoke had reported anything in their time as employees, but they said if there were any incidents at the service, the manager would share the details with them to ensure any necessary changes or learning was understood

Are Diagnostic imaging effective?

Inspected but not rated

We do not rate effective in diagnostic imaging services.

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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The registered manager maintained policies and procedures and each policy we reviewed had an annual review date. The policies for the service had been written in March 2022 and had review dates for March 2023.

Staff were able to access, and understand, policies and procedures which had been developed in line with national guidance and best practice.

The service is registered with the Health and Safety Executive, the National Society for the Prevention of Cruelty to Children, the Medicines and Healthcare products Regulatory Agency the Royal Society of Obstetrics and Gynaecology and the British Medical Ultrasound Society (BMUS) , which meant they received all alerts and updates appropriate to their service and the registered manager was able to share this with the team.

The service subscribed to the BMUS ‘as low as reasonably achievable’ (ALARA) protocols. This meant the sonographer used the lowest possible output power and shortest scan times possible consistent with achieving the required results.

Nutrition & hydration

Good

Diagnostic imaging

Staff gave women appropriate information about drinking water before trans-abdominal ultrasound scans to ensure they attended with a moderately full bladder. The service provided water to women who needed to refill their bladder prior to a scan. This enabled the sonographer to gain effective ultrasound scan images.

Pain relief

Pain relief was not available because abdominal pregnancy ultrasound scans were generally pain free procedures. However, we observed staff checking that women were comfortable during ultrasound scans.

Patient outcomes

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

Outcomes for clients were positive, consistent, and met expectations, such as national standards. The sonographer used national guidance to deliver scans and measured outcomes against women's expectations. Where clear scan images could not be achieved, the sonographer gave women time for a break to help the movement of baby. If this did not improve the scan, the service rebooked for a later date.

The service had implemented a process to monitor and check performance and improvements over time. The registered manager peer reviewed scans on a regular basis and discussed the outcomes with the sonographers. Staff documented the process, and the service provided several examples of this.

Competent staff

The service made sure staff were competent for their roles.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of clients. The manager made sure staff received any specialist training for their role; this included the receptionists who received, for example, chaperone training, and induction learning disability training, which aims to teach participants how to support individuals with a learning disability.

The sonographers had been employed for less than a year, so had not received an appraisal at the time of our inspection though their scans and reports was regularly reviewed as described previously.

Staff received a full induction tailored to their role before they started work, provided by an external company; we saw an example programme undertaken by a sonographer who started their employment at the service late in 2021.

Sonographers were registered with the relevant professional bodies and maintained continuing professional development folders .

The registered manager ensured all staff had a current disclosure and barring certificate prior to starting work.

Multidisciplinary working

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

Good

Diagnostic imaging

We saw that staff worked well together. Women and their families were greeted as they arrived at the service and supported to complete relevant paperwork.

The service supported clients if they identified any concerns from a scan and staff would write a referral letter for them to take to their midwife, GP, early pregnancy service or local NHS trust.

Seven-day services

Services were available to support timely patient care.

Services were available to support timely care and was open five days a week including weekends. The service did not provide emergency care and treatment. The appointment times were flexible to accommodate clients outside of normal working hours, available until 7pm some weekday evenings and several hours on Saturdays and Sundays. The website was designed to take online bookings 24 hours a day.

Health promotion

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

Sonographers were able to provide ad-hoc advice to women on healthy pregnancies, such as how to achieve good standards of nutrition and exercise.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported clients to make informed decisions about their care. They followed national guidance to gain clients' consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff received training in the Mental Capacity Act and deprivation of liberty standards as part of their mandatory training.

We saw sonographers take consent from clients and recorded consent in the clients' records before performing scans, but the service did not provide evidence that specific training in consent was provided for staff.

The service was registered to undertake scans for clients from the age of 13, but we did not see any evidence that staff were trained to understand Gillick Competence and Fraser Guidelines which supported children who wished to make decisions about their treatment.

Are Diagnostic imaging caring?

Good

We have not inspected this service before. We rated it as good.

Compassionate care

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

Good

Diagnostic imaging

Staff were discreet and responsive when caring for clients, they took time to interact with the clients and those close to them in a respectful and considerate way. Feedback from people who used the service confirmed that staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential. The scan room had a large monitor that mirrored the screen of the ultrasound scan machine so patients could see their scans in progress. We saw the sonographer turned the patients' screen off at the end of each scan so nobody who went into the room could see the last patient's details on the screen.

The sonographer protected the privacy and dignity of patients, they ensured patients felt comfortable during scans.

Staff understood and respected the personal, cultural, social, and religious needs of clients and how they may relate to care needs.

Emotional support

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

Staff gave clients and those close to them help, emotional support and advice when they needed it. The sonographers could support clients who became distressed in an open environment, and help them maintain their privacy and dignity. The service was able to offer counselling in a separate area from the scan room and clients were able to leave the premises via a back door if they were upset and did not wish to walk back through the waiting area.

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. The manager told us that, if a potential concern was detected during a scan, this was fully explained to the client. The sonographers would complete a report and advise patients to attend their local early pregnancy unit, midwife, or GP.

The manager was trained in breaking bad news and demonstrated empathy when asked about having difficult conversations. The service also provided leaflets for clients who received bad news with contact information to help them access further support if needed.

Understanding and involvement of clients and those close to them

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

Staff made sure clients and those close to them understood their care and procedures. The service website showed the scan packages that were available along with the cost so people who used the service could make a choice about the photographs they received from all the available computerised images. The cost of added extras, such as heart beat teddy bears and gender reveal scratch cards were available at the clinic.

During scans we observed, the sonographer explained to women what they were doing and helped them to understand the images on the screen. They supported women to move into other positions to optimise the scan images.

Staff talked with women, families, and carers in a way they could understand. We observed staff speak with patients clearly and with discretion. They made sure they fully understood each woman's requests and needs before proceeding with a scan.

Good

Diagnostic imaging

Clients gave positive feedback about the service we saw comments such as; 'I am beyond pleased with my experience at future baby!' 'It's a very comfortable setting with mood lighting and two seating areas inside the ultrasound room for more than one person to see baby!' 'Highly recommend Future Baby!'

Are Diagnostic imaging responsive?

Good

We have not inspected this service before. 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.

People could access services and appointments in a way and at a time that suited them. This included available appointments at weekends.

Information about services offered at the location were accessible online. The service offered a range of ultrasound scans for pregnant women; such as early scan, dating scan, reassurance and gender scan, growth scan, four dimensional growth scan and presentation scan.

Facilities and premises were appropriate for the services being delivered. The scan room was large with enough seating and additional standing room for loved ones. Children of all ages were welcome to attend. The scanning room had a large wall-mounted screen which projected the scan images from the ultrasound machine. This enabled women and their loved ones to view their baby scan more easily and from anywhere in the room. This was in line with recommendations by the Royal College of Radiologists, Standards for the provision of an ultrasound service (December 2014).

Details of fertility and gynaecology scans were also available online along with information about blood tests. The service offered non-invasive pre-natal testing (NIPT) services and had a contract with an accredited clinic. The registered manager provided clear guidance to women to explain exactly what was involved and what the service could check for. Staff made sure women understood the scans they had, did not replace those provided by the NHS.

Staff gave clients relevant information about their scan when they booked their appointment. This included whether they needed a full bladder and when was the best gestation for their scan.

The service had systems to help care for clients in need of additional support or specialist intervention. The registered manager was medically qualified and a trained counsellor. And was able to provide detailed information about any anomalies found, and make appropriate referrals to appropriate NHS services where necessary.

The service did not formally monitor rates of non-attendance. However, managers ensured that women who did not attend appointments were contacted. There was a very low rate of non-attendance because the service requested a non-refundable deposit payment on appointment booking.

Good

Diagnostic imaging

Meeting people's individual needs

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

All staff ensured clients did not stay longer than they needed to. Staff were able to print photographs for people to take home with them.

The service provided scans for women from 6 to 42 weeks of pregnancy. Gender confirmation and growth scans were also available. Women who mostly wanted a scan for souvenir purposes had a well-being scan as well and could view their baby in four dimensions as well as in two dimensions. A four dimensional scan enables women to see their baby moving as a three dimensional image. The service only provided private services. They did not undertake any scans or tests on behalf of the NHS or other private providers.

All scans started with a wellbeing check. The sonographers looked at the baby's movements, heartbeat, and position. They also looked at the presentation of the baby, head, and abdominal circumference measurements. Other measurements, such as femur length measurements and estimated foetal weight were carried out on growth and presentation scans.

The service was able to provide appropriate information in languages for clients of different ethnicities; for example we saw information in Polish, French, Urdu and Hindi.

Access and flow

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

Clients attending the service were self-referred. They could book appointments at a time and date of their choice in advance. Appointment were made in person, by telephone or through the provider's website.

There was no waiting list for appointments, and clients could be seen promptly (including the same day in some instances). Clients who had to cancel their appointments were given an alternative date and time.

Clients were given an appointment time of between 15 and 30 minutes dependent on the type of scan they were receiving but this could be extended if needed.

NIPT blood results were usually returned from the laboratory between five and seven days. If results were not reported in the expected time frame the staff would follow up the test results.

Staff supported clients when they were referred or transferred between services.

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.

Clients knew how to complain or raise concerns. There was a contact form on the website where people could send a message, and the terms and conditions of the service stated a complaints policy was available was available to those who requested it.

Good

Diagnostic imaging

The manager investigated complaints and shared feedback from complaints with staff and learning was used to improve the service. Clients received feedback from managers after the investigation into their complaint.

The service had received few complaints, the large majority of feedback for the service was positive.

Are Diagnostic imaging well-led?

Good

We have not inspected this service before. We rated it as good.

Leadership

The registered manager 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 clients and staff.

The registered manager was the business owner, medically trained and a sonographer; they demonstrated the knowledge and skills to run the service.

Staff told us the manager was visible, accessible approachable and supportive. The clinical team were supported by two part time receptionists who provided administration support.

The registered manager was responsible for the line management of staff and was always available to provide clinical advice and guidance.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of the service.

The registered manager had developed objectives for the business and quality aims for the standard of care. They had also implemented a business continuity plan, which reflected the nature of the service. The manager described the direction she wished to develop the service and the work she had already undertaken with other providers to make this happen, some of this had been shared with staff who were committed to its delivery.

Culture

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

Staff were positive, enthusiastic, and enjoyed working for the service. We found an open culture where staff felt supported and valued. Staff felt able to raise concerns and have these listened to and resolved.

Staff we met were warm, friendly, and welcoming. They spoke positively about their roles and demonstrated pride in their work and registered manager was proud of them.

Good

Diagnostic imaging

Clients felt confident they could talk to staff openly about their concerns. Staff supported clients when they wanted to make comments or give feedback about the service. Staff showed kindness and consideration at all stages of the clients' contact with the service.

Governance

The registered manager operated effective governance processes. Staff were clear about their roles and accountabilities and worked closely together.

There was a clinical governance policy for the service which outlined in detail, the approach staff were to take and expectations of performance to ensure clients received the highest quality care, considering their safety and well-being.

A governance policy outlined the service structure and accountabilities for each of the roles within the team. Staff were clear about their roles and responsibilities.

The registered manager had oversight of governance processes. For example, when staff were recruited their details were checked with the Disclosure and Barring Service to ensure that they were able to work with vulnerable adults and children.

The registered manager shared learning from complaints with the team, though the service had been running for just over a year at the time of the inspection and had not received many complaints.

The service made it clear scanning was not diagnostic by nature and that women's maternity care remained with the NHS.

Quality and safety performance issues were shared with the clinical staff via a secure online platform. The registered manager could ensure, via this platform, that staff read and were aware of any important changes that may occur, and was always available by telephone if there were any questions.

Management of risk, issues, and performance

The registered manager used systems to manage performance effectively. They identified and acted on relevant risks and issues. They had plans to cope with unexpected events.

Risk assessments were undertaken to ensure oversight of any potential risks, and actions to ensure staff were able to manage them accordingly.

The registered manager maintained a spreadsheet of the risk assessments undertaken for the safe running of the service; this included hazards relating to the clinical service, the integrity of the premises and furnishings, as well as staff safety. Controls and actions were identified along with who was responsible for completing them.

Measures to minimise spread of Covid 19 had been incorporated into this spreadsheet.

The business continuity plan identified emergencies within ultrasound clinics which have the potential for serious impact and how to manage them in the event they arise; for example, utility failure- electricity and water, scanning equipment failure, sonographer absence.

Good

Diagnostic imaging

A fire risk assessment was updated in March 2022, the assessment referenced relevant legislation for the site, fire exits, position of portable fire equipment and smoke alarms and an emergency call alarm. Staff completed mandatory fire safety training.

The service had a lone worker policy, but staff said they were never alone as a receptionist was always on site when scanning was taking place.

Information Management

Information systems were integrated and secure.

Staff completed mandatory training on information governance.

The service had an up-to-date data protection and data retention policy that incorporated confidentiality and the General Data Protection Regulations. The policy detailed the management of electronic and paper records; electronic data was password protected and paper records were stored in locked cabinets.

Records were retained for eight years in accordance with the Records Management Code of Practice for Health & Social Care 2016.

The registered manager was the information governance lead for the service.

Engagement

The registered manager and staff actively and openly engaged with clients, to plan and manage services.

The service website and online booking system ensured women had access to comprehensive information in advance of a scan. This included minimum pregnancy terms for each type of scan and detailed information on the differences between scans, expected results, and clear costing.

The registered manager worked to build relationships with NHS trusts in the region, and described positive and useful working relationships with staff from the majority of local hospital trusts. The sonographers worked in nearby hospitals for part of the week, which meant they had continuing links with NHS services.

We saw many examples of feedback from clients on a variety of internet and social media platforms; The feedback was overwhelmingly positive, but if there were any less than complimentary comments the manager responded appropriately and apologetically at the earliest opportunity.

Communication between the manager and staff is via an internet private messaging service; this appears to work well for the small team, however this may not be sustainable as a long term record of discussion and learning for new team members.

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 started early gender detection through genetic blood testing in collaborating with a laboratory in America . This service is an early DNA test which can inform clients receiving the test of the gender of their baby as early as six weeks into pregnancy.

Good

Diagnostic imaging

The service offered blood and scan services to clients from overseas who are receiving private fertility treatment.

The registered manager explained that they were working towards introducing men's health screening in partnership with a laboratory for men's fertility.