

12 Bidford Road

Quality Report

See Your Baby Ltd
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

12 Bidford Road is operated by See Your Baby Ltd.

The service provides a baby scanning service which includes reassurance scans, gender determination scans and non-invasive pregnancy testing. We inspected diagnostic imaging.

We inspected this service using our comprehensive inspection methodology. We attempted to carry out the inspection unannounced on 22 August 2019 however, due to staff training we carried out a short notice announced inspection on 23 August 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We have not previously inspected this service. At this inspection, we rated it as **Good** overall.

We found areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had suitable premises and equipment and looked after them well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All staff were trained to level 3 in children's safeguarding.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service made sure staff were competent for their roles. The service took account of patients' individual needs.
- People could access the service when they needed it.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

We rated the service as good overall because staff had mandatory training in key skills. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. There were suitable premises and equipment. The service had enough staff with the right qualifications, skills and training. Feedback from patients confirmed that staff treated them well and with kindness.

Summary of findings

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Good 

12 Bidford Road

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to 12 Bidford Road

12 Bidford Road is operated by See Your Baby Ltd. The service opened in October 2018. It is a private clinic in Leicester. The hospital primarily serves the communities of the Leicestershire area. It also accepts patient referrals from outside this area.

The clinic has had a registered manager in post since the service registered in March 2019.

The service provides ultrasound scans for reassurance or gender determination and provides non-invasive pregnancy tests (NIPT) which predominantly screens for downs syndrome, Edwards syndrome and Patau's syndrome.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and an assistant inspector. The inspection team was overseen by Zoe Robinson, Inspection Manager.

How we carried out this inspection

The service is registered to provide the following regulated activities:

- Diagnostic Imaging

During the inspection, we visited the scanning room, the waiting and reception area. We spoke with two staff members including the registered manager and the sonographer. We saw three patients and three relatives. We reviewed 30 friends and family feedback forms completed between December 2018 and July 2019. During our inspection, we reviewed 11 sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (October 2018 to August 2019)

During this period the service carried out 1,619 scans, there were 24 'no shows' and 64 rescans (when a scan had been unsuccessful and had to be done again).

The scans included early reassurance scans, gender scans and late reassurance scans. Early reassurance scans that were not successful using a transabdominal method were sometimes undertaken using a transvaginal scan.

One senior sonographer and the registered manager, who was also a registered midwife worked at the clinic. There were no medicines kept or administered at the service.

Track record on safety

- 0 Never events
- 0 Clinical incidents
- 0 serious injuries
- 3 complaints

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Are services safe?

Good



We rated safe as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

Are services effective?

We did not rate effective, however:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made sure staff were competent for their roles.
- Staff worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Are services caring?

We rated caring as **Good** because:

Good



- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

We rated responsive as **Good** because:

Good



- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it.

Summary of this inspection

- The service treated concerns seriously, investigated them and learned lessons from the results and shared these with all staff. There had been no formal written complaints made about the service.

Are services well-led?

We rated well-led as **Good** because:

- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with patients.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

Good







Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We have not previously rated this service. We rated safe as **good**.

Mandatory training

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

- All staff completed mandatory training as part of their induction. This included, fire safety, infection prevention and control, safeguarding vulnerable adults and children, first aid, mental health act, chaperoning and cardiopulmonary resuscitation (CPR) training.
- Records we reviewed showed that all staff were 100% compliant with their mandatory training.
- Staff had received training on mental health act and deprivation of liberty safeguards (DoLS). Staff told us there had not been an occasion where they had to apply this knowledge but could demonstrate they were able to take appropriate action if needed.
- Staff told us they had not received training on people with additional needs such as learning disability or autism. However, staff did tell us they would make any adjustments where possible to provide the best service and outcome.

Safeguarding

Staff understood how to protect patients 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 registered manager was the safeguarding lead, all staff were trained to level two in safeguarding adults and level three for safeguarding children.
- There was a safeguarding policy that all staff were aware of. At the time of inspection, the service had not needed to implement the safeguarding process, however all staff were aware of their role and responsibility and how to refer to the local authority. There was a flow chart that staff followed if a safeguarding referral was required.
- Child sexual exploitation (CSE) and female genital mutilation (FGM) was included in the safeguarding training. Staff appeared knowledgeable in this area and said they were confident to identify and raise such a concern if required.
- All staff had disclosure and barring (DBS) checks in place.
- There were signs displayed in the reception area offering a chaperone service. Staff were all chaperone trained. All staff were aware of their responsibilities as a chaperone.
- We observed staff using a three point patient positive identification. Staff were seen asking the patient to verbalise their name, address and date of birth before carrying out the scan.
- The service had CCTV cameras in the waiting area, at times there was only one member of staff in the building. The service had a lone worker policy which

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was adhered to by staff if this happened due to sickness or annual leave. We saw signs displayed in the waiting area to inform women using the service that there was CCTV, however it was not in the scanning room.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.

They kept equipment and the premises visibly clean.

- Infection prevention and control was included as part of the staff's mandatory training. During the time of inspection staff were 100% compliant with infection prevention and control training.
- Staff cleaned all areas of the clinic themselves, we saw evidence of completed daily cleaning rotas.
- The registered manager carried out monthly checks to ensure daily cleaning tasks were being adhered to. We reviewed eight monthly checks from November 2018 to July 2019, when problems were identified they were actioned and resolved. One month it was noted that the store room was cluttered so it was reorganised. During our inspection the store cupboard was uncluttered and visibly clean, staff could access the equipment that they needed.
- Each staff member was responsible for cleaning the scanning equipment after each scan. During our inspection we saw staff cleaning the machinery with detergent wipes. The equipment and premises were visibly clean.
- Staff were seen using hand sanitiser before and after contact with patients they were scanning. There were hand washing basins available with soap and hot running water. Staff adhered to bare below the elbows.
- Non-Invasive Pregnancy Testing (NIPT) kits were used at the clinic. They were all inclusive of the equipment required to perform the test. Personal protective equipment (PPE) was available and always used.
- The scanning couch was wipeable and covered with single use paper towel roll. We saw staff disposed of the paper towel cover and wiped down the couch with disinfectant wipes between scans.

- Single use transducer covers were used for transvaginal scans. Once used they were disposed of and the transducer cleaned with disinfectant wipes.
- The service was carpeted throughout, this included in the scanning room where there was a risk of bodily fluids contacting the carpet following blood samples being taken or vaginal scans.
- The register manager told us that they had an external cleaning company that would clean the carpet every six months and would come in addition to this if there was a need. They ensured that the risk was minimalised by having a wipeable pillow placed under the woman's arm when taking blood as well as the scanning couch being wipeable.
- Staff placed paper towelling roll on the scanning couch for all scans including transvaginal scans. The couch had an additional wipeable cover that could be removed and cleaned or disposed of if became contaminated with bodily fluids. Blood samples and transvaginal scans were not performed in any other room apart from the scanning room.

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 environment was appropriate for the service, they had two scanning machines that had been purchased in the last 12 months. Staff were trained in the use of these and the manufacturer provided maintenance and yearly service of the machines and equipment.
- In the event of an IT failure there was alternative equipment for use. Staff told us should there be a technical problem with the scanning machine there was a 24-hour telephone support service available. This would aim to be resolved within 24 hours of reporting any technical problems.
- The clinic had a large store cupboard which was locked with ample stock for the service.
- Staff completed daily in-house checks including, fridge temperature and ultrasound machine checks.
- Blood samples taken for the purposes of NIPTs were done in the scanning room. Sharps were immediately

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placed in a sharps bin and disposed. The service had set up a collection of the sharps bin and clinical waste every six months but could request an additional collection if required. We checked the sharps bin and this was labelled and dated. The sharps bin was approximately less than a third full.

- The provider had a service level agreement with a third party that processed the results from blood samples taken for NIPTs.
- NIPT samples were labelled and sealed inside the kit and transported to a laboratory situated in France with a robust tracking system.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

- The women were asked to complete a consent form while waiting in the reception area. We saw staff checking they were scanning the correct woman by checking three points of identification. This was the woman's name, date of birth and their address.
- Staff said they followed the referral procedure, there was a referral algorithm easily available to staff for them to follow when women were referred. This involved them informing the woman if they had seen something on their scan which should be checked at the hospital for a clinical diagnosis. They called the most appropriate hospital on the woman's behalf and explained why they felt a referral was required. They gave the woman information and images which could assist the hospital.
- Documents relating to the referrals were stored securely and were part of monthly audits where the registered manager would check how many referrals were made in the month and that patient details and reason for referral were included.
- During our inspection, we reviewed five referral forms and saw that they had been completed with patient details and reason for referral.

- Patients were made aware the service did not provide any clinical diagnostics. We saw staff advising patients to continue with their NHS scans as part of the maternity pathway.
- Staff had completed a basic emergency first-aid course. This meant staff could treat, minor burns, treatment of small wounds and treatment of the unconscious patient. Staff were aware they should dial 999 in the event of an emergency. There was a first aid box available in reception which was checked and stocked by staff. There was a deteriorating patient and medical emergency policy that all staff were aware of.

Staffing

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

- The service was operated by two staff who were both trained sonographers. The registered manager was also a trained midwife and registered with the Nursing and Midwifery Council (NMC).
- Staff members completed all scans between them and carried out the role of receptionist and administrative staff. At the time of our inspection, the manager told us they had recently employed a receptionist to help with administrative task and taking bookings, they were due to start in September 2019.
- The service was an appointment led service, they offered advance and on the day appointments. This was to ensure that there would be two staff members present should a chaperone be required.
- All staff received a full induction which included being aware of policies and procedures and where to access them, fire safety and completion of mandatory training.

Records

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

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- Records kept by the service were a mixture of paper and electronic. The registered manager told us they scanned the women's notes in to the electronic system. Once scanned they were kept for 12 months in a file cabinet in a locked cupboard. Information about storage of records was included in the consent form.
- Notes to be scanned were kept separately, these were also filed and kept in a locked cupboard.
- After 12 months, paper records were bagged, securely tied and hand delivered to a local shredding company by the registered manager. Once the shred had been completed a certificate to confirm this was sent. As the provider has not been open 12 months this service was yet to be used.
- We reviewed five consent forms during the inspection, all were legible, complete and contained the relevant information. Any record held could be made available to the woman for her to pass on to the hospital, midwife or general practitioner (GP).
- NIPT results were returned from the laboratory electronically and they were password protected. Only the registered manager had direct access to them and informed the woman accordingly. If the result was negative, then the woman would be contacted by the registered manager. When the test came back positive, the registered manager would notify the maternity team at the hospital identified by the woman as the place of their NHS care. The NHS provider would then contact the woman to advise of the result. All test results were only permitted by the service to be collected in person.
- The NIPTs process was explained to women before undertaking the test and a consent form completed to share the information with another provider of care and treatment to the woman.

Incidents

The service had processes in place to manage patient safety incidents.

- The service had their own incident reporting policy, this was in date and all staff were aware of it. We reviewed the policy before inspection and found it contained the process to follow for all staff to identify and report an incident.

- All staff we spoke with were aware of duty of candour and their role and responsibilities in relation to the duty of candour. Staff told us that no incidents had occurred where duty of candour needed to be used since their registration.

Are diagnostic imaging services effective?

We do not rate effective.

Evidence-based care and treatment

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

Staff protected the rights of patients in their care.

- Local policies and protocols were in line with current legislation and national evidence-based guidance from professional organisations, such as the National Institute for Health and Care Excellence (NICE) and the British Medical Ultrasound Society (BMUS). Staff were aware of how to access policies.
- The registered manager although was not a practicing midwifery at See Your Baby, as registered with the Nursing and Midwifery Council (NMC) and adhered to their standards of practice.
- Women were always told when they needed to seek further help and were supported to access it before leaving the clinic. They were always referred to their midwife or hospital for any medical advice.
- Staff worked to ALARA (As Low As Reasonably Achievable) guidelines. ALARA is defined as a fundamental approach to the safe use of diagnostic ultrasound using the lowest output power and the shortest scan time possible. During our inspection, staff were witnessed to be working within these guidelines when undertaking an ultrasound scan. There was information available on the services website about the safety of ultrasound during pregnancy.
- The service was inclusive to all pregnant women and we saw no evidence of any discrimination, including

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on the grounds of age, disability, pregnancy and maternity status, race, religion or belief, and sexual orientation when making care and treatment decisions.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

- At the time of our inspection, there was bottled water available for women in the waiting room which women could access themselves if they wanted it. There was a shop close by if women wanted to purchase alternative food or drinks.

Patient outcomes

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

- Service activity and patient feedback was discussed during monthly team meetings. At the meetings learning needs were identified and outcomes from feedback was discussed. We reviewed agendas and minutes from four monthly meetings and saw that feedback was discussed at each one.
- Any reason for a referral was documented on the patients form and clearly explained to the woman. Records of patients who had been referred were stored in a separate folder in a filing cabinet in a locked cupboard. This meant that the registered manager could monitor the number of patients that had been referred to other services. The number of referrals was included in part of the services monthly audit. Staff told us that it was up to the woman that was referred to contact the service and tell them the outcome of the referral.
- The registered manager monitored feedback through a variety of social media platforms and verbal feedback. Feedback forms were available in the waiting room for women to complete if they wanted.

Competent staff

The service made sure staff were competent for their roles. Managers provided support for development.

- All staff we spoke with said they were always encouraged to seek out training and further their development. They were comfortable to approach the manager to discuss their development at any time. This was also discussed at team meetings.
- In April 2019 all staff attended an obstetric ultrasound foundation course which included topics such as, setting up the machine for scanning, anomaly scans, how ultrasound works and ultrasound safety.
- At the time of our inspection, the service had not been open a year however, we saw evidence that the registered manager had already prepared appraisal documentation for staff to complete when staff appraisals were due.
- Staff said they felt they had the right skills and knowledge to fulfil their roles. We reviewed training records of all staff which included equipment training. Staff had to provide a copy of their qualification certificate as part of the recruitment process.
- The registered manager was trained in phlebotomy and carried out the practice periodically when NIPT tests were requested. The registered manager felt that there were enough NIPT test requested for them to maintain their competency.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

- The service had good working relationships with the local NHS hospital maternity services and local safeguarding services if a woman needed to be referred. Staff could contact the hospital by telephone on the woman's behalf to request and explain why they felt a referral was required.
- The service had effective working arrangements with the laboratory that provided the NIPTs. There were robust processes in place for tracking of the samples, analysis and results were returned by encrypted email. The company that provided the NIPTs result had a counselling service that families could be referred on to in the event of positive test results.

Seven-day services

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Key services were available seven days a week to support timely patient care.

- The service provided a seven day service. They were open Monday to Friday from 9.30am and 8pm, Saturday 9.30am to 5pm and Sunday 10.30am to 7pm. All appointments were booked in advance and the service offered on the day appointments. This allowed all woman to access the service at a time that suited them.

Health promotion

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

- There were various leaflets displayed around the clinic and reception area, for example NIPTs, Vision NHS 'Home Birth' and qualified massage therapists business cards.
- There was information available about services that provided bereavement support and how to contact them if this was required.
- Staff told us if women were to ask for information about health and lifestyle they signposted them to other services that provided the information. Staff also recommended the woman discussed health and lifestyle with their maternity team at the hospital.
- Leaflets were available in the visitor's toilet about domestic abuse. The registered manager told us they felt they were better placed there as they were more discreet for the women to take. Staff told us they had never come across a s

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment.

- All staff had attended Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) in the last 12 months. All staff knew the consent process and ensured women were informed of procedures and the requirement for consent before carrying out a scan.
- All information about the scans were included in the welcome pack. During our inspection we saw that all

women were given a welcome pack to read before signing the consent form. The women were given the opportunity to ask any questions they had before the scan being carried out.

- The welcome pack included information on, the recommended type of scan depending on how far in to the pregnancy the woman was, reasons for a restricted view of the baby, provision of a chaperone, information about the safety of ultrasound scanning and consent to refer woman to a hospital of their choice should this have been required.
- Consent was always sought to share information with the woman's midwife or hospital in the event of a suspected anomaly or a positive NIPT result. There was a separate consent form for women to sign who had NIPT screening. This included details on how long the result would take, their personal details to be contacted on, maternity unit they were receiving care from and their preferred counselling service should this be needed.

Are diagnostic imaging services caring?

Good 

We have not previously rated this service. We rated caring as **good**.

Compassionate care

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

- Staff were observed treating patients with dignity, kindness, compassion, courtesy and respect before, during and after their scans. During our inspection we observed three scans. Staff remained professional throughout.
- We saw checks were made to ensure the right woman was receiving the right scan at the right time. The door to the scanning room was always kept shut during the scan to ensure that the woman's privacy was maintained.
- Friends and family feedback was collated on a monthly basis. We reviewed the feedback received

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from December 2018 to July 2019. All of which were 'extremely likely' to recommend the service to a friend or family member. Feedback comments included, 'Very informative and reassuring' and 'Great experience would not go anywhere else.'

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

- The service had started to create a private area in a room at the back of the clinic separate from the waiting room. If a woman required further support or became distressed, they could take their time in the room before leaving. Staff told us they would sit with the woman if they had any questions or give them space if this was what the woman wanted.
- For NIPTs, staff provided women with appropriate information including a specific consent form and a booklet for them to take away. As part of the NIPTs consent form women were asked for where their preferred place of counselling would be. If a NIPT result was positive women were referred straight to their midwife and additional support could be sought through the NHS. Information about other types of counselling services that were available were included in the consent form.

Understanding and involvement of patients and those close to them

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

- During our inspection staff were seen interacting with women in a respectful way and acknowledged family members and included them in as part of the scanning experience. Women and their partners or relatives were welcomed by staff and there was enough space to accommodate up to seven people in the scanning room.
- Staff told us that NIPTs were discussed at length with each woman considering the test, including what the process entailed, what they were testing for, how long they should expect to wait for results, what the results would show and how the results would be fed back to them. Three different types of test were offered and

details of these were in a booklet provided by the company who processed the result. All women were referred to their midwife or hospital if there were concerns of any kind.

Are diagnostic imaging services responsive?

Good 

We have not previously rated this service. We rated responsive 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 ensured a patient centred environment for women and people accompanying them. This included comfortable seating in the reception area and scanning room. There was a small area in the waiting room that had toys and books for children, and for babies there were 'under the sea' washable play mats.
- There was a small amount of on road parking directly outside the clinic. If this was full there was additional parking around the corner that could be used.
- There were leaflets and posters in the reception area. Additional products that the service offered were displayed on a shelf in the waiting room. This included, gender reveal packages, heart beat bears and photograph frames.
- The service was open over seven days and offered flexible appointments to meet women's requirements.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

- Staff told us that appointment slots were 30 minutes long which allowed staff enough time to perform the scan and gave the woman and their families enough

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time ask any questions. When there was only one member of staff on the premises we saw that there was a 15 to 30 minute gap between each appointment. Staff told us this allowed extra time should a referral or emotional support be required.

- The building and the clinic were accessible for those with a disability. The clinic was based on the ground floor. There was lots of space within the waiting area and the scanning room for a wheelchair. The registered manager had purchased a ramp, so the service was wheelchair accessible.
- Information was not available in other languages. Although on the back of one of the leaflets there was information written in other languages about how to get the information in a different format or language including, Polish, Mandarin and Arabic.
- The registered manager told us that they had made provision for a woman that was hearing impaired and lip read. They made sure that the woman had a long enough appointment and spoke clearly and slowly to ensure that the woman understood what was being said and had time to ask any questions.
- If a scan was not successful or unable to determine the gender a free second scan was offered and could be booked at a time that suited the woman.
- Staff said if there was an anomaly identified in a scan, the woman would be referred to her midwife or hospital and they made the arrangements for them before leaving the clinic.
- Staff told us they did not have any translation services set up. Although they told us that they have used a free online translation tool which had worked well, and they were able to communicate with the woman using this service.

The service was adapted where necessary. Staff told us of a time where they were contacted by a patient with a physical disability before booking a scan who required wheelchair access to the building. Staff went and purchased a wheelchair ramp and took measurements of the door to ensure that it was accessible for the woman.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

- The service mostly received bookings over the telephone. A choice of appointment times was offered. Staff told us if there was no availability on a certain day then staff offered the next available appointment. The service did not monitor the times that they were unable to offer an appointment that suited the woman. If
- Scans were appointment only, woman were able to book a same day appointment. During our inspection we saw one woman have a scan who had called ahead approximately 20 minutes before. Staff told us they tried to be as flexible as they could with appointments however, if an appointment was not available, they would direct the woman to other private clinics that offered the same service in the local area.
- Staff told us if visibility of the baby was reduced due to the baby's position, they encouraged the woman to go for a walk and rescan afterwards. If there was not enough time between appointments or it did not suit the woman, then a free rescan would be done at a time of the woman's choice. Rescans were monitored as part of the services monthly audit.
- Staff told us they left enough time in between appointments to avoid the waiting area being crowded. They allowed enough time to discuss any issues or make referrals if required. During our inspection, patients were seen on time. The registered manager told us they had no delayed or late appointments since opening. If there was to be a delay staff would keep the other patients in the waiting room informed of any delays and apologise.
- Waiting times for NIPTs results were up to seven working days and these wait times were explained to women during their appointment. Staff told us women were made aware if the results were negative they would receive an encrypted email. To ensure woman got the right support from the hospital the service gave the negative information to the woman's midwife. The midwife would contact them directly and offer further support.

Learning from complaints and concerns

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It was easy for people to give feedback and raise concerns about care received.

- There were posters displayed in the waiting room about how to make a complaint. Feedback forms were available in the waiting room for women to complete. There was a box on the reception desk for completed feedback forms.
- All complaints went to the registered manager, who dealt with them in line with the services complaints policy. Compliments and complaints were discussed at monthly team meetings. There was notice board in the reception area that notified the woman of how to make a complaint to regulatory bodies outside of the service.
- Robust systems were in place for collating feedback. Feedback was reviewed monthly and then stored electronically so any trends could be identified by the registered manager.
- Following feedback staff provided the woman with a stool to get on to the couch for scanning. Staff told us that this made a difference and better experience especially for women that were quite far in to their pregnancy. The height of the couch could not be adjusted electronically. Staff told us that this had not been issue and all woman that had used the service were able to get on to the couch to be scanned.

Are diagnostic imaging services well-led?

Good 

We have not previously rated this service. We well led as **good**.

Leadership

The registered manager had the integrity, skills and abilities to run the service. They supported staff to develop their skills.

- Leaders of the service were subject to checks through the Disclosure and Barring Service (DBS), this was also part of the pre-employment checks for all staff. All employees were subject to DBS checks before employment was commenced. In addition, staff required references from previous employers and

employment history as well as proof of any qualifications held relevant to their employment in line with schedule 3 of the Health and Social Care Act 2008 (regulated activities) regulation 2014 to ensure they had the skills, knowledge, experience and integrity they needed.

- Staff told us they had positive relationships with leaders and had good inclusive working relationships. Staff told us they were able to go on any training if it helped to develop their skills and provide a better service.
- The registered manager who led the service was a midwife and was registered on the NMC register of practitioners. They were aware of their limitations and would not give advice outside of the services registration. They told us that they would always refer any concerns or advised the women to speak to their midwife at the local NHS hospital.

Vision and strategy

The service had a vision for what it wanted to achieve.

- Staff we spoke with said they were very proud to work for the organisation and keen to develop the service. They were always included in decision making as they worked together as a team. On Monday mornings staff told us that they had an informal meeting where they could discuss any ideas they had for improvement, how they were feeling and if they had any concerns.
- All staff had a shared vision of delivering a high level of service where women were welcomed, supported and cared for throughout their scanning experience.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- All staff described the culture as a positive one, focused on common goals of providing the best service they could achieve in an environment that was calm and welcoming while remaining professional and protecting the public and each other from avoidable harm.

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- Staff told us that leaders were supportive and made them feel valued and respected. One commented, 'I love it here, the registered manager is so knowledgeable and supportive.'
- Staff told us they felt confident to raise concerns without hesitation and without fear of retribution. The service had a whistleblowing policy, this was accessible to staff should they feel the need to raise concerns.
- At the time of our inspection the service had not been operating for 12 months so staff had not received a yearly appraisal. However, the register manager had already prepared the paperwork required to complete these when the time came. We reviewed the appraisal document and it included performance over the previous 12 months and an area to set objective and support or development required to achieve them over the following 12 months.

Governance

Leaders operated effective governance processes. 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.

- The registered manager had overall responsibility for clinical governance and quality monitoring.
- We reviewed minutes from the last five monthly meetings from March to July 2019. At each meeting there was a clear agenda and an analysis of the services performance this included, complaints, compliments and incidents. Any changes or potential changes to the service were also discussed at each meeting.
- Staff could seek further learning and attended training courses relevant to the service and their role. Staff told they had opportunities to attend additional training and were happy with the level of training they had received.
- The service carried out internal monthly audits which included, hand washing, uniform, cleaning and friends and family feedback. During a monthly audit staff had

noticed the store cupboard was cluttered and put actions in place for this to be resolved. During our inspection we saw that the store cupboard was tidied and staff could access what they needed.

Managing risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

- The service did not hold a risk register however, there was a robust risk management policy we which reviewed. Any risks were discussed during staff meetings including demands in the service. Staffing was discussed at one team meeting due to the demands on the service it was decided that a receptionist would be recruited.
- The registered manager was responsible for the management of policies and procedures. Policies that had been identified by the service as needing a 12 monthly had not been completed as the service had been open for less than 12 months.

Information Management

Staff collected and could find the data they needed. The information systems were integrated and secure.

- Women were made aware of the terms and conditions as part of the welcome pack they received along with the consent form. All packages and prices were included in the welcome pack, prices were also available on the services website.
- During our inspection we observed staff take bookings over the phone, prices and what was included within the package was discussed at this time. The service accepted cash or card payments, and this was taken after the scan in the reception area.
- The service held minimal data on those who used the service. They held data as both paper and electronic. Paper records were kept in a locked cupboard that all staff could access. Electronic records were password protected.

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- Appointments were booked using an electronic booking system that was available on the services mobile phone and on computer, these were password secure.

Engagement

Leaders and staff actively and openly engaged with patients and staff

- Patient views and experiences were gathered and reviewed at monthly staff meetings. The service mostly received reviews from online and social media platforms. The service had their own feedback forms that were available in the reception area.
- The service had effective relationships with the local hospitals and safeguarding teams. They also had a good relationship with a similar baby scanning services in the local area which helped with informal shared learning and advice if needed.
- Staff told us they were able to share their views and any suggestions for improvements with the registered manager.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

- Staff told us they worked together to share innovative ideas and implement changes to improve the service. We reviewed minutes from four monthly meetings and saw that services and feedback was reviewed.
- There were processes in place for learning and continuous improvement. Staff were enthusiastic about striving to improve the service.
- Staff had noticed that some women had difficulty mounting the couch where the scan was performed. The service introduced a small step at the side of the couch to help. The service had also purchased a new printer in the last six months, a wireless system was in place and printed high gloss prints that provided a better quality souvenir picture.
- The service had recently amended their website to put frequently asked questions as a tab on the welcome page, this was to ensure women were better informed about the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve **Action the provider SHOULD take to improve**

- The service should ensure that the premises is suitable to carry out procedures where there is a risk of bodily fluids contacting furnished areas.
- The registered manager should ensure that there is a risk register which is reviewed and up to date.
- The service should provide training for people with learning disabilities and additional needs.
- The service should provide information in more accessible formats such as, other languages.