

Miracle Within Ltd

Miracle Within 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?		Requires Improvement	

Summary of findings

Overall summary

It is the first time we rated this service. We rated the service as good.

We rated this service 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 provided good care and treatment. The manager made sure staff were competent. Staff worked well together for the benefit of women, supported them to make decisions about their care, and had access to good information.
- The service had a visible, person-centred culture. Staff were highly motivated and passionate. Staff treated women with compassion and kindness. They respected their privacy and dignity, took account of their individual needs. They provided dedicated and personalised emotional support to women and their visitors.
- 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 manager ran services well and supported staff to develop their skills. 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 staff were committed to improving services.
- The service did not have a formal vision and strategy. The service was a small business and has not been open for a long period of time, this was an aspect of the service the registered manager told us they will develop over time.

We rated this service as good because it was safe, effective, caring and responsive and well led.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic and screening services

Rating

Good



Summary of each main service

It is the first time we rated this service. We rated the service as good.

We rated this service 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 provided good care and treatment. The manager made sure staff were competent. Staff worked well together for the benefit of women, supported them to make decisions about their care, and had access to good information.
- The service had a visible, person-centred culture. Staff were highly motivated and passionate. Staff treated women with compassion and kindness. They respected their privacy and dignity, took account of their individual needs. They provided dedicated and personalised emotional support to women and their visitors.
- 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 manager ran services well and supported staff to develop their skills. 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 staff were committed to improving services.

We rated this service as good because it was safe, effective, caring and responsive, although leadership requires improvement.

Summary of findings

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Summary of this inspection

Background to Miracle Within Ltd

The Miracle Within service opened in 2020 and provides private ultrasound services to self-funding women who are over the age of 18 and more than six weeks pregnant. Ultrasound scans are separate from NHS standard care pathways. The service offers an early pregnancy scan, a gender scan and a 4D scan. The service has a registered manager in post.

The service is a small business with flexible opening times.

The service is registered with CQC to undertake the regulated activity of diagnostic and screening procedures. We have not inspected this service before.

How we carried out this inspection

The inspection team comprised of two CQC inspectors and an offsite CQC inspection manager. The inspection was overseen by Sarah Dronsfield Deputy Director of Operations. 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.

We spoke with three members of staff including a receptionist, a sonographer and the registered manager who is also a sonographer. We spoke with three women who had used the service and reviewed feedback on website 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 employee records.

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

Areas for improvement

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

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

- The service should ensure that helium cylinders are secured.
- The service should ensure there is a deputy safeguarding lead.
- The service should consider making all furnishings and flooring in the clinic room wipeable.
- The service should have a formal vision and strategy.
- The service should consider involvement in quality improvement projects.
- The service should consider a leadership course for its registered manager.






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	Requires Improvement	Good
Overall	Good	Inspected but not rated	Good	Good	Requires Improvement	Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good 

It is the first time we rated this service. We rated it as good.

Mandatory training

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

The mandatory training was comprehensive and met the needs of women using the service and the staff.

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

The registered manager monitored mandatory training and alerted staff when they needed to update their training. The registered manager recorded staff training completion on a matrix, and this was checked regularly. The manager kept certificates of employee training on file. We observed a file which showed staff were compliant with mandatory training modules, for example infection control and safeguarding.

Staff told us they had protected time to review related policies.

The registered manager told us that sonography staff had some training delivered externally by the National Health Service (NHS). The registered manager had oversight on when this training was due to be renewed. We saw that mandatory training was above 90%, which met the services target.

Safeguarding

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

Staff received training specific to their role on how to recognise and report abuse. Receptionists received level 2 safeguarding adults and children training, and sonographers received level 3 safeguarding adults and children training. Staff we spoke with were able to confirm the safeguarding lead for the service and knew how to escalate concerns. However, the service did not have a safeguarding deputy lead identified.

Diagnostic and screening services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and were aware of other agencies to contact. Staff we spoke with were able to describe how to make a safeguarding referral to the local authority. The service had policies for safeguarding adults and children for staff to follow.

At the time of inspection, the service did not display any safeguarding information within the premises.

The service had not made any safeguarding referrals however did provide an example of engaging with a local authority safeguarding team to share information about a concern for someone who had previously used their service.

The service did not have separate female genital mutilation policy (FGM) however the service did not provide transvaginal scans.

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.

All the clinical areas were clean and had suitable furnishings which were clean and well-maintained.

We observed staff cleaning equipment, the clinic room and waiting areas after patient contact and in-between service users. The appointment booking system was designed to allow time for staff to complete, record, and clean areas and equipment in-between scans.

Cleaning records were up to date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly. The service completed audits to quality assure that the cleaning schedules for daily cleans and weekly deep cleans were adhered to.

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

Women were provided with information about COVID-19 restrictions at the time of booking and a declaration was completed for woman visiting the clinic which covered symptoms or known exposure and the COVID-19 status was recorded.

The service had hand washing facilities in the sonography room, and we observed the sonographer wash their hands with soap and water.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.

The reception entrance and waiting area clearly displayed the service's CQC registration. Hand gel and facemasks were available for women and other visitors to use upon arrival. The clinic had a separate larger waiting room upstairs if women wanted more privacy. This upstairs room contained laminated best practice guidance and health information leaflets for signposting and support. For example, ultrasound government information, a doula service, pregnancy massage and birth trauma resolution.

Diagnostic and screening services

The registered manager ensured the maintenance, service and timely repair of the ultrasound scanning machine, this was done through a contract with an external company. The ultrasound machine was pre-set complying with the 'as low as reasonably achievable' principles (ALARA). The sonography staff carried out daily safety checks on the ultrasound machine.

The service had suitable facilities to meet the needs of women's families. The service had a first aid policy and a first aid kit. The service had a spillage kit.

Staff followed a clear process to report faults or low equipment stock, and the registered manager had oversight on this. The service had enough equipment such as one computer, printer and ultrasound machine for the number of women they scanned. All electrical equipment had been safety tested within the last 12 months.

Staff disposed of waste safely.

The scanning room environment was suitably adapted to be more calming and intimate for women. For example, lighting was softened, furnishings were comfortable for visitors and women's families and aromatic incense sticks could be lit. The clinical equipment such as the main scanner and computer on wheels, PPE trolley and bed with wipe-clean lino was all positioned on one side. The sonographer told us they tried to keep the environment inviting and relaxing for women to achieve the best patient outcomes and experience.

The storage room contained all spare PPE, cleaning equipment and supplies. However, we found loose helium canisters on a shelf which were a potential hazard and risk to staff.

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 completed risk assessments for women using the service. The booking forms contained a box where women could fill in additional information or requirements.

Women were verbally asked to share their estimated foetus' gestational age, date of last period and/or estimated due date. Sonographers asked further health questions before commencing the scan and checked the reason for the scan.

In the event of a medical emergency, there were usually two clinically trained staff onsite and non-clinical staff told us they would call 999. All staff had completed some level of life support training.

Staff responded promptly to any immediate risks to women's health. The service had clear guidance for sonographers to follow if they identified unexpected results during a scan. We saw evidence that this was followed, recorded and then women were followed up. Staff we spoke with were able to give examples of redirecting women who were experiencing bleeding or pain to local NHS services. Staff completed fire, health, and safety mandatory training.

The service carried out regular fire alarm tests and drills which instructed staff how to walk through the fire evacuation process.

The service asked women to complete a health declaration for COVID-19

Diagnostic and screening services

The sonographers were aware of the as low as reasonably practical (ALARA) principle and informed women and their families accordingly. They also warned women there may be some heat from the ultrasound machine scanner.

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. Managers regularly reviewed staffing levels and staff were given a full induction.

The service had enough staff to keep women safe. The manager planned staffing levels to meet the demands on the service and required each shift to have a sonographer and a receptionist as a minimum.

The service had low vacancy, turnover and sickness rates and the manager described the team as stable.

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 stored completed booking forms including consent and onward referrals on an electronic system after shredding the physical/hard copies in confidential waste. All women booked their scan appointments directly through their website.

We observed staff maintaining the confidentiality of women. They ensured printed confidential information was not left unattended and ensured conversations were discreet by utilising different rooms on the premises.

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

Medicines

The service did not use any medicines.

Incidents

The service managed safety incidents well. Staff recognised and knew how to report incidents and near misses. The manager knew how to investigate incidents and share lessons learned with the team. 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.

At the time of our inspection the service had reported no clinical incidents however staff knew which incidents to report and how to report them. The service had an incident reporting policy and staff told us how they would work within this. The manager demonstrated clear knowledge of reporting, investigating and learning processes.

The service had a book in which to record any incidents and the manager had oversight of this. Staff we asked understood the duty of candour and would be open and honest with women and their families if anything went wrong.

The service had no never events.

Diagnostic and screening services

Staff met to discuss the feedback and look at improvements to patient care. We were told of an example where staff had brought ideas to the manager to discuss which was evidence that changes had been made as a result of feedback.

Are Diagnostic and screening services effective?

Inspected but not rated 

We inspected but did not rate effective.

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Staff regularly review guidance and alerts from the National Institute for Health and Care Excellence (NICE), the British Medical Ultrasound Society (BMUS) and the Society and College of Radiographers (SCoR). This meant care was in line with the latest understanding of best practice. The service subscribed to the BMUS as low as reasonably achievable (ALARA) protocols. This meant sonographers used the lowest possible output power and shortest scan times possible consistent with achieving the required results.

Staff documented their review and understanding of new policies and guidance, this was monitored by the registered manager who had oversight of a training matrix.

Nutrition and hydration

The service gave women appropriate information about drinking extra fluids and attend with a full bladder before trans-abdominal ultrasound scans to ensure the sonographer could gain effective ultrasound scan images.

The service had a range of snacks and fluids available. We observed staff providing extra fluids for women waiting for their scans.

Pain relief

The service did not undertake pain assessments. However, staff proactively asked women about pain and discomfort and stopped scans if women reported unusual pain.

Patient outcomes

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

Outcomes for women were positive, consistent and met expectations.

The manager and staff carried out a comprehensive programme of repeated audits to check improvement over time.

The manager used information from the audits to improve care and treatment. The Manager shared and made sure staff understood information from the audits. However, the service did not monitor the rescan rate for women.

Diagnostic and screening services

The service did not participate in any national clinical audits.

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 patients. Sonographers were required to maintain registration with the Health and Care Professions Council (HCPC), we saw evidence of this in staff files.

The registered manager gave all new staff a full induction tailored to their role before they started work. Inductions were tailored to people's role and professional circumstances. Sonographers who also worked in the NHS received an induction to ensure they were familiar with differences in procedures.

The registered manager 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 their line manager and were supported to develop their skills and knowledge.

Staff had annual appraisals booked in, and the registered manager was able to describe the process for performance management.

The service had an identified clinical lead in place which was the registered manager.

Multidisciplinary working

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

We observed active communication and supportive working practices between reception staff and the sonographer to provide care for women.

The clinic had well-established relationships with local NHS services, including early pregnancy units. Sonographers used referral pathways to ensure women received timely on-going care, such as when they identified foetal abnormalities or a miscarriage. Sonographers documented all instances of referrals; we saw evidence of this on inspection.

Seven-day services

Services were available to support timely patient care.

The service did not provide emergency care and treatment.

The appointment times were flexible to accommodate women. Service users made appointments by calling the service or using the online booking system. We were told women could access short notice appointments.

Sonographers provided women and their partners with out of hours contact information for maternity and early pregnancy services at their local NHS hospitals. This meant patients always knew who to contact if they needed urgent care when the clinic was closed.

Diagnostic and screening services

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in clinic areas.

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.

The sonographers had received Mental Capacity Act training. Staff understood how and when to assess whether a woman had the capacity to make decisions about their care and knew who to contact for advice.

Staff gained verbal consent from women for their care and treatment in line with legislation and guidance. We saw staff explain the ultrasound scanning procedure to women.

The service had written consent forms which were paper based and then uploaded onto their internal system.

Are Diagnostic and screening services caring?

It is the first time we have rated this service. 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.

Staff took time to interact with women and those close to them in a respectful and considerate way. We observed reception staff welcoming women and those accompanying them warmly and with compassion. Sonographers introduced themselves and receptionist by name when they greeted people.

Women we spoke with all gave positive feedback such as “would recommend”. Social media reviews were positive.

Staff followed policy to keep patient care and treatment confidential. Staff demonstrated attention to detail when ensuring privacy and dignity of women and those accompanying them. For example, the service ensured that there was a room available for any discussion or sensitive moments which required privacy. Staff carried out conversations about scan results in private and gave people time to understand information.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. Staff gave examples of providing compassionate care to Muslim women when they had privacy to remove their hijab.

Staff's equality, diversity and inclusion training formed part of their mandatory modules.

Diagnostic and screening services

Emotional support

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.

Staff we spoke with had not completed training on breaking bad news however the registered manager told us this was a course she was thinking of adding to the training.

Staff we spoke with provided examples of emotional support when they were aware of a woman using the service who was anxious. Efforts were made to reassure women with high anxiety, and staff communicated with each other before a scan would take place if a woman appeared anxious and in need of additional emotional support.

Understanding and involvement of women and those close to them

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

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

We observed staff took time to verbally explain the scan procedure scans to women and gave them time to understand the information and ask any questions.

The service benefited from one large wall mounted monitor so that women and visitors could view the ultrasound images at the same time.

Staff supported onward referrals to early pregnancy assessment units (EPAU) or NHS hospitals when scan results indicated abnormalities or other unexpected results, we saw evidence of this on inspection. This ensured women did not leave the clinic without fully understanding where they would receive help and support going forward.

Are Diagnostic and screening services responsive?

It is the first time we rated this service. We rated it as good.

Service delivery to meet the needs of local people

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

The service operated flexible opening times to meet the needs of women's working patterns and hours. Facilities and premises were appropriate for the services being delivered. The service had free parking.

Diagnostic and screening services

The manager monitored and took action to minimise missed appointments. Women we spoke to told us staff offered flexibility in short notice rebooking in some circumstances.

The service had systems to help care for women in need of additional support or specialist intervention. There was space on the booking form for women to communicate any additional requests or support needed.

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 completed equality and diversity training that helped them deliver care in line with the service's equality and diversity policy. This ensured people with protected characteristics defined by the Equality Act (2010) received care free from prejudice. The manager told us they have had a range of people use the service with protected characteristics.

The service offered women a range of baby keepsake and souvenir options, which could be purchased from reception.

The service provided early scans for women.

The service was able to safely meet demand with flexible hours which helped women to access scans and reduce worry.

The service had information leaflets however they were not available in different languages.

Access and flow

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

The service facilitated next day appointments where possible. The service did not overbook clinics and did not operate a waiting list.

Staff ensured there was time between scans for cleaning and rescanning, such as if a baby was not in the optimum position for a clear image. This kept delays and waiting times to a minimum.

The appointment structure meant a rescan could take place quickly. If a sonographer could not obtain a clear image during the visit, women were offered a rescan later. The sonographers provided results quickly and made these available to women and their families immediately.

Learning from complaints and concerns

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

The service encouraged women to raise complaints or provide feedback via social media, telephone, in person or by email. We reviewed feedback on social media which was all positive.

There were separate forms for children and adults to raise a complaint.

Diagnostic and screening services

Staff understood the policy on complaints and knew how to handle them. Staff undertook training in complaints handling and resolved minor issues at the time they were raised.

The service had not had any recent complaints.

Staff knew how to acknowledge complaints and women received feedback from the manager after the investigation into their complaint.

The manager shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints was shared with staff in team meetings or during supervision. Staff could give examples of how they used patient feedback to improve practice.

The service had a complaints policy.

Are Diagnostic and screening services well-led?

Requires Improvement 

It is the first time we have rated this service. We rated it as requires improvement.

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 held overall responsibility for the leadership of the clinic. During our inspection we saw visible leadership and the manager readily engaged with women and those accompanying them.

The registered manager encouraged staff development. Staff we spoke to felt confident to discuss any concerns or development needs with the registered manager.

However, the registered manager had not taken any formal leadership courses.

Vision and Strategy

The service did not have a formal vision or strategy for what it wanted to achieve.

The service had a business continuity plan which was reviewed by the registered manager. This focused on maintaining the current operational set-up.

The service had outlined the values and what it wanted to achieve; however, the service did not have a formal vision and strategy.

The registered manager told us that there were plans to expand the service in the future.

Diagnostic and screening services

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.

Staff spoke positively about their roles and demonstrated pride and passion. They worked well as a team and supported each other to deliver high quality care.

The social media reviews displayed a strong emphasis of care for women. Women we spoke to told us that they felt 'cared for physically and mentally'.

The service did not have a freedom to speak up policy however there were clear processes for investigation and learning from concerns, as well as support for staff raising them. Staff told us they were happy in their job and spoke positively about the culture and the registered manager.

Staff told us there was opportunity to develop skills within the service and the registered manager was supportive and flexible in helping them do so.

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 reviewed all the policies which were version controlled and reflected current operational procedures. All policies had a review date and had been reviewed within the allocated time period.

We reviewed staff files, they included pre-employment references, job descriptions, DBS checks and professional registration information. The registered manager-maintained oversight of employee files.

The registered manager met with staff for a meeting every month and this was documented and shared with staff. The registered manager also told us there were fewer formal meetings and performance and issues were discussed on an ad-hoc basis as anything arose.

The manager conducted a range of clinical governance and quality assurance audits including regular peer reviews, as well as monitoring audits around infection prevention and control.

Management of risk, issues and performance

The registered manager 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.

The service had an up-to-date risk register. The manager used the risk register to track and monitor known risks and had associated actions taken to mitigate risks.

The service had a lone working policy. There were staff members who were trained chaperones.

Diagnostic and screening services

Staff had access to policies and guidance in paper format and online. Staff we spoke with knew how to access them and when to refer to them.

The service held details for the local NHS services to assist when referrals needed to be made. We saw examples of this process having been followed during inspection.

The manager shared quality, safety, and performance issues with staff such as staff training reminders, feedback on operational issues, updates to policies and health and safety and performance feedback.

The service had valid insurance covering both public and employer liability insurance. The service had a maintenance plan for the ultrasound machine which meant it was regularly serviced and they were covered if there were any faults.

The service had a business continuity plan which outlined procedures for staff to follow.

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.

Most of the information was recorded on a paper and then uploaded on a computer system. The paper was then shredded in confidential waste in line with the service policy. Computers were not left unattended.

The service had policies and procedures in place to promote the confidential and secure processing of information held about women. The manager had a process in place for identifying women who were returning for rescans.

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.

There were sufficient numbers of computers, printers, and ultrasound machines in the service.

The registered manager was aware of how to submit notifications to the Care Quality Commission (CQC).

Engagement

Leaders and staff actively and openly engaged with women to plan and manage services.

There were consistently high levels of constructive engagement between staff and women who used the service. The service had a social media webpage in which the manager engaged with women who had used the service.

The service encouraged women to provide feedback post-scan, offering a variety of formats and platforms to provide this through to suit individual needs. The manager monitored and responded appropriately to all reviews, complaints, and feedback.

We heard positive examples from reception staff describing how the manager proactively engaged with them in person and by phone. Staff were kept updated with best practice developments by the registered manager. They felt listened to and were encouraged to participate in active discussions to help improve the day to day running of the service.

Diagnostic and screening services

Staff we spoke with had a good working relationship with the local early pregnancy assessment units (EPAU) and NHS hospital services

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The registered manager was a qualified sonographer with an active registration, continuous learning is a part of the revalidation process.

The service was not involved in any quality improvement projects, this was due to the small size of the business.

During inspection, the registered manager told us they would look into a 'breaking bad news' course for staff.