

The Baby Suite Ltd

Lewisham

## 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

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

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Managers 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 and their immediate families.
- The service 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women to plan and manage services and all staff were committed to improving services.

However;

- The scanner unit was visibly dirty and we saw visible scanner cables draped on the flooring.
- We saw excess promotional material and consumables stored in boxes on the floor.
- An insurance certificate on display was out of date.

The service needed to formalise and arrangement for peer review as part of its quality processes.

# Summary of findings

## Our judgements about each of the main services

### Service

**Diagnostic  
and screening  
services**

### Rating

**Good**



### Summary of each main service

We have not previously rated this service. We rated it as good overall.

# Summary of findings

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# Summary of this inspection

## Background to Lewisham

Baby Suite Ltd, trading as The Baby Suite, is an independent provider based in Lewisham which offered early reassurance ultrasound scans along with gender and growth scans, using a range of image quality formats for souvenir images. The centre also offered antenatal classes and maternal or new-born photography.

The service had a registered manager in post since establishment in 2018 and is registered with the CQC to provide the regulated activity:

- Diagnostic and screening procedures

The service had not been inspected by the CQC previously. Antenatal classes were not operating due to the pandemic and photography is not regulated by the CQC. These aspects of the business were not inspected.

## How we carried out this inspection

This was an unannounced inspection using our comprehensive methodology. The suite was closed when we visited, but the registered manager arranged for a staff member to open the premises for us. The registered manager is also the sonographer and owner of the business. There were no clients booked to attend on the day of our inspection.

We spoke with the staff member who opened the premises for us and afterwards, we were able to interview the registered manager and a sample of past patients by video conference or telephone.

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 trust **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:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that scanner cables are stored off the flooring and the scanner is cleaned and covered between sessions.
- All boxes of promotional material and consumables should be stored off the flooring on suitable mobile racking units.
- Certificates of insurance on display should be updated to reflect current policy cover.
- The service should formalise existing peer review processes.






# 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

# 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 

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

### Mandatory training

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

We saw training management records which indicated staff completed training modules tailored to their roles. Topics included safeguarding children and adults, information governance, complaints handling, health and safety, fire safety, infection prevention and control and manual handling.

Staff we spoke with were up to date with their mandatory training and said they had been given time at work to complete the topics.

### 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.**

The staff member we spoke with knew to raise any concerns initially with their team supervisor, who escalated it to the registered manager. The registered manager acted as the safeguarding lead for the service.

All staff were trained to level one and two for safeguarding adults and children in accordance with national guidance. Staff were aware of policies and procedures in identifying female genital mutilation (FGM). None of the staff could recall the need to raise a safeguarding concern in the last year.

We saw that the business offered a chaperone service during scanning and this was well understood by staff. The staff member explained the training she had received and stated that two members were always on duty to enable a chaperone to accompany clients. We were shown papers about chaperoning given to each client as part of their consent to proceed.

# Diagnostic and screening services

The business had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check prior to appointment along with work and personal references.

## Cleanliness, infection control and hygiene

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

All staff had received mandatory training in infection prevention and control (IPC) and we saw an IPC policy that complied with national guidance.

The scanning room kitchenette, play area, toilets and storeroom were visibly clean, generally tidy and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and indicated that areas were cleaned regularly. We noted that flooring and chairs were made from easy clean materials.

We reviewed risk assessments and protocols introduced as part of the service's response to the pandemic. Measures introduced included the provision of masks and gloves for staff and appointment only admission.

We observed hand washing posters displayed near sinks in the kitchenette and rest room. Antimicrobial hand-rub dispensers were sited at strategic points and these all contained gel.

The member of staff we spoke with was wearing an easy-clean, short sleeved uniform, which indicated the service followed 'bare below the elbows' guidance.

We saw a spill kit located in the scanning room, to assist staff safely clean any fluids from floors or work tops.

The store area was tidy and generally free from clutter. However, we observed boxed marketing consumables stacked on the floor in the photography area and storeroom (kitchenette). Stacking excess stock in this way reduced the effectiveness of cleaning.

As there was no activity on the day of our unannounced inspection, we were unable to observe how staff cleaned the scanner or any scanning probes used. While we saw cleaning checklists and schedules when we checked the device, we noted the machine appeared visibly dirty with traces of gel remaining on the keyboard surface. We also saw scanner cables hanging from the machine and touching the floor, which also increased the risk of contamination.

Staff explained the scanner hadn't been prepared for the next session.

## 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 suite occupied the ground floor and basement of a terraced retail unit sited within a small parade of shops. The reception and waiting area was located on the ground floor and all other facilities in the basement. Staff explained that service users who required wheelchairs were signposted to other facilities.



# Diagnostic and screening services

The scanning room was spacious and had lighting which dimmed to allow ultrasound scans to be clearly seen. There were two entrances to the premises with customer parking at the rear and limited street parking at the front.

Fire safety equipment and evacuation signs were sited at strategic points throughout the suite and we saw smoke and fire alarms fitted. The fire exit door, sited at the rear of the premises, was secured by a one-way lock and the main entrance served by an electronic door entry system with video-phone. We saw a recent fire risk assessment report that required improvements with signage and some items such as highlighting fire exit steps in yellow or white. The registered manager stated these were being addressed with the landlord.

Clinical waste was segregated from general waste and handled, stored and removed in a safe way. We saw that the external bulk clinical waste bin was locked and secured to the rear wall of the premises, which reduced the risk of tampering or pilferage.

We saw health and safety at work signs displayed in accordance with national guidance. The service displayed insurance and qualification documents on a notice board. We noted one of the policy documents was out of date and we were later shown the current certificate had not been placed on the display board in error.

## 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.**

The registered manager and staff member described how the service assessed clients and explained that the service was offered to low risk, mobile clients. We saw examples of completed risk assessments in the patient records we reviewed.

The service had a deteriorating patient protocol in accord with national guidance. Staff we spoke with knew what to do in an emergency and we saw that staff had completed mandatory training in health and safety, emergency first aid and fire safety. The service had risk assessments for COVID-19, fire and a fire evacuation procedure. We saw an in-date first aid kit located on the scanning room.

Staff explained that the service used latex-free gloves and scanner probe covers to reduce the risk allergic reaction in clients or staff.

We saw protocols for any occasion when the sonographer saw any unexpected results on the ultrasound scan. Staff gave examples of women who were redirected to local NHS services and we saw examples of referral letters that had been completed.

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

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to run the service.**

The registered manager of the company was the sonographer, who explained that the service was operated on an appointment only basis.

# Diagnostic and screening services

A small team of reception staff worked part time alongside a part-time supervisor to support each session. Staff explained that a roster was organised by the supervisor to ensure two staff were working on each session. The service did not use locum or agency workers.

During business hours, any telephone or email enquiries were initially handled by a call centre service, who escalated any urgent or clinical questions directly to the sonographer. During our interactions with the service, we found the call centre system working effectively.

## Records

**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 business had purchased an electronic patient recording system which enabled the service to securely manage hold all records including client details, relevant medical history, consent and images. The system also facilitated electronic communication with other healthcare providers such as the client's GP.

We observed staff maintaining the confidentiality of women as computer screens were not kept open or left unattended. Staff had completed record keeping and information governance awareness as part of induction and mandatory training.

## Medicines

The service did not prescribe, administer or store any medicines.

## Incidents

**The service had a system for reporting safety incidents. Leaders investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support. Leaders ensured that actions from safety alerts were implemented and monitored.**

The service had systems to report and learn from incidents, although staff had not reported any incidents or near misses in the last year.

We saw an accident reporting book located in the staff rest area.

The registered manager understood the obligations under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support.

# 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 treatment based on national guidance and evidence-based practice. Leaders checked to make sure staff followed guidance.**

We heard and saw how the service had a range of policies, protocols and standard operating procedures to support the delivery of services.

Sources of national guidance included the NHS and National Institute for Health and Care Excellence (NICE). The registered manager explained that the service received automatic alerts and notifications from organisations such as the CQC and NICE as well as professional bodies like the British Medical Ultrasound Society (BMUS).

The sample of policies and protocols we checked were version controlled and contained appropriate references to national guidance and best practice documents.

### 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.

### Pain relief

**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 described how women were made to feel comfortable and monitored for any discomfort during their appointment.

### Patient outcomes

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

The registered manager stated they monitored the quality of service provision through benchmarking audits compared against guidance set out by the relevant professional bodies and royal colleges.

# Diagnostic and screening services

The service did not have a formal peer review process.

## 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.**

The service had pre-recruitment checks on staff to meet CQC regulation requirements. Staff we spoke with described how they received a full induction tailored to their role.

Staff received three-monthly reviews with the registered manager and were supported to develop their skills and knowledge.

The registered manager made sure staff received any specialist training required for the role and the staff member we spoke with gave us examples such as chaperone and IT training they had attended.

## Multidisciplinary working

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

Staff explained how they communicated within the team using emails and a commercially available secure instant messaging service.

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.

The GP report letters we saw were of good quality.

## Seven-day services

**The service was available seven days a week, by appointment, to meet client needs.**

Services were available to support timely care and was open evenings and weekends. The service did not provide emergency care or treatment.

Appointment times were flexible to accommodate women and a call centre service was used to enable clients to contact the business at times to suit them.

## Health Promotion

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

The sonographer was keen to provide a service that was sensitive to the diverse local population and we saw this reflected in the variety of health promotion leaflets on display in racks located in both reception areas and the scanning room.

# Diagnostic and screening services

Staff explained they would continue to distribute information unless full pandemic restrictions returned.

## Consent, 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.**

The registered manager 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 received mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

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

## Are Diagnostic and screening services caring?

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

### Compassionate care

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

Although we were unable to observe and client care on the day of our inspection, we obtained consent to speak with six clients after our inspection. We chose three at random and all described a positive experience and said staff treated them well and with kindness.

In addition, we reviewed similar comments made about the service in social media sites linked to the company website.

We saw printed client satisfaction surveys, although staff explained these leaflets had been suspended during the pandemic

The service was able to maintain the privacy and dignity of women during scans. The clients we spoke with confirmed that the scan room door was always closed, they were provided with suitable coverings and a privacy screen. Staff left the room while they undressed.

### Emotional support

# Diagnostic and screening services

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

Staff we spoke with understood the emotional and social impact that a woman's condition had on their wellbeing and on those close to them. The service provided women with information about charities which supported women following a miscarriage.

The women we spoke with told us that appointments felt unhurried and they were encouraged to ask questions. We received positive comments about the use of a large display screen and the way this was used by the sonographer to explain what they were seeing.

**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 and all the women we spoke with said they were offered a chaperone.

Clients confirmed that they had been given clear advice on pricing and we saw these listed on the company website as well as displayed at the reception desk.

**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 and during the appointment booking process. We saw process clearly displayed on a sign at the reception desk and in marketing leaflets in the waiting area.

Women we spoke with said staff took their time to explain the scan procedures and answered any questions.

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

## Are Diagnostic and screening services responsive?

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

**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.**

# Diagnostic and screening services

The registered manager stated that they responded to enquiries and appointment requests with a personal telephone call during which patients were provided with appropriate information about scan options and pricing.

The service allowed women to attend with members of their families or friends for support. The service was open seven days a week from 9am – 8pm on weekdays and Saturdays or 10am - 5pm on Sundays. Appointment times were flexible.

The website contained comprehensive information and images were provided same day. Women confirmed they were able to book appointments on a date convenient for them.

## 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 health declaration form at the booking stage. For example, the couches in the scanning room could be height adjusted as required and we saw portable steps provided for ease of access.

The entrance door to the service was on ground level and wide enough for wheelchair and pushchair access, although the scan room was only accessible via a flight of stairs. Staff acknowledged the limitations but provided examples of giving additional support to people with mobility issues or children in pushchairs.

Staff asked if women had any special needs or requirements during the booking process. Staff explained they could make adjustments for women with visual and hearing impairments and women who required translation services. Translation services was planned in advance of a women's attendance.

We saw leaflets to help staff signpost women to local support services.

## Access and flow

**Clients self-referred and could access the service when they needed it. They received the right care and their results promptly.**

Women were able to book appointments online, by email or telephone. Staff explained that appointment times were flexible to allow for rescans if the baby was not in the best scanning position.

Women had same day access to their scan images.

Use of a chaperone meant that staff knew how to respond appropriately to clients who had just completed their scan. For example, providing clients with a drink, advising them to go for a walk, rebooking, referring on or providing comfort.

## Learning from complaints and concerns

# Diagnostic and screening services

**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 or their relatives knew how to complain or raise concerns. The service's complaint policy was published on the website along with contact details and links to social media feedback platforms. The registered manager responded to all positive and negative feedback. Staff could not recall any complaints in the last 12 months.

As the sonographer was also a registered healthcare professional, access to independent review of any clinical complaints was available via the NMC.

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

## Are Diagnostic and screening services well-led?

Good 

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

### 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.**

The registered manager and receptionist supervisor were responsible for the leadership of the service and line management of staff. The registered manager was also a registered midwife and sonographer practising in the NHS and was always available to provide clinical advice and guidance.

Staff we spoke with 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 customer care and quality of services. Staff understood the service's primary focus on care and comfort.

### 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 had an open culture where women, their visitors and staff could raise concerns without fear. Staff reported there was a positive culture within the service and said it was a friendly working environment.



# Diagnostic and screening services

Staff informed us they felt confident to raise concerns with the leadership and felt listened to.

## Governance

**The registered manager and staff were clear about their roles and accountabilities and had regular opportunities to discuss and learn from the performance of the service.**

The registered manager discussed quality and safety performance issues at review meetings. They shared learning from any incidents, complaints and staff also had the opportunity to comment and ask further questions. Policies and procedures had been developed for the safe and effective running of the service and were current. The business had service level agreements with third party organisations for the delivery of some of its services.

## 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 had oversight of the service's 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.

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

## Information management

**The service collected data to help understand performance, make decisions and improvements.**

The information systems were integrated and secure.

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.

## Engagement

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

Staff had regular engagement with the registered manager at team meetings and via email or instant messaging. Staff told us they were involved in the day-to-day running of the service.

The service encouraged women to provide feedback using survey forms provided as well as social media reviews or directly by phone or email.

# Diagnostic and screening services

We saw positive examples of feedback that was consistent with comments made by clients to us.

## **Learning, continuous improvement and innovation**

Staff shared positive examples of a service improvement resulting from feedback.