Your Baby Scan Ltd

# Your Baby Scan Ltd

**Inspection report**

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

## Ratings

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

# Summary of findings

## Overall summary

Our rating of this location improved. 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 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 women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families, and carers.

The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for their results.

The registered manager ran services well using reliable information systems and supported staff to develop their skills. The service had implemented a vision for what it wanted to achieve and a strategy to turn it into action. 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 to plan and manage services and all staff were committed to improving services continually.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| **Diagnostic and screening services** | Good  | We rated this service as good. See the Overall summary above for details. |

# Summary of findings

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# Summary of this inspection

## Background to Your Baby Scan Ltd

Your Baby Scan Ltd runs two locations, Your Baby Scan Ltd which is located in Widnes (this service) and Your Baby Scan Crewe. This service has been registered with the Care Quality Commission since 2015. The service had a registered manager in place since initial registration.

The service provides a range of ultrasound scans in 2D,3D and 4D during pregnancy for women of all ages. It is registered to provide the regulated activity of diagnostic and screening procedures.

The service was inspected in April 2021 and rated inadequate in July 2021 and were issued with a warning notice and three requirement notices. On this inspection these have now been met.

## How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected this service using our comprehensive inspection methodology. An inspector and inspection manager carried out the inspection on 8 September 2021. We held additional staff interviews on 10 September 2021.

We spoke with four members of staff including the registered manager, technical director, sonographer, and reception staff. We spoke with two women who had used the service and reviewed feedback on website browser platforms and social media. We reviewed a range of policies, procedures and other documents relating to the running of the service including consent, scan reports and referral letters. We reviewed the centralised appointment system.

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.

## Outstanding practice

We found the following outstanding practice:

The service provided a unique opportunity for women to have their scan experience broadcasted live, with visual and audio, to guests anywhere in the world.

Staff had access to an instant communication system. This allowed the sonographer to record outcomes of scans so that receptionists were informed how to respond appropriately to the personal needs of women.

## Areas for improvement

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:**

# Summary of this inspection

The service should ensure they identify, meet, and support the information and community needs for women with a learning disability or impairment and make reasonable adjustments.

The service should ensure their diversity policy includes all protected characteristics.

The service should continue to ensure COVID-19 related guidance is aligned to National Government advice.

The service should ensure that the guidance within all of their policies and their website is applicable, accurate and relevant to the service. This should include but is not limited to the guidance within the complaints procedure which currently states that women should contact the Care Quality Commission if they were unhappy with the outcome of a complaint.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

Good

# Diagnostic and screening services

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

## Are Diagnostic and screening services safe?

Good

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

Mandatory training

The service provided mandatory training in key skills to all staff and the registered manager now had a system in place to make sure everyone completed it.

The mandatory training was comprehensive and met the needs of patients and staff.

Records showed compliance with staff training had improved. The registered manager told us they would enrol staff on female genital mutilation and forced marriage awareness training.

The service had an employee training policy and training requirements were identified based on the needs of each staff role.

The registered manager now had a process for monitoring mandatory training and alerted staff when they needed to update their training.

Staff had protected time to complete mandatory training. They completed training on recognising and responding to patients with mental health needs.

However, the service did not provide additional training in managing patients with learning disabilities and autism.

Safeguarding

Staff understood how to protect women from abuse. They had training on how to recognise and report abuse and knew how to apply it.

Good

# Diagnostic and screening services

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

The service provided appropriate safeguarding training to staff in line with national guidance. Staff were now trained to level 3 child and adult safeguarding training and knew how to identify adults and children at risk of, or suffering, significant harm.

The registered manager told us they would enrol staff on female genital mutilation and forced marriage awareness additional training to enable them to identify and recognise safeguarding risks.

Staff knew how to escalate any safeguarding concerns to the safeguarding lead, who was now trained to level 3 in children and adult safeguarding.

The service now had safeguarding arrangements for 16 to 18 year olds. Additional measures had been put in place to ask for age at the time of booking and signpost 16 to 18 year olds to read further information.

The registered manager provided two recent examples of when they contacted the local authority safeguarding team, and these were appropriate referrals.

The service had improved their adult and children safeguarding policies to include all aspects of potential abuse and guided staff how to escalate concerns to the registered manager or make a referral to the local authority.

Although the policy did not advise staff to check proof of age identification on arrival to the clinic there was a process for staff to contact the registered manager if they suspected a woman was under 16 who were not allowed to be scanned.

The service did not display information regarding safeguarding from abuse

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. Since our last inspection, the service had made improvements to the cleanliness of the service.

We noted that in all areas including toilets, storerooms and reception areas, wood flooring was visibly clean and well maintained.

The infection control policy had been updated to include clear guidance on the cleaning and disinfection of transvaginal probes, cleaning and storage of mops, cleaning of the sink, cleaning of the floorings and hand washing.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Cleaning records were now up-to-date and demonstrated all areas were cleaned regularly.

The registered manager had implemented a new daily cleaning schedule. Staff were fully aware of their cleaning responsibilities and had been allocated extra time at the end of the day for cleaning.

Good

# Diagnostic and screening services

The registered manager performed weekly visual inspections and monthly audit check of cleaning records.

We observed sonography staff now cleaned the transvaginal probes in line with British Medical Ultrasound Society (BMUS) and manufacturer guidelines. This meant the service protected people who used the service against the risk of cross infection.

The service now had hand washing facilities for sonography staff to decontaminate their hands and equipment following scans. Above each sink there was a World Health Organisation (WHO) poster providing a visual guide to handwashing.

Staff had now completed coronavirus and infection control awareness training. The registered manager checked how well staff washed their hands at quarterly handwashing reviews.

We observed appropriate COVID-19 infection control procedures such as hand washing, hand sanitisation, use of PPE and social distancing. Staff continued to perform lateral flow testing as per the national guidance.

The service had updated the COVID-19 policy to provide guidance for staff to help reduce the risk of spread of inspection. Staff checked visitors' temperatures, asked about any COVID-19 symptoms, asked them to sanitise their hands and advised that they wore masks.

Women were provided with information about COVID-19 restrictions at the time of booking either on the website, by text or verbally. There were posters on display at the entrance of the clinic reminding everyone to wear masks and not to enter if displaying COVID-19 symptoms.

The registered manager was unable to check compliance of the actual cleaning completed between women receiving trans-abdominal scans by sonography staff because the infection control sheet required a single tick and did not provide a schedule of cleaning completed.

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

The service had implemented a process for the service and maintenance of the ultrasound scanning machine from an external company.

Electrical equipment had been safety tested within the last 12 months and the registered manager completed a monthly electrical visual inspection.

The service had improved the disposal of clinical and non-clinical waste in a way that kept people safe. The service had purchased new foot pedal operated bins. The sonographer now disposed of transvaginal probe covers in a clinical waste yellow bin.

Fire extinguishers were accessible and stored appropriately.

Good

# Diagnostic and screening services

Assessing and responding to patient risk

The service had made improvements in assessing the risks for women and had removed and minimised risks. Staff knew what to do and acted quickly when there was an emergency.

Staff assessed and managed women's risks such as allergies, health conditions and concerns from information given on their health declaration and consent forms.

The service had updated the health and safety policies and implemented a deteriorating patient policy. This meant staff knew what to do and acted quickly when there was an emergency.

Staff had completed mandatory training in health and safety, emergency first aid and fire safety.

The service had a general, COVID-19 and fire risk assessments and a fire risk evacuation procedure. They had removed the risk of latex allergy and used latex free probe covers and gloves.

The service provided clear guidance to sonographers if unexpected results were identified on the ultrasound scan. Staff gave examples of redirecting women who were experiencing pain or bleeding to their local NHS clinical team. We reviewed two referral letters which showed staff shared key information to keep women safe when referring any concerns to the NHS.

Sonography staff followed the pause and check list issued by The Society and College of Radiographers.

The service advised women about the importance of attending their NHS scans and appointments.

It had implemented a policy for managing potentially vulnerable women who did not attend for their appointment and staff were able to provide examples of when they would contact women.

The service now had a rescan timeframe and policy for staff to follow. The website clearly recommended a four-to-eight-week time gap between scans which included NHS scans.

The service had updated their COVID-19 risk assessment which defined potential risks with mitigating actions. However, the risk assessment was unclear on assessing visiting children attending the clinic and stated "where a parent attends clinic that lives with an already infected dependent it is likely that they would be carrying COVID-19. Therefore, it is no perceived greater risk from allowing children to attend with their parent, than the parent attending without them".

Staffing

The service had enough staff with the right qualifications, skills, training, and experience to keep women safe from avoidable harm and to provide the right care and treatment.

The registered manager told us in the event of staff absence they would provide cross cover from the Crewe clinic. The service did not use bank or agency staff.

Records

Good

# Diagnostic and screening services

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

The consent forms, along with copies of referral and reports were stored in a filing cabinet inside a locked storeroom.

We observed staff maintaining the confidentiality of women as computer screens were not kept open or left unattended.

All staff had now completed record keeping, information governance awareness and cyber security awareness as part of mandatory training.

The service had a data protection and retention policy to manage the retention period, storage, and disposal of women's personal data in line with national guidance.

The registered manager told us paper records, which included consent forms and referral letters were kept in the clinic for 12 months after which they would be stored in a secure unit for a maximum of 25 years as per the data retention policy.

Incident reporting, learning and improvement

The service had improved the management of women's safety incidents. Staff know how to recognise and report incidents. The registered manager had the knowledge to investigate incidents and share lessons learned with all staff across both sites. When things went wrong, staff apologised and gave women honest information and suitable support.

The service had implemented an incident reporting policy. This stated incident training would form part of mandatory training and incident investigation training would be established for the registered manager to enable them to fulfil their investigatory responsibilities. At the time of inspection staff received incident training during induction and at monthly review meetings.

Although there had been no recent accidents or incidents staff provided a clear example of how they would report incidents in the incident book and inform the registered manager.

Staff had now completed mandatory training on Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and duty of candour. Sonography staff provided good explanations to show they understood duty of candour.

The service shared lessons learned from incidents using the internal staff website and staff had an opportunity to post responses. Incidents were also discussed at monthly review meetings, team meetings, emails, and instant messages.

The registered manager demonstrated how they used women's feedback on incidents to improve the security access to scan images and videos.

Good

# Diagnostic and screening services

## Are Diagnostic and screening services effective?

Inspected but not rated

We do not rate the effective domain in diagnostic and screening services.

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. The registered manager 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.

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

The service had updated the version control of polices by including the date last reviewed and next review date. It had implemented a schedule of monthly reminders to check if any policies were due to expire.

The sonographer provided input into clinical policies if new guidance has been released. The service was signed up to receive alerts from National Institute for Health and Care Excellence (NICE) and staff told me they regularly reviewed British Medical Ultrasound Society (BMUS) and Society and College of Radiographers (SCoR) websites.

The registered manager had implemented a process to notify staff when a new policy or procedure has been updated and documented when staff had read these.

Staff completed mental health awareness as part of mandatory training. Sonography staff received additional training on Deprivation of Liberty safeguards.

The service had a process for staff to communicate any psychological and emotional needs of women and their companions at handovers between reception and the scan room.

Nutrition & hydration

Staff took into account women's individual needs where drink was necessary for the procedure.

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.

However, the website did not reflect current operational procedures and stated women and visitors would be welcomed with a complimentary drink.

Pain relief

Good

# Diagnostic and screening services

Staff assessed and monitored patients regularly to see if they were in pain during trans-abdominal and trans-vaginal scans.

The service did not undertake pain assessments. However, staff told us women were made to feel comfortable during their appointment.

The website and consent form advised women to let their sonographer know if they experienced any discomfort during the scan and could ask to take a break at any point.

Patient outcomes

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

The service had implemented a new process to monitor and check performance and improvements over time.

The registered manager performed monthly inspection checks. They used audit findings to make immediate improvements to the service and shared outcomes with staff.

The service had a new process to perform peer reviews to ensure the accuracy and quality of the ultrasound scan images, videos, and reports. Sonography staff reviewed colleague's scans against internal targets and record any comments or areas for improvement on scan times and any gender or health inaccuracies. These would be shared and discussed at sonographer's monthly review meeting. The sonographer reported this was a "really good learning process and learning tool".

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients.

The service had implemented a recruitment policy and improved their employment check process.

The registered manager had a schedule of reminders for monitoring Health and Care Professionals Council (HCPC) expiry dates for staff. They would also receive renewal date alerts for staff's Disclosure and Barring Service (DBS) and visas.

The service had now obtained all pre-recruitment checks on staff to meet CQC regulation requirements.

New staff informed us they received a full induction tailored to their role and a high level of support.

Staff received three-monthly reviews with the registered manager and were supported to develop their skills and knowledge. Sonography staff received peer reviews of ultrasound scan images, videos and reports and any recommendations or improvements were discussed at monthly review meetings.

Good

# Diagnostic and screening services

The registered manager made sure staff received any specialist training for their role.

The service now had a disciplinary policy to manage poor staff performance and support staff to improve.

Multidisciplinary working

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

Staff had effective communication within the service and with staff at the Crewe clinic using an instant messaging system and internal website.

We observed active communication and supportive working practices between staff to provide care for women. Staff spoke positively of the integrated IT and telephone system which allowed for cross location cover and peer support.

Staff across both clinics had recently met up to celebrate Eid and one staff member said meeting up for the first time since the pandemic was a “morale booster”.

The service supported women if any concerns were identified 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.

Staff reported they felt part of a team.

Seven-day services

Services were available to support timely care and was open five days a week including weekends. It did not provide emergency care and treatment. The appointment times were flexible to accommodate women and the service was open until 7pm on weekday evenings. The website was designed to take online bookings 24 hours a day. Women were offered appointments at both clinics depending on appointment availability.

Health Promotion

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

The social media page promoted healthy lifestyles.

The service displayed health information and support on a public service television channel in the waiting area.

The registered manager informed us health promotion leaflets would be provided to women when it was safe to do so following the pandemic.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women’s consent. They knew how to support women who were experiencing mental ill health.

Good

# Diagnostic and screening services

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 knew who to contact for advice.

Staff gained and recorded consent from women for their care and treatment in line with legislation and guidance. They asked women to complete additional consent for transvaginal scans and for the use of the live streaming service.

Staff received consent training as part of induction and refresher training during management reviews. They made sure women consented to treatment based on all the information available.

Staff received mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards. They understood how and when to assess whether a woman had the capacity to make decisions about their care.

Although the service did not have a process to audit the frequency of women attending for multiple scans staff would contact the registered manager if they had concerns.

We reviewed completed consent forms and found these were completed fully.

## Are Diagnostic and screening services caring?

Good

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

Compassionate care

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

Women described a positive experience and said staff treated them well and with kindness.

The service was able to maintain the privacy and dignity of women during scans by closing the scan room door, providing appropriate coverings, offering the choice of privacy screen, and leaving the room while they undressed.

Staff had now completed mandatory training on dignity, privacy and respect and followed policy to keep patient care and treatment confidential.

Emotional support

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

Staff gave patients help, emotional support and advice when they needed it.

Women were able to request a chaperone, who was a trained member of staff, in advance of the scan appointment. We saw chaperone posters in the waiting area and scan room.

Good

# Diagnostic and screening services

We saw positive examples of emotional care from online feedback from women who had used the service.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

The service now had a separate waiting area which could be used as a quiet room.

Staff had now received mandatory training on communication, loss and bereavement and customer service. They could signpost women to receive specialist help and advice from a number of services.

Staff provided positive examples of providing emotional care. The sonographer provided an example of when they reassured an anxious woman and advised there was no requirement to book additional reassurance scans.

Understanding and involvement of patients and those close to them

Staff supported and involved women to understand their condition and make decisions about their care and treatment.

The service made sure women understood their treatment by providing clear information about scan packages and costs on the website. They were supported to make informed decisions about their care and were guided to choose the right scan or package for them depending on the stage of their pregnancy.

Women reported staff took their time to explain the scan procedures and answered any questions.

Women understood when and how they would receive their scan images and results. They had an opportunity to choose the images, immediately after the scan, to be printed out as part of their presentation photos.

Women could give feedback on the service and their treatment and were supported to do this.

The service had implemented a policy for staff to follow for managing women experiencing acute or mental health crisis. In addition, they had created new guidance to staff on how to manage women who did not attend for their scan.

## Are Diagnostic and screening services responsive?

Good

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Facilities and premises were appropriate for the services being delivered.

The service was open five days a week, until 7pm, including weekends and appointment times were flexible. Women were offered appointments at both clinics depending on appointment availability.

Good

# Diagnostic and screening services

The website contains comprehensive information and promoted discounts for blue light, British forces, and stronghold card members.

It was easily accessible by public transport with Widnes railway station five minutes' walk away and car parking nearby.

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.

The service made reasonable adjustments to women's additional needs which were identified from the completion of a health declaration form at the booking stage. For example, the couches in the scanning room could be height adjusted as and when required.

The entrance door to the service was on ground level and wide enough for wheelchair and pushchair access. The scan room was accessible to wheelchairs. There was one step down to the toilets which was described on the website as possibly being unsuitable for people with limited mobilities. Staff provided positive examples of providing additional support to wheelchair users.

The service had now purchased a portable hearing loop communication aid to meet the needs of women with hearing conditions. It could provide information in accessible formats to meet the needs of women with sight conditions.

Although the service did not have access to interpreters, staff had access to an online translation service. They also had common Polish and Romanian phrases and words, and maternity related transcribed words, printed on a laminated poster in reception and scan rooms.

In addition the service had copies of consent forms printed in Polish.

The service offered women a range of baby keepsake and souvenir options, which could be purchased from reception, including photographs and digital video downloads, heartbeat bears, a selection of photo frames and gender reveal products. Heartbeat bears contained a recording of the unborn babies' heartbeat.

The service provided umbrellas if women needed to take a walk for baby to move so they did not get wet.

The service could signpost women to a number of specialist pregnancy and miscarriage charities.

The service had a diversity policy which only covered age, race, and religion however it did not identify all protected characteristics. Staff had now completed equality and diversity mandatory training.

However, the service did not have a policy or provide training to help guide staff to identify, meet or support the information and communication needs of patients with a disability, impairment such as aphasia, autism, a mental health condition, or sensory loss such as deaf or deafblind.

Access and flow

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

Good

# Diagnostic and screening services

Women were able to book next day appointments for urgent concerns. Bookings could be made online 24 hours a day, by email or telephone. The service provided reassurance scans for women who could not get an earlier appointment in the NHS.

Women had timely access to their scan images.

The service implemented guidance for staff to handle women who did not attend their appointment. It did not have a waiting list for appointments, and we observed appointments to run on time.

Appointment times were flexible to allow for rescans if the baby was not in the best scanning position. In this instance women were encouraged to go for a short walk and have a drink to help the baby move into a better position.

Staff had access to an instant communication system which allowed the sonographer to record outcomes of scans so that receptionists were informed how to respond appropriately to women. For example providing women with a drink, advising them to go for a walk, rebooking, referring on or providing comfort. Receptionists told us they used this regularly to provide information to the sonographer.

However, the website refers to suspending some scan types to allow for a single visit only into the scan room and this did not reflect current operational procedures when we witnessed women going for a walk to move the baby into a different position for a better quality scan.

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 could provide feedback and raise concerns about care on website browser platforms, social media platforms, complaints form or by email. The registered manager responded to all positive and negative feedback.

Staff received mandatory training on complaints handling, customer service and duty of candour.

The registered manager and technical director investigated complaints and provided examples of how the service had improved as a direct result of women's feedback and complaints. They shared feedback from complaints with staff on the internal staff website.

However, the service did not display information about how to raise a complaint.

The service had a complaints procedure however, it had been written for both staff and women and incorrectly stated women should approach the Care Quality Commission (CQC) if they were unhappy with the outcome of a complaint instead of the Independent Sector Complaints.

In addition, the website did not include information on how complaints are managed and investigated.

## Are Diagnostic and screening services well-led?

Good

# Diagnostic and screening services

Good

Our rating of well-led improved. We rated it as good.

Leadership of the service

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 women and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager was responsible for the line management of staff and was always available to provide clinical advice and guidance. Staff told us they were supportive and encouraged their development.

Vision and Strategy

The service had implemented 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 services.

The service stated within 12 months they intended to continue improvements, focus on training and support, receive an independent review, create a new manager role, and outsource their advertising and social media.

The service stated within three years they intended to open an additional Your Baby scan location, relocate their Crewe clinic to ensure ground floor access and gain British Fertility Society certification.

However, the registered manager said the vision had not yet been shared with staff.

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 visitors and staff could raise concerns without fear.

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.

The website displayed a strong emphasis of care for women.

The service had a whistle blowing policy which encouraged staff to raise any concerns with registered manager.

The registered manager responded positively and took immediate actions as a result of most of the concerns we found on inspection and showed willingness to learn and improve.

Governance

Good

# Diagnostic and screening services

The registered manager had improved the effectiveness of governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to discuss and learn from the performance of the service. However, some of the policies were not relevant to the service.

The registered manager had a greater oversight of governance processes following the concerns identified at the last inspection.

The service had a formalised governance framework and new processes to support the safe and effective delivery of care. For example, the registered manager had implemented a schedule of reminders to check compliance of mandatory training and audit the cleanliness of the clinic and equipment maintenance. They had oversight of expiry dates for Health and Care Professionals Council (HCPC) registrations and received alerts for Disclosure and Barring Service (DBS) and Verified International Stay Approvals (VISA).

The registered manager discussed quality and safety performance issues at review meetings. They shared learning from incidents, complaints, and audit outcomes on the internal website to improve the quality of care and treatment of women attending the service. Staff also had the opportunity to comment and ask further questions.

The service now had a process to version control policies. The registered manager told us any changes or updates to policies was shared on the internal website and instant messaging service.

However, some policies were not always relevant to a baby scanning service. For example, the children safeguarding policy referenced volunteers, agency staff, students, sessional workers, management board and board of trustees. The chaperone policy referenced students. The incident reporting policy referenced appointed investigator.

The policies and website information did not always reflect current operational procedures. For example, there was contradictory advice for the number of visitors allowed to accompany women during a scan. The website stated women and visitors would be welcomed with a complimentary drink and also it was a “single visit into the scan room, with no walking time”.

The service had a complaints policy, but it had been written as guidance for both staff and women who wished to complain. The policy did not include information on how complaints were managed and investigated.

Management of risks, issues, and performance

The service 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 registered manager now had the knowledge and oversight of the service’s main risks and understood the challenge of risks in terms of quality, improvements, and performance.

The service had updated their general and COVID-19 risk assessments which identified actions which had been completed to mitigate risks. These risk assessments were reviewed regularly.

The service had a fire risk assessment, fire risk evacuation procedure, fire extinguishers and smoke detectors. Staff had now completed mandatory fire safety training.

Good

# Diagnostic and screening services

The service had a business continuity plan and valid insurance covering both public and employer liability, including professional indemnity insurance for registered professional staff.

The service had implemented a lone working policy. Staff we spoke to said they were never left alone but this risk was not included in the risk assessment.

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.

Staff had now completed mandatory training on information governance and cyber security.

Staff reported sufficient numbers of computers and ultrasound machines in the service. They spoke highly of the centralised booking system, shared telephone system, internal website, and instant messaging service.

The service had a data protection policy and had implemented a data retention policy which outlined the purpose for processing personal data and retention periods and disposal methods.

The service provided a unique opportunity for women to have their scan experience broadcasted live with visual and audio to guests from anywhere in the world. They had appropriate security firewalls and encrypted streams to protect users when data was transmitted over the internet.

Engagement

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

Staff had regular engagement with the registered managers at management review meetings, via email, the internal website and instant messaging service. They were involved in the day-to-day running of the service.

The service encouraged women to provide feedback via pre and post scan surveys, Google reviews, social media reviews or directly by email.

We saw positive examples of feedback and the registered manager had responded appropriately to feedback.

The service shared examples of how feedback had been used to plan and manage services. For example, they had completed a survey to obtain women's views before implementing the live streaming service. In response to additional feedback, they had further enhanced the live streaming experience for the sonographer to wear a microphone to allow guests to hear what sonographer was explaining during a scan.

When it is safe to do so following the pandemic, the service planned to reintroduce their secret shopper surveys to capture performance metrics over time. They were also considering sending an automatic email or text message to women following their appointment asking for feedback.

Learning, continuous improvement and innovation

Good

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All staff were committed to continually learning and improving services. The registered manager told us they encouraged innovation and participation in research.

The service shared positive examples of a service improvement resulting from incidents and women's feedback.

Staff felt confident to suggest improvements to the service such as:

- creating a supportive website page for women who required additional support.
- contacting external charities to receive leaflets and distribute, following the pandemic to women who required additional support.

The service had implemented a points reward system for staff, which over time could be converted to money. Staff were positively rewarded from other staff or from positive feedback.