

Magical Views Limited

Magical Views Ltd

Inspection report

80 Lower Prestwood Road
Wolverhampton
WV11 1JP
Tel: 01902866046
www.magical-views.co.uk

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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?		Good	
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 previously inspected the service. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People told us they could access the service when they needed it, although this was dependent on the availability of the sonographer and did not have to wait too long for their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic and screening services

Rating

Good



Summary of each main service

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- Staff provided good care and treatment. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People told us they could access the service when they needed it, although this was dependent on the availability of the sonographer and did not have to wait too long for their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to Magical Views Ltd

Magical Views Limited is operated by Magical Views Limited Ltd. It is a sonographer led service based in Wolverhampton, serving those in the local community.

Magical Views Limited provides non-diagnostic pregnancy ultrasound services to self-funding women, from six to 40 weeks of pregnancy. The range of ultrasound services provided includes three types of health check scans, three types of gender scans and three types of 4D scans, including transvaginal scans. The service completed 789 scans between April 2021 and March 2022.

The service is available to women aged 16 years and above. All ultrasound scans performed at Magical Views Limited are in addition to those provided through the NHS as part of a pregnancy care pathway.

The service has had a registered manager in post since 06 October 2020. The service was registered by CQC in October 2020. The service has not been inspected previously.

Magical Views Limited is registered with the CQC to carry out the following regulated activities:

Diagnostic and screening procedures

How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties. The inspection team comprised of a lead CQC inspector and an offsite CQC inspection manager. We gave the service short notice of the inspection because we needed to be sure it would be in operation at the time we planned to visit.

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

The registered manager should ensure the staff recruitment and training policy is adhered to.

The registered manager should ensure non-refillable ultrasound gel bottles are used.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good 

This was the first inspection for this service. We rated safe as good.

Mandatory training

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

Staff received but had not kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of women and staff. The registered manager ensured staff completed most of their mandatory training; for example, staff had completed fire safety, infection control, safeguarding, health and safety, mental capacity act, equality and diversity and information governance. At the time of our inspection, both the registered manager and the healthcare assistant had mandatory training courses outstanding; these included moving and handling training for the healthcare assistant, complaints handling and conflict resolution training for the registered manager. However, we saw the registered manager had previously communicated with the online training provider to request access to the necessary courses and this had not been completed by the training provider. The registered manager followed this up during our inspection. The registered manager ensured agency sonographers were up to date with their training.

Staff also completed role specific mandatory training. For example, staff completing forms which contained confidential patient information with women were required to complete Recording Information and General Data Protection Regulations (GDPR).

The registered manager monitored compliance with mandatory training and alerted staff when they needed to update their training. Staff confirmed they were given enough time to do training. The registered manager provided protected training days for staff.

The registered manager ensured staff could access online training appropriate for the service. Staff told us they were able to request additional training, and this would be provided for them.

Safeguarding

Diagnostic and screening services

Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. The service had clear safeguarding processes and procedures. The safeguarding policy was up to date, last reviewed in January 2022. All staff were trained to at least safeguarding level two for both vulnerable adults and children; for example, the healthcare assistant completed safeguarding level two training and the sonographer, who was also the registered manager, completed safeguarding level three training. The registered manager was the safeguarding lead.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were able to clearly articulate signs of different types of abuse, and the types of concerns they would report or escalate to the registered manager. The safeguarding policy was up to date and contained the necessary information for staff. Staff told us how they had identified a safeguarding concern in the past and had made a referral to the local authority.

The safeguarding policy also covered female genital mutilation (FGM) and provided staff with clear guidance on how to identify and report FGM.

Cleanliness, infection control and hygiene

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

Clinical areas were visibly clean and had suitable furnishings which were visibly clean and well-maintained. The clinic rooms, toilets, reception and waiting areas were all visibly clean. The service followed the scan room safety and hygiene policy. The registered manager had developed policies during COVID-19. Cleaning schedules were displayed in the clinic in line with this policy. Staff cleaned equipment and waiting areas after every customer contact. For example, the couch in the treatment room used by women was wiped down and covered with a disposable cloth which was changed between patients.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff completed a daily cleaning log and undertook cleanliness visibility checks of toilet areas throughout their shifts. Staff documented and rectified any areas of concern as necessary. The registered manager had introduced more detailed cleaning logs in response to COVID-19 which prompted staff to clean every surface in the room they were cleaning.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were appropriate hand washing facilities and sanitising hand gel was available. Staff had their arms bare below their elbows and washed their hands before and after each scan. Personal and protective equipment such as latex-free gloves and antiseptic wipes were readily available for staff to use at the service.

In the twelve months before the inspection, there had been no incidences of healthcare acquired infections at the location.

The registered manager had updated the COVID-19 policy to provide guidance for staff to help reduce the spread of infection. Staff were following this policy.

Diagnostic and screening services

The sonographer followed the manufacturer's and infection prevention and control (IPC) guidance for routine disinfection of equipment. The sonographer wore gloves when carrying out scans in line with infection prevention and control (IPC) compliance.

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 service had suitable facilities and had enough suitable equipment to meet the needs of women. The clinic's environment was fit for the purpose of service provided. The premises were a modern single storey building and had access suitable for people using wheelchairs. The building comprised a ground floor access through the front entrance, into to the reception area. There was one, separate scan room. The scan room had a modern couch which could be adjusted for comfort. Two large screens were on the walls and a couch for people accompanying the woman. The scan room also had a hand-washing sink and storage cupboards for disposable items.

Staff completed regular checks of stock, first aid kit and equipment.

The service did not require a resuscitation trolley. There was a first aid box which was within expiration date. Staff were up-to-date with adult and children first aid training. Staff told us in case of an emergency they would call 999.

Staff carried out daily safety checks of specialist equipment. The scan equipment was serviced annually and maintained by the company who installed it. The equipment was new when the service opened and was covered by a service warranty. The electrical equipment had been safety tested within the last 12 months. This was in line with the provider's safety policy.

Staff disposed of clinical waste safely. Staff carried out waste streaming in line with Department of Health and Social Care Health Technical Memorandum 07-01, which reflected national best practice. Staff wore correct PPE while dealing with clinical waste and followed a safe process. Clinical waste was stored in a secure, locked area at the back of the premises, with locked bins. The area could only be accessed with a key. The service had 26 clinical waste collections per year; the bins were emptied every two weeks.

Disposable equipment was labelled with dates when it was opened and disposed of when the expiry date was reached.

The layout of the building meant the member of staff in reception had direct view of clients as well as being able to observe the door into the scanning room. The waiting area was light and comfortable, with a TV screen where information could be displayed.

One corridor linked the reception area, the scan room, the toilet and kitchen area. The toilet had some adaptations for people with limited mobility and an emergency pull cord. There was a baby nappy changing area next to the toilet.

There was also a small kitchenette for staff use only.

Fire risk assessments had been undertaken but had not been written down. As the service employed fewer than five people, they were not required to have a written fire risk assessment. Fire alarms were checked weekly, fire exits were kept clear. The service had two fire extinguishers which were easily accessible from reception and another two at the rear of the building. The service used non-flammable helium for balloons.

Diagnostic and screening services

Sonographers could adjust the scanning machine and their chair for their comfort, as well as adjusting the scan couch. The registered manager also factored breaks into the schedule, so staff could avoid work related musculoskeletal disorders.

The government has updated the guidance around the use of sterile or non-sterile gel for ultrasound. Standard ultrasound gel is not produced as a sterile product, although sterile versions are available. The UK Health Security Agency has produced a 'good infection prevention practice: using ultrasound gel' flowchart to help practitioners decide which type they should be using. As a result of this updated guidance, the use of refillable dispensing bottles is not recommended. Although the registered manager kept up to date with subscriptions to various associations such as British Medical Ultrasound Society (BMUS) and the National Institute of Clinical Excellence (NICE), they were not aware of this information and were using refillable bottles.

Assessing and responding to patient risk

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

Staff knew about and dealt with any specific risk issues. The service provided clear guidance for sonographers to follow when they identified unexpected results during a scan. This was referenced in the provider's policy, which stated every woman would have a well-being check. Should any anomalies be found, staff told us they informed the woman in a caring, honest and professional manner. The woman was given a detailed report clearly explaining the scan findings. Staff followed the referral pathway agreed with the local NHS, Foetal Medicine Unit (FMU) or Early Pregnancy Unit EPU/EPAU.

Scan protocols stated every woman would be risk assessed. Staff asked for women's medical history and information about their health. This was recorded in their scan report. Women aged 16 could attend on their own if they could understand all the information given them. The registered manager confirmed information that was available on their website, instructing women to seek treatment through the NHS if they were bleeding.

The registered manager explained how the service was set up during COVID-19 and how they had tried to develop relationships with NHS maternity providers. They told us how they found a woman who needed an urgent referral to hospital, but when they telephoned, the hospital wouldn't speak with the service. The registered manager risk assessed the situation and realised it would be quicker for the woman's partner to take her to hospital than wait for an ambulance. The registered manager kept in contact with the partner and checked the woman had been taken to hospital.

Staff gave examples of redirecting women who were experiencing pain or bleeding to their local NHS clinical team. Sonographers had tried to make rapid referrals when they found concerns about a woman's health and documented their phone calls with NHS services to maintain an audit trail. The registered manager explained how they tell women what they need to do, clearly document this and tell them to contact their GP, hospital, or phone 111.

The registered manager told us they had urgently referred another woman to NHS services in the past year because of potential concerns found. The registered manager had an 'unexpected findings policy' and followed this. The registered manager completed a report for the woman to give to their maternity provider. These included a description of the scan findings, the reason for referral, who the receiving healthcare professional was and what action they were going to take. The registered manager has made 10 referrals for unexpected findings.

Diagnostic and screening services

Staff shared key information to keep patients safe when handing over their care to others. Staff responded promptly to any immediate risks to women's health. Staff told us they would phone 999 if they suspected anything which required urgent action. This meant that staff knew what to do and acted quickly when there was an emergency.

At the time of our inspection there were no peer reviews taking place, though there was a policy in place for this. The registered manager explained this was because the business had grown slowly and they were the only sonographer. However, the sonographer had developed an informal agreement with colleagues to access support from other sonographers. For example, they would contact another sonographer to look at scans for a second opinion. The registered manager was a member of the British Medical Ultrasound Society (BMUS) and received journals and updates as well as keeping their Continuing Professional Development (CPD) up to date.

Staffing

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

The service had enough staff to keep women safe. The registered manager planned staffing levels to meet demand on the service, measured by the number of bookings made in advance. The service employed one healthcare assistant (HCA) and contracted with two agencies to provide sonographers. All members of staff were trained as chaperones. Women booked their appointments online and the registered manager and HCA shared responsibility for managing enquiries, appointment bookings, supporting the sonographers during ultrasound scan procedures and printing scan images.

The registered manager completed a risk assessment for the location, which was last updated in April 2021. This stated all staff had to have a Disclosure and Barring Service (DBS) check before starting their employment at the location. All staff had an up-to-date DBS check. We reviewed all five personnel files and all staff had proof of identification, residence, and an up-to-date curriculum vitae on file. The service had not obtained two references for one member of staff in line with their policy but they acted on this on the day of the inspection. We also saw employment offer letters, evidence of induction training, qualifications, and professional memberships were kept on file.

The sonographers were registered with the Health and Care Professionals Council (HCPC) and had professional indemnity insurance. Sonographers were part of an informal peer review process.

The service had no vacancies. Staff turnover and sickness rates were low and stable. The service did not use bank or agency staff. The registered manager planned on hiring another HCA and would employ another sonographer when the demand for the service meant this was possible.

Records

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

The service had an up-to-date information governance policy, and a data retention policy. The registered manager was the information governance lead for the service. The service was registered with the Information Commissioner's Office (ICO).

Diagnostic and screening services

Women's notes were comprehensive, and all staff could access them easily. Pre-scan forms were used to collect the name, address, telephone number, email address and consent of the woman.

Staff ensured women's confidential personal information (CPI) was maintained and not accessible to others. For example, women's registration forms were stored on a tablet.

Records were stored securely. All records were kept electronically, and computers were password protected. When a woman was referred to hospital, a copy was sent to the hospital with the woman. A copy was printed out for the woman to have to take with them. Reports were put into a folder for the woman to take so no paperwork was visible.

Incident reporting, learning and improvement

The service managed safety incidents well. Staff recognised and knew how to report incidents and near misses. Managers had protocols in place for investigating incidents and sharing lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support. 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 an up-to-date incident reporting policy, which detailed all staff responsibilities to report, manage and monitor incidents. The service used an electronic system to report incidents and an incident log was available in the clinic. The service had never had an incident. If an incident was to occur, the registered manager was responsible for conducting investigations into all incidents at the location.

Staff understood the duty of candour. In the past year, there were no incidents requiring duty of candour notifications. 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, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager could explain the process they would undertake if they needed to implement the duty of candour because of an incident, which was in line with the requirements.

Staff had opportunities to discuss feedback and look at improvements to patient care. As there were only two members of staff at the time of the inspection, information was shared daily. Staff also held a monthly reflect meeting where they looked at topics such as feedback, infection control, compliments, suggestions, learning.

Are Diagnostic and screening services effective?

Good 

We do not currently 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. Staff protected the rights of women subject to the Mental Health Act 1983.

Diagnostic and screening services

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff were aware of how to access policies, which were stored electronically as well as in paper format. Local policies and protocols were in line with current legislation and national evidence-based guidance from professional organisations, such as the National Institute for Health and Care Excellence (NICE) and the British Medical Ultrasound Society (BMUS). The policies were originally purchased and were adapted to provide effective guidelines for the service. Staff were made aware of updates to policies during monthly team meetings. All 12 policies and protocols we looked at had a next renewal date, which ensured they were reviewed by the service in a timely manner. Staff signed a policy update sheet when they were provided with updates. For example, when the registered manager reviewed policies, they would send them on to the health care assistant, who then read and printed them out. However, the scan procedure policy needed to be updated to reflect the use of disposable gel bottles, rather than refilling them.

The service followed the 'As Low As Reasonably Achievable' (ALARA) principles. This was in line with national guidance (Society and College of Radiographers (SCoR) and British Medical Ultrasound Society (BMUS), Guidelines For Professional Ultrasound Practice (December 2018)). This meant sonographers used minimum frequency levels for a minimum amount of time to achieve the best result. Machines were pre-set to the lowest frequency and this was checked during scans.

The service had an effective audit programme that provided assurance about the quality and safety of the service. The registered manager carried out audits where they monitored women's experience, cleanliness, health and safety and ultrasound scan reports. For example, the registered manager completed monthly checks on the quality of the images and the reports written. This was to ensure any referrals had been done properly.

Sonographers audited each other's scans and scan documentation. They scored on report and image quality and checked when a referral was needed that it had been made to the appropriate people. The registered manager had oversight of this.

The service used technology and equipment to enhance the delivery of effective care and treatment to women. The service utilised up-to-date scanning equipment to provide high-quality ultrasound images. They also had two large wall-mounted screens situated in the scan room which enabled women and their families to view their baby more easily.

Women were able to access their scan photos and download them onto their phone/laptop. Women downloaded a secure application to their phone/laptop, this application encrypted data for security. Women then accessed their photos via a link which was sent to them once staff had confirmed their phone numbers were correct. The link was accessible for 90 days because sometimes women wanted to have a secret gender reveal party and didn't want to see the scan immediately. The link was specific for the woman to ensure patient confidentiality.

The service was inclusive to all pregnant women and supported all women regardless of their age, disability, pregnancy and maternity status, race, religion or belief, and sexual orientation to make their own care and treatment decisions.

Nutrition and hydration

Staff took into account women's individual needs where fluids were necessary for the procedure.

Diagnostic and screening services

Due to the nature of the service, food and drink was not routinely offered to women. However, bottles of drinking water were available. To improve the quality of the ultrasound image, women were asked to drink extra fluids on the lead up to their appointment. Women who were having a gender scan were encouraged to attend their appointment with a full bladder. This information was given to women when they contacted the clinic to book their appointment. It was also included in the 'frequently asked questions' on the service's website.

Pain relief

Staff assessed and monitored women regularly to see if they were in pain during scans.

Pain relief was not available at the service. Staff checked women were comfortable during their scan and halted scans if women experienced any discomfort.

Patient outcomes

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

The registered manager collected data for their own use on an on-going basis. This included information about the number of ultrasound scans. This enabled the registered manager to understand what audits were needed to give valid data and identify trends and areas for improvement. Collecting such data meant the registered manager identified that early reassurance scans were the most popular, followed by gender identification. By identifying the most popular scans, the registered manager was able to arrange appointments to ensure women had enough time allocated to ensure privacy.

In the past year, the service had referred one urgent and 10 women to antenatal (NHS) care providers due to the detection of potential concerns.

The registered manager ensured there were clear criteria for doing scans and repeat scans. Rescans were done in the most appropriate timescales. This was to ensure women were not persuaded to have multiple scans, which would not have given them any more information than they already had.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. Staff accessed their training through the service's electronic training portal. Training records confirmed staff had completed role-specific training. Staff confirmed they had protected learning time and could identify training they would like to do.

The registered manager completed a competency assessment which included checking sonographer's registration, indemnity insurance and revalidation status. The registered manager had an initial competency assessment and a buddy system in place to ensure any new sonographers employed would meet competency requirements.

Diagnostic and screening services

The registered manager gave all new staff a full induction tailored to their role and experience before they started work. All staff underwent an induction programme which included providing information about staff roles and responsibilities, and mandatory and role-specific training. For example, protocols were in place for any sonographers who had trained outside the UK to undertake qualification conversion training during their induction. New staff also completed a three-month probation period.

Managers made sure staff received any specialist training for their role. Staff completed training such as specific pregnancy first aid training, chaperone training and lone working.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with the registered manager and were supported to develop their skills and knowledge. Staff told us there were opportunities to develop at the service. They told us the registered manager supported them to apply for and obtain specific qualifications.

Managers had an appraisal process in place to support staff to develop through annual constructive appraisals of their work. Staff had a review meeting after their probation then an annual review after that.

Staff were aware of incidents that occurred in other services because the registered manager subscribed to weekly Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts and BMUS newsletters. Staff participated in monthly reflection meetings and these were minuted for reference.

Multidisciplinary working

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

The team worked well together and communicated effectively for the benefit of the women and their families. Although the registered manager had tried to develop a referral process with local maternity providers, this had not been successful. However, the registered manager had created a pack to give women information specific to the NHS trust they were registered with.

We observed positive staff working relationships promoted a relaxed environment and helped put women and their families at ease.

Seven-day services

Magical Views Limited was not an acute service and did not offer emergency tests or treatment, although they reminded women to call emergency services if necessary and gave women contact details of other NHS services available to them. This meant services did not need to be delivered seven days a week to be effective.

Services were supplied according to women's demand and the opening times varied each day to meet this demand. Services at the location were typically provided five days a week, including Saturdays. This offered flexible service provision for women and their companions to attend around work and family commitments. The service had trialled being open on Sundays following feedback which suggested this would be a preferred day, but the registered manager said there was less demand than for Saturdays. The service opened on special occasion days such as Valentine's Day and Mother's Day.

Diagnostic and screening services

Booking for appointments was available seven days a week, 24 hours a day using the provider's online booking system available to their website. Women could also contact the service via social media.

Health promotion

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

The service had relevant information in patient areas promoting healthy lifestyles, for example, Every Kick Counts wellbeing in pregnancy advice. This gave information such as keeping healthy during pregnancy, foods to avoid, things to ask your midwife and when to seek medical advice. The registered manager also used their social media outlets to provide guidance about healthy pregnancy, these were interactive so women could comment. Women were advised to contact their maternity unit immediately if they thought their baby's movements had changed and/or reduced. This was in line with national recommendations (NHS England, Saving Babies' Lives: A care bundle for reducing stillbirth (February 2016)). Information was available in other languages.

The service provided clear written information that the scanning services they provided were not a substitute for the antenatal care pathway provided by the NHS.

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.

Staff completed training in relation to consent and the Mental Capacity Act (2005), as part of their induction and mandatory training programme. There was a Mental Capacity Act (2005) policy for staff to follow, which clearly outlined the service's expectations and processes. Staff understood the relevant consent and decision-making requirements of legislation and guidance. The service followed their policy relating to individuals who suffered from any condition covered under the mental capacity act (MCA). This detailed how staff should support women and ensure they acted in their best interests.

Staff gained consent from women for their care and treatment in line with legislation and guidance. Before their scan all women received written information to read and sign. This included information about ultrasound scanning and safety information, a pre-scan questionnaire and declaration form which included the terms and conditions, such as scan limitations, referral consent, and use of data.

Staff clearly recorded consent in women's records. Sonographers were responsible for obtaining the informed consent of women and completing ultrasound (paper) reports during the woman's appointment, with the support of the scan assistant. A copy was provided to the woman to take away.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff received and kept up-to-date with mandatory training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were aware of the providers policies for Mental Health. They understood how and when to assess whether a woman had the capacity to make decisions about their care.

Diagnostic and screening services

Are Diagnostic and screening services caring?

Good 

This is the first inspection for this service. We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way. Staff were very passionate about their roles and were committed to providing personalised care. Staff left the room while women undressed to ensure the privacy and dignity of women.

Staff followed policy to keep women's care and treatment confidential. Staff ensured scans were conducted in a way that protected women's privacy and dignity. Staff kept the door to the scanning room shut during the scan to ensure women's privacy was maintained and women were covered throughout. The scan room door had a sliding sign which allowed staff to select 'in use' or 'vacant' and the door was also lockable.

Women consistently and emphatically said staff treated them well and with kindness. Staff were very warm, kind and welcoming when they interacted with women and their companions. Staff took time to interact with women and those close to them in a respectful and considerate way. For example, staff asked the woman's name upon arrival and would support them throughout their appointment. The health care assistant was available to act as a chaperone during ultrasound scans to ensure women felt comfortable and received enough emotional support. A chaperone was always present during transvaginal scans.

Feedback from women included, "It's amazing, I'd rather come here than go anywhere else, the sonographer is so supportive and kind" and, "I would definitely recommend them, in fact I already have." Comments also included, "They're spot on, we felt welcome and reassured."

Women and their companions were also able to leave feedback on open social media platforms, which the registered manager frequently monitored. We reviewed a selection of reviews (from the hundreds available) and found the service was very highly rated (five stars), and feedback was overwhelmingly positive. For example, responses included statements such as, "Absolutely fantastic service from start to finish. Highly professional and the best images and videos I've received from any private scan company. Both ladies went above and beyond for us, they even included my little boy by giving him a 'big brother' sticker which he was ecstatic with!" and, "Our time at Magical Views was definitely a magical experience! We loved everything about our time at Magical Views and couldn't recommend it enough!"

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. For example, the registered manager was aware some women would choose their service because they wanted a female sonographer.

Emotional support

Diagnostic and screening services

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

Staff gave women and those close to them help, emotional support and advice when they needed it. The service held staggered appointment times; women booked at a time to suit them. Women could provide information at the time of booking an appointment, so staff knew if there was a concern. Staff were mindful early scans held a higher risk of complications being identified. The sonographer gave women the option of starting the scan without the other screens in the room being turned on, especially if there was a child present. This meant if any anomalies were identified the sonographer could make their diagnosis and share the information in an informed, compassionate manner. Staff were calm and reassuring throughout the scan. The sonographer provided reassurance about the scan images and clearly explained what they observed. Women were told they could stop the scan at any time, a poster on the wall reminded them of this.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff supported women who received upsetting news. The sonographer delivered initial feedback to women and ensured they gave women more time and emotional support, for example, in the event of a scan revealing an anomaly or the lack of a heartbeat. Staff could offer women a pack with a support and guidance leaflet and information referring them to their next medical steps, or signposted women to the miscarriage trust. Mental health in pregnancy leaflets were also available.

Staff understood the emotional and social impact that a woman's care, treatment or condition had on their wellbeing and on those close to them. The service had access to written patient information to give to women who had received difficult news. The registered manager told us how they explained to women they were not a diagnostic service and would refer women to their maternity provider. The service's terms and conditions explained how it may be necessary to share information with healthcare providers. Where women gave their consent, staff would also arrange appropriate follow-up care by contacting their midwife.

Understanding and involvement of women and those close to them

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

Staff made sure women and those close to them understood their care and procedures. Staff communicated with women and those accompanying them in a way they could understand. Staff adapted the language and terminology they used when performing the scan. They took the time to explain the procedure to ensure women understood. Family and friends were welcome in the scan room and there were two screens positioned in the scan room to ensure everyone could see the scan images. The registered manager told us during the COVID-19 pandemic they had restricted women to one visitor accompanying each woman, although these restrictions had been lifted and at the time of our inspection, four people could accompany the woman. Children were welcomed in the waiting area and the scan room.

Women and their families could give feedback on the service and their treatment and staff supported them to do this. Women and their partners felt they were fully involved in their care and had been given the opportunity to ask questions throughout their appointment. Staff took time explaining procedures to women before and during ultrasound scans and left adequate time for women and their companions to ask questions.

Diagnostic and screening services

Staff supported patients to make informed decisions about their care. Staff made sure women were told about the different scans available and the costs associated with them. Staff provided women with various leaflets signposting them to other care providers and reminded women they should attend their NHS appointments.

Women we spoke with were delighted with the service they received. Women told us they felt the service they received was 'excellent' and praised the staff highly. They told us staff were very friendly and kind and this made them feel very comfortable.

Are Diagnostic and screening services responsive?

Good 

This was the first inspection for this service. We rated responsive as good.

Service delivery to meet the needs of local people

Women's individual needs and preferences were central to the delivery of tailored services and were delivered in a way to ensure flexibility and choice. The service also worked with others in the wider system and local organisations to plan care.

Staff planned and organised services, so they met the changing needs of people who used the service. People could access services and appointments in a way and at a time that suited them. The service had varied their opening hours depending on the appointments made and operated clinics five days a week including weekends. The service was flexible with the last appointment dependant on the number of bookings.

Managers planned and organised services so they met the changing needs of the local population. At the time of our inspection, all scans were available.

The booking form asked if there were any language or accessibility problems. The registered manager subscribed to a language line for interpretation purposes. Women or those attending with them who were hearing impaired could use the hearing loop.

Information about services offered at the location were accessible online. The service offered a range of ultrasound scans for pregnant women; such as wellbeing, viability, growth, presentation, and gender and 4D scans. Staff gave women relevant information about their ultrasound scan when they booked their appointment. This included whether they needed a full bladder and when was the best gestation for their scan. Ultrasound scan prices were detailed on the service's website, and we observed staff clearly explaining costs and payment options to women during their appointments.

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act, and people who were in vulnerable circumstances or who have complex needs. The registered manager explained they had provided services for many same sex couples and the local area was a multi-cultural area.

Diagnostic and screening services

Facilities and premises were appropriate for the services being delivered. The environment was appropriate for the service being delivered and was customer centred. The scan room was large with ample seating and additional standing room for several guests, and children of all ages were welcome to attend. The scanning room had two large wall-mounted screens which projected the scan images from the ultrasound machine. These screens enabled women and their families to view their baby scan more easily and from anywhere in the room. This was in line with recommendations (Royal College of Radiologists, Standards for the provision of an ultrasound service (December 2014).

If a woman suffered a miscarriage before their appointment, staff would refund the deposit payment. However, many scans were booked through a well-known outlet which offered subsidised packages; the registered manager had also requested refunds for women who booked through this company. Women were able to postpone their appointments if they phoned in advance of the appointment.

The registered manager monitored the waiting times for clinics with clinics running on time.

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.

All staff ensured women did not stay longer than they needed to. Staff were able to print photos out for people to take with them.

All scans started with a wellbeing check. The sonographer always looked at the baby's movements, heartbeat, water, position, kidneys, stomach and placental position if the woman was past 20 weeks in her pregnancy. The service had systems to help care for women in need of additional support or specialist intervention.

The service also specialised in providing antenatal scans for women from 6 to 40 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 4D as well as 2D. NHS pregnancy scans show a two-dimensional image. A 4D scan enables women to see their baby moving as a 3D image. Women with a history of ectopic or failed pregnancy had a range of scans they could access. The service only provided private pregnancy ultrasound scans. They did not undertake any ultrasound imaging on behalf of the NHS or other private providers.

Women who wanted to find out the gender of their baby outside of their appointment, such as at a gender reveal party with their family and friends, were given a sealed envelope with a printed picture telling them whether they were expecting a boy or a girl. The sonographer could turn the screens off while looking for the baby's gender. Women who provided feedback on social media sites were very enthusiastic about the service's gender reveal lighting, where the lights in the room could be changed to pink or blue.

The service offered women a range of baby keepsake and souvenir options which could be purchased. This included heartbeat bears which were offered after 16 weeks, a selection of photo frames, and gender reveal products such as scratch cards, footballs and shooting cannons. Heartbeat bears contained a recording of the unborn baby's heartbeat. Gender reveal cannons were the most popular.

Access and flow

Diagnostic and screening services

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

All women self-referred to the service. Women could book their scan appointments in person, by phone, by email or through the service's website and social media. People could purchase a voucher so women could book a scan when they liked. During our inspection, clinics ran on time. Women were given a written report if they needed to be referred to their midwife, hospital or GP. Women who did not need to be referred were sent a text message which contained a link giving access to the application (app) at the end of their appointment.

The service had a foetal abnormality policy which detailed the process to follow if these were identified.

Learning from complaints and concerns

It was easy for women to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

Women, relatives and carers knew how to complain or raise concerns. The service had an up-to-date complaints policy, which outlined procedures for accepting, investigating, recording and responding to local, informal, and formal complaints about the service. The policy confirmed that all complaints should be acknowledged within three working days and resolved within 28 working days.

The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Women could make complaints through the service's website or social media, as well as in person, by phone or email. The registered manager attempted to deal with concerns at the time to resolve women's concerns. Staff asked women if they were happy with the service they received at the end of their appointments, this helped identify any potential dissatisfaction whilst the woman was still on-site.

The registered manager had a policy in place for investigating complaints and identifying themes. In the past year, there had been no complaints. The complaints policy stated how all complaints would be investigated and closed in a timely manner in line with the policy.

Staff could give examples of how they used patient feedback to improve daily practice. The service actively encouraged feedback, both in person, via email and open platform social media sites. The service had acted on feedback. For example, the registered manager had increased the range of souvenirs and keepsakes following a request for more items.

Magical Views Limited's induction programme included a course on customer care and dealing with complaints which all staff had completed. All staff knew who to contact if they received a complaint.

Are Diagnostic and screening services well-led?

This is the first inspection for this service. We rated well-led as good.

Diagnostic and screening services

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 led the service and was also a director of the business. The registered manager had regular meetings with the other director to keep them apprised of the service's performance, limitations and the challenges it faced.

Staff informed us that the registered manager and director were very friendly, approachable, and effective in their roles. Staff felt confident to discuss any concerns they had with them; and were able to approach the registered manager directly, should the need arise.

When staff worked alone a mobile number was set up to automatically contact the registered manager if an alarm was activated. Any staff working alone also had a panic alarm button they could use to call for assistance.

Vision and Strategy

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

The registered manager had a plan to grow the business and a strategy how to achieve this. This included using a marketing organisation which offered subsidised scans to grow the business. The registered manager had achieved an increase in the number of scans booked as a result. The registered manager had identified the next steps to take to grow the business; this included employing another receptionist in the future.

The service had a clear vision and values which were focused on providing a first-rate service consistent with the Magical Views Limited vision and values. Staff told us the values included growing a reputation to be technically good and competent and exceeding people's expectations of care.

The registered manager told us the ethos for the service was to provide the highest possible standards of service and care every time. They were passionate about treating women with empathy and understanding and led staff to make everyone's experience the best it could be. Feedback from women overwhelmingly praised staff for the friendly and supportive environment that surrounded them. Everyone we spoke with confirmed this and said they would highly recommend the service. Staff said, "It's about going that extra mile, when people go away and think they never expected that."

Culture

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

Diagnostic and screening services

Staff we met were friendly, welcoming and confident. Staff told us they felt supported, respected, and valued by their manager. They enjoyed coming to work and were proud to work for the service. Staff told us their colleagues were like family. We observed staff working well as a team. Staff were aware of the whistleblowing policy and could raise any concerns.

Staff completed equality and diversity training. Staff were encouraged to raise concerns openly and without fear of recrimination.

Governance

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

We found a clear line of governance to communicate information throughout the service, and to also escalate and cascade information up and down lines of management and staff. Staff were clear about their roles and understood what they were accountable for and to whom. Staff could describe the governance processes for incidents and complaints and how they were investigated.

The registered manager had an effective audit programme to provide assurance of the quality and safety of the service. Local audits, such as clinical and compliance audits were undertaken regularly; data was collected by the registered manager to monitor performance. Where issues were identified, we saw these were addressed quickly and openly. For example, the IPC audit identified some items in the cleaning cupboard didn't have data sheets, so these were updated.

Staff were able to access the provider's policies both electronically and in paper format. The service had a system to ensure the paper versions were the most up to date.

The registered manager had an information governance policy, which staff were aware of. The registered manager provided feedback to staff through appraisals and monthly staff meetings. Staff also benefitted from one-to-one meetings with the registered manager.

The registered manager provided feedback to staff about women's feedback, performance, compliance with policies and procedures, any clinic issues, audit results, staffing and rotas in the monthly reflection meetings.

Management of risk, issues and performance

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

The service had an online risk register. This was reviewed during monthly meetings where all staff were given the opportunity to reflect on everything that had occurred during the past month.

The registered manager had completed risk assessments for identified risks such as COVID-19, fire, health and safety and Legionella. Legionella is a bacterium that causes illnesses such as Legionnaires' disease or a fly-like illness. A standard template was used to ensure consistent information was captured. The risk assessments identified who or

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what was at risk, the hazards and their potential effects, existing control measures in place, the risk rating, whether the risk was adequately controlled, and additional control measures needed. Most of the risks were graded low and had adequate controls in place to minimise each risk. Staff were aware of the risk assessments because they had been circulated. All risk assessments were reviewed annually or sooner if indicated.

The service had a clinic contingency plan with identified actions to be taken in the event of an incident that would impact the service. For example, extended power loss, short notice staff sickness and equipment failure. The contingency plan included contact details of relevant individuals or services for staff to contact.

Information Management

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

The service was up-to-date with information governance and had data retention policies. These stipulated the requirements for managing patients' personal information in line with current data protection laws. The service was registered with the Information Commissioner's Office (ICO), which is in line with 'The Data Protection (Charges and Information) Regulations' (2018). The ICO is the UK's independent authority set up to uphold information rights.

Scan reports and images were retained for a period of eight years, so that any issues following the scan could be identified and rectified. This information was clearly detailed in the terms and conditions of the service. Scan reports could be reviewed remotely by another sonographer to enable timely advice and interpretation of results when needed, to inform patient care.

We saw that appropriate and accurate information was effectively processed, challenged and acted upon. Key performance, audit, and patient feedback data was frequently collated and reviewed to improve service delivery.

Engagement

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

The registered manager had engaged with local businesses to share leaflets, such as baby massage, baby photographer and a baker for gender reveal cakes.

Women and their families were asked to provide feedback when they visited. The service also used social media and internet reviews to obtain feedback from women and their families. Feedback included, "It's amazing, this is the best place to come" and, "Nothing is too much trouble."

The registered manager had tried to develop close working relationships with local NHS hospitals.

Learning, continuous improvement and innovation

Diagnostic and screening services

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. Leaders encouraged innovation.

The service demonstrated a strong commitment to professional development. This included on-line and site based continuous professional development training for personal and professional growth.

Women using Magical Views had access to an application (app) developed by ultrasound companies. The registered manager subscribed to this service to engage with women, so they could use this app on their phones or laptops to see their pictures.

The registered manager described the improvements and innovation they are working to achieve. This included updating the website to make it easier for women to navigate. The registered manager had also installed a 3-D printer and was close to providing 3-D printed images.