Northern Sonography Ltd

Little Miracles at Northern Sonography

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

This was the first inspection. We rated it as good because:

- The service had staff to care for women and patients and keep them safe. Staff had training in key skills, understood how to protect women and patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women and patients, acted on them and kept good care records.
- Staff provided good care. The manager monitored the effectiveness of the service and was competent and skilled. Staff worked well together for the benefit of women and patients and supported them.
- Staff treated women and patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs They provided emotional support to women and patients and their partners if needed.
- The service planned care to meet the needs of local people, took account of women and patients individual needs, and made it easy for them to give feedback. Women and patients could access the service when they needed it and did not have to wait long for an appointment.
- The registered manger ran the service well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women and patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and patients and all staff were committed to improving services continually.

However:

- The receptionist who also acted as a chaperone had not completed the appropriate checks and training for this role: training in safeguarding was level one rather than level two. The DBS check had been requested to standard rather than enhanced.
- Hazardous substances, such as scanning gel, were stored in an unlocked cupboard. Scanning gel was decanted from a larger container rather than single use or pre filled bottles.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good	

Summary of findings

Contents

Summary of this inspection

Background to Little Miracles at Northern Sonography

The service is a private baby scanning organisation offering reassurance, growth and gender scans for women over the age of 18 years who were at least 6 weeks pregnant. These were either abdominal or transvaginal and completed by a qualified sonographer who is the CQC registered manager.

The location was registered for diagnostic and screening procedures in January 2022 and now offers abdominal scans to patients who self refer for general medical purposes.

In the last 12 months, the service had carried out 987 obstetric scans and 9 general medical ultrasound scans.

This was the first inspection for the service.

How we carried out this inspection

During the on-site inspection we spoke with the registered manager and the receptionist. We observed a scanning procedure and spoke with two women and a partner. Following the inspection we spoke with three women who had accessed the service and reviewed records for five women.

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 sonographer offered an individual person-centred service with women and their partners describing a positive and caring tailor-made experience.
- Appointments were timed so that women were not rushed or overlapped. In the event of an optimum image being delayed, women were given time to mobilise or even return at a later date.
- We were shared examples of when the sonographer went above and beyond to support women.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that all hazardous substances are stored safely and securely.
- The service should ensure that staff who are required to chaperone women and patients have the appropriate Disclosure and Baring Service (DBS) check and level of safeguarding training.
- The service should ensure that future plans, including audit programmes are implemented effectively.
- The service should ensure that an escalation process is in place to keep all people safe who access the service.
- The service should consider including recommendations of a minimum gap between scans in consent and terms and conditions.

Summary of this inspection

- The service should consider ways to promote healthy lifestyles for women and patients.
- The service should consider signposting in the event of an unresolved 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

Is the service safe?

Good

This was the first inspection since registration. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to the staff.

The service had a training policy to follow. The staff completed and kept up-to-date with their mandatory training.

The mandatory training was comprehensive and met the needs of women and patients and staff. The sonographer had completed E Learning training modules for equality, diversity and human rights, fire safety, health safety and welfare, moving and handling levels one and two, preventing radicalisation, tissue viability and physical restraint awareness. The receptionist had completed an alternative package that included roles and responsibilities, mental health, dementia and learning disabilities, fluids and nutrition, privacy and dignity, communication, working in a person-centred way, equality and diversity, duty of care, health and safety (including fire) and personal development that were aligned to Skills for Health.

The co-director had completed training modules for health and safety and legionella.

The sonographer maintained oversight of the modules in order to refresh the training modules when needed.

Safeguarding

Staff understood how to protect women and patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Not all staff had training to the required level for their role.

There had not been any safeguarding referrals. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

There was a safeguarding policy that included female genital mutilation (FGM) with signposting in how to make a referral.

Staff knew how to identify adults and children at risk of, or suffering or significant harm. Staff followed safe procedures for children visiting the service.

Staff completed training on how to recognise and report abuse.

The registered manager and sonographer had completed safeguarding training level three for adults and children.

The receptionist, who acted as chaperone had completed safeguarding training to level one, for adults and children, however, was planning to complete to level two.

Cleanliness, infection control and hygiene

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

Hand sanitisers were available on entry to the service and other areas.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The scanning room had appropriate washable flooring as well as a wipeable scanning bed and ultrasound machine. There was a clinical sink, with hand washing liquid and a clinical waste bin present. The reception room had visitor chairs that were wipeable.

Health and safety and hand hygiene policies were available to follow.

Staff had completed infection prevention and control E Learning as part of mandatory training requirements.

The sonographer followed infection control principles including the use of personal protective equipment (PPE). We observed the sonographer complete hand washing prior to a scanning procedure and apply gloves during the scan. We observed that the sonographer cleaned equipment after the scan.

For transvaginal scans, probes were covered with single-use sterile sheaths that were disposed in clinical waste bins that were removed by a third party.

Staff completed all daily cleaning requirements that we were told were recorded on cleaning sheets.

The sonographer told us that the ultrasound gel was sourced in a large container that was decanted into a smaller bottle. This was re-filled until the larger container was empty rather than single use containers. This is not in line with UK Health Security Agency guidance (May 2022) that: " *For non-sterile ultrasound gel: gel should not be decanted from a larger container into other bottles."*

Any substances used were kept in a store cupboard; however, this was not locked. All substances were assessed following control of hazardous substances (COSHH) guidance and a register was in place to monitor.

The service had appointed a second sonographer with governance responsibilities. Plans included hygiene audits. The service had devised an annual hand washing audit which they intended to run for a week ever year.

Good

Diagnostic and screening services

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. The sonographer was trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The directors had re-organised the space to meet the needs of women and patients and the service.

The service had suitable facilities to meet the needs of women and patients and their families. The service was based on a business park with adjoining office units. Women and patients used a buzzer to gain access to the office. In the event that the sonographer was in the scan room and with no other staff present, then when another woman or patient arrived, the door was locked to the service's reception to ensure privacy during the scan.

The business park included a facilities team who managed health and safety such as fire and legionella testing. The co-director had completed a health and safety audit and fire review within the 12 months prior to inspection.

There was a large reception area outside of the office where family members could wait. The service was planning to secure a dedicated area in this communal reception space.

The sonographer carried out daily safety checks of equipment. There was a contract for the ultrasound machine and the scanning couch with the manufacturers for routine maintenance and any necessary repairs that were recorded in a fault log. The couch had been purchased as it could be adjusted to suit the type of scan being completed.

Staff disposed of clinical waste safely. There was a waste and rubbish disposal policy that included disposal of clinical waste. A third party agreement was in place for clinical waste that included a pre-agreement audit. The clinical bin was emptied into a locked exterior bin that was collected by every 12 weeks.

Assessing and responding to woman risk

Staff completed risk assessments for each woman and removed or minimised risks.

The sonographer completed risk assessments for each woman on arrival.

The sonographer knew about and dealt with any specific risk issues such as an allergy to latex. Consent forms for trans vaginal scans (TVS) included a question to identify any known allergy to latex.

Staff completed training in adult basic life support. A first aid box and spill kit were available on site.

The sonographer shared key information to keep women and patients safe when handing over their care to others. There was an unexpected findings protocol. In the event of unexpected findings, on obstetric scans, the sonographer contacted, with the woman's consent, a health professional at the NHS hospital where the woman was booked for care and delivery as well as their GP. The consent form included that it is was the responsibility of the woman to seek and attend all recommended medical scans and verbally confirmed that there should be a minimum of two weeks between scans and appointments with their NHS provider.

In the event of a suspected ectopic and unable to contact an appropriate doctor, the woman was signposted to a NHS emergency department, with a copy of the scan report, or the provider would call 999 for an ambulance.

Good

Diagnostic and screening services

For general abdominal medical scans, the sonographer completed the scan and forwarded to the patient's physician for review and reporting. No information was discussed with the patient on the day of scanning as included in the consent form and the terms and conditions. There was no escalation process for diagnosis of any abnormal findings to report to a health professional.

Staffing

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

There were two directors for the service, one of which was the registered manager who carried out the daily regulated activities for the service. The other director assisted with health and safety processes.

The service included a qualified diagnostic radiographer and sonographer who was one of the directors for the organisation. A receptionist was employed on a part time basis and also worked flexibly as a chaperone when required. Both directors had completed enhanced disclosure and barring service (DBS) checks. For the receptionist, a DBS had been completed but at standard level rather than enhanced for chaperoning.

A second qualified sonographer had been appointed for the service. Employment checks had been completed that included an enhanced DBS check and E Learning modules but no confirmed start date.

The registered manager carried a lone working device for when they were the only staff member at the service. This device alarmed and alerted colleagues and other businesses nearby that assistance was required. The device was linked to security cameras at the service.

Records

Staff kept records of women and patients care. Records were clear and stored securely.

We reviewed notes for five women and found that they were comprehensive. The ultrasound machine generated a report based on the information assessed and inputted by the sonographer. The obstetric reports included the number of foetuses present, the expected date of delivery, the foetal heart, measurements and position of the foetus with specific details dependent on each pregnancy including any unexpected findings. Women were provided with a copy of the report

Records were stored securely electronically. Consent was obtained on paper, scanned into the system then shredded. All records were kept at the services premises.

Incidents

The service could manage safety incidents. The sonographer recognised incidents and near misses and knew how to report them appropriately.

There was an electronic incident reporting process as well as an accident book. The sonographer knew what incidents to report and how to report them.

There were no incidents reported for the service.

The incident reporting process, including duty of candour, was included in the service's clinical governance document.

Good

Diagnostic and screening services

Is the service effective?

Inspected but not rated

Inspected but not rated

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

The sonographer followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance including The Society of Radiographers Competencies for Ultrasound practice in private baby scan clinics (October 2022). The service was signed up to receive national patient safety alerts.

The service had appointed a second sonographer who would be reviewing policies as part of their role.

The service primarily offered obstetric ultrasounds although had introduced general medical scans that included abdomen, aorta, pelvic and renal ultrasound scans. These scans were all self-referred by the patients.

Outcomes

The sonographer monitored the effectiveness of care and treatment. The sonographer used the findings to make improvements and achieved good outcomes for women and patients.

The sonographer was recording any re-scanning in order to monitor the outcome for women . Of the women who attended for a second scan all were completed either successfully or no change due to the dates. The sonographer used information from the current audits to review if any areas to improve the process.

Part of the second sonographers role was planned to include completion of audits such as peer reviewing scans and support for the manager. A form had been designed to be completed during a peer review of scans.

Competent staff

The sonographer was competent for their role.

The sonographer was experienced, qualified and had the right skills and knowledge to meet the needs of women and patients. Evidence of qualifications were displayed in the reception area. The sonographer was a qualified diagnostic radiographer and had completed a post graduate diploma in medical ultrasound.

The sonographer identified any training needs and had opportunities to develop their skills and knowledge. Modules had been completed as refresher courses that included screening for Down's, Edwards' and Patau's syndromes, fetal cardiac E Learning, first trimester screening resource for sonographers and 18+0 – 20+6 week fetal anomaly ultrasound scan. A British Medical Ultrasound Society (BMUS) obstetric study was completed in October 2022.

The sonographer also worked in a local NHS hospital one day per week carrying out antenatal scans.

An appraisal had been completed by the co-director. Moving forward one of the roles of the second sonographer would be to complete the appraisal and support with supervision.

Good

Diagnostic and screening services

Multidisciplinary working

The sonographer worked with other health professionals to benefit women and patients.

If a concern was identified with an obstetric scan, the sonographer would make contact with an appropriate health professional either at the hospital or the woman's GP. The consent forms included agreement to sharing information with the GP.

For general medical scans information would be passed on, to a health professional, but not shared with the patient when the scan was done.

Seven-day services

Key services were available to support timely care for women and patients.

The service's core opening hours were Mondays 10am until 1pm, Wednesdays and Fridays from 10am until 6pm, Thursdays from 1pm until 8pm, Saturdays from 9am until 5pm and Sundays on request.

The sonographer told us that Saturday tended to be a popular day to book and women and patients could be booked in at other mutually agreed times.

Health promotion

The sonographer was planning to give women and patients practical support and advice to lead healthier lives.

The service provided written information about the scans available at the service but was considering sourcing leaflets that promoted physical and mental wellbeing. If additional reception area could be secured the sonographer was planning to include literature to support and signpost women and patients.

Consent and Mental Capacity Act

The sonographer supported women and patients to make informed decisions about their care and followed national guidance to gain consent.

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. Training in the Mental Capacity Act was included in safeguarding training.

There was a policy for consent to examination.

When women and patients enquired about booking a scan, via the website, the form required women and patients to confirm they were over the age of 18 years. In the event of a woman arriving for a scan appearing younger than 18 years old, formal identification was requested.

There was a dual consent process where women and patients consented when booking on the online booking system, then consented on paper when attending for a scan.

The sonographer gained consent from women and patients for their care and treatment in line with legislation and guidance. There were different consent forms dependent on the scan being undertaken including obstetric, trans vaginal scans (TVS) and general medical. The TVS consent included the offer of a chaperone. Staff had completed E Learning for consent in healthcare and chaperoning.

Good

Diagnostic and screening services

The sonographer made sure women and patients consented to care based on all the information available.

The sonographer clearly recorded consent in women and patients records. The paper copy was scanned then shredded.

The sonographer explained how they accessed an online translation service if needed for women and patients whose first language was not English for consent purposes. This was included in the consent policy.

The obstetric forms included that any unexpected findings would be passed on to other health professionals and this would be discussed at the time. For general medical scans information would be passed on but not shared with the patient when the scan was done.

Is the service caring?

Good

This was the first inspection since registration. We rated it as good.

Compassionate care

The sonographer treated women and patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Women we spoke with shared their experiences of care that was above and beyond.

The sonographer was discreet and responsive when caring for women and patients. The sonographer took time to interact with women and patients and those close to them in a respectful and considerate way.

Appointment slots were planned to allow appropriate lengths of time for women and patients depending on the type of scan maximising time with individual families.

The staff were committed to providing a person-centred approach to each woman and her family. They reported feeling at ease and not rushed.

The sonographer followed policy to keep care confidential. The scanning room was separate from the reception areas.

Women and patients could share feedback in a number of ways including paper feedback forms, email, post or social media platforms. We were shared examples that included videos and photos.

Women we spoke with said the sonographer treated them well and with kindness. All women we spoke with, either on site or post inspection were overwhelmingly positive about their experiences. They told us they would strongly recommend the service to friends and family. They recounted their individual experiences with most visiting on multiple occasions and some travelling a distance. They all felt communication was excellent and provided examples of when the sonographer had gone above and beyond providing very personal experiences. Words used to describe the sonographer and the service included fabulous, welcoming, approachable, amazing, so gentle, caring, wonderful and lovely.

Good

Diagnostic and screening services

The sonographer understood and respected the personal, cultural, social and religious needs of women and patients and how they may relate to care needs.

At the start of the obstetric ultrasound scan, women were offered the choice of leaving the screen switched off initially until checked by the sonographer.

Staff had completed chaperone training that was included in mandatory training requirements. For any planned transvaginal scan, women were offered a chaperone during the consent process.

Following the scan, women and patients were given a folder that included a feedback sheet. They were also encouraged to feedback via social media platforms. The service had planned to complete an annual feedback audit in addition intended to feedback at the time of the visit. This would run for a week each year. We were shared a copy of the forms to be completed.

Emotional support

Staff provided emotional support to women and patients, families and carers to minimise any distress. Staff understood women and patients personal, cultural and religious needs.

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

Staff understood the emotional and social impact that a woman's care or condition had on their wellbeing and on those close to them.

The sonographer shared examples where women had received bad news and how they had been supported in a caring and compassionate manner. In the event of a pregnancy not continuing, the sonographer contacted the woman following the scan.

Understanding and involvement of women and patients and those close to them

Staffsupported women and their families to understand and make decisions about their care.

The sonographer made sure women and patients and those close to them understood their care.

The sonographer talked with women and patients, families and carers in a way they could understand.

Women and patients and their families could give feedback on the service and their treatment and the sonographer supported them to do this.

The sonographer supported women and patients to make informed decisions about their care.

Women and patients gave positive feedback about the service.

Good

Diagnostic and screening services

Is the service responsive?

Good

This was the first inspection since registration. We rated it as good.

Service delivery to meet the needs of local women and patients.

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

Women, attending for obstetric scans and patients attending for general medical scans all self-referred for their ultrasounds.

Staff planned and organised the service so it met the needs of the local population.

The service's website included information about services available, signposting to social media, a map of the location, an online booking system, terms and conditions and a frequently asked questions section.

Facilities and premises were appropriate for the service being delivered. The service was located in a business park that had a car park which included spaces for people with a disability. The service was hoping to secure dedicated spaces to minimise the distance walked into the premises. There was clear signage to the service in the business park.

The service had a supply of water and snacks if needed, particularly if there was a delay in being able to obtain the best image initially. Women may be requested to mobilise to improve the pictures. In the event of a re-scan being required there was no additional charge.

There were toilets available for public use in the area outside of the scanning office that were maintained by the buildings facilities team. There was an accessible toilet on the ground floor and lift to other toilets on the upper floor. A communal kitchen, for all the buildings offices, was available if needed.

Depending on the package chosen, women could take home a USB stick with photos and videos of their baby. There was a range of products available including gender specific items such as soft toys and canons.

Meeting women and patients individual needs

The service was inclusive and took account of women and patients individual needs and preferences. The sonographer made reasonable adjustments to help women and patients access services.

Staff understood and applied the policy on meeting the information and communication needs of women and patients with a disability or sensory loss.

The service had information leaflets available in languages spoken by the women and patients and local community, if their first language was not English, and in larger font formats.

Staff could access an online translation service if needed.

Good

Diagnostic and screening services

Equality, diversity and human rights were included as part of mandatory training requirements.

The scanning bed was suitable for a range of women and patients and was designated a bariatric bed that could tilt for best positioning.

For women and patients with reduced mobility, this was discussed to review if they were suitable for scanning at the service.

Access and flow

Women and patients could access the service when they needed it and received the right care promptly.

In the last 12 months, the service had carried out 987 obstetric scans and 9 general medical ultrasound scans.

Women and patients arranged appointments that were convenient to them. Opening hours were flexible to meet the needs of women and patients.

Slots were arranged to ensure that only one family at a time was present at the service. Women and patients, were seen in a timely manner without delay.

Learning from complaints and concerns

It was easy for women and patients to give feedback and raise concerns about care received. The service treated concerns and complaints seriously and investigated them. The service included women and patients in the investigation of their complaint.

Women and patients and their families knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in the reception area. The service's website included a section to provide feedback.

There was a complaints process that was included in the service's clinical governance document; however, this did not signpost to The *Independent Sector Complaints Adjudication Service* (ISCAS) in the event of an unresolved complaint.

Staff understood the policy on complaints and knew how to handle them. The service monitored the numbers of complaints and recorded them on their feedback register.

There had been one complaint that had been resolved.

Conflict resolution had been completed as part of mandatory training requirements.

Is the service well-led?

Good

This was the first inspection since registration. We rated it as good.

Good

Diagnostic and screening services

Leadership

Managers had the skills and abilities to run the service. Staff understood and managed the priorities and issues the service faced.

The service had two directors, one of which was the registered manager and sonographer. The other director supported with the environmental and health and safety aspects of the service.

The sonographer was a skilled and experienced health professional who understood the responsibilities of running the service.

Vision and Strategy

The service had a vision for what it wanted to achieve. The vision was focused on sustainability of the service.

The service had a quality policy statement that included: “to provide high quality, non-diagnostic, obstetric scans, for the purpose of bonding, gender determination and 3D/4D scanning.”

Their vision included: “as a private ultrasound clinic to not only to provide quality but to always be client centred.” The service had plans for the future with timelines attached for achieving them. These were included in the risk and future plans register.

Culture

Mangers were focused on the needs of women and patients receiving care. The service had an open culture where women and patients could raise concerns without fear.

The service was a family-run business that was friendly and welcoming. Staff told us that women and patients had fedback they felt appreciated with the personal approach taken. There was an open culture observed with staff supporting each other and focused on providing high quality individual care for women and patients and their families.

From the service’s clinical governance document: “Promoting a culture of openness is a prerequisite to improving patient safety and the quality of healthcare systems. The Board of Directors therefore supports the culture of openness and honesty.”

Governance

Managers operated effective governance processes, throughout the service. The sonographer was clear about their role and accountabilities.

The service had a clinical governance document that included the company structure which highlighted leadership responsibilities to all staff and those who accessed the service.

There was a Duty of Candour policy that included management of any incidents.

A Whistleblowing policy and lone worker policy were available if needed.

There were policies and protocols in place dependent on the scan being performed.

Good

Diagnostic and screening services

A health and safety manual included a range of processes to help maintain a safe environment for staff and those accessing the service.

A second sonographer had been appointed to support audit and supervision functions.

Staff new to the service were required to provide certain documentation prior to on-boarding.

Staff were required to complete a Disclosure and Barring Service (DBS) check prior to any job offer. The receptionist had completed a standard check but with the additional role of chaperone required an enhanced check, we were told this was being applied for.

Management meetings took place every two to three months, for the directors, and these were minuted. Agenda items included numbers of scans completed, training, any incidents or complaints, protocols as well as ways to promote and develop the business. Actions were identified and completion recorded.

Management of risk, issues and performance

Managers identified relevant risks and issues and identified actions to reduce their impact.

The service had a combined risk and future plans register that highlighted any risks using a colour-coded rag system. Mitigations for risks were recorded indicating who was responsible and due dates for completions.

Records were combination of electronic and paper consent. Following the scans, all paper records were scanned electronically and disposed of securely.

Information Management

Managers could find data needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Staff completed Information Governance and Data Security as part of mandatory training requirements.

The was a privacy policy with all images on a password protected network server, only accessible at the service, that was locked with a mechanical cable lock to prevent theft.

The service was signed up to receive national patient safety alerts and the registered manager was registered with the Health and Care Professions Council (HCPC). There were safeguarding processes in place and the service was aware of responsibilities for statutory notifications to the CQC.

Engagement

Managers actively and openly engaged with women and patients to plan and manage services.

The staff listened to women and patients to discuss any ways to improve the service. The sonographer told us that even though there were flexible options for appointments, women and patients have been accommodated outside these hours on an individual basis.

Posters were displayed for local pregnancy and parents' mental health groups in the reception and also in the toilets.

Good

Diagnostic and screening services

At the time of inspection there were no formal team meetings due to recent appointments of staff to work with the directors.

Learning, continuous improvement and innovation

Managers were committed to continually learning and improving the service.

The staff were keen to provide an excellent service to women and patients. They had introduced scans for medical rather than obstetric reasons and were expanding this provision. An additional sonographer had been appointed to support the manager as well as fulfil an audit and peer review role.

The service had taken part in the antenatal cleft referral project as part of developing links between the project and private ultrasound clinics.

Special lighting in the clinic allowed the sonographer to light up the room pink or blue depending on the gender of the baby.