

Babyvision Limited

Quality Report

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Date of inspection visit: 1 March 2019
Date of publication: 29/04/2019

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 

Overall summary

Babyvision Limited is operated by Babyvision Limited. Facilities include one scanning room, one consultation room and one reception area.

The service comes under the diagnostic imaging core service they undertake baby keepsake scans, transvaginal scans and non-invasive pre-natal test (NIPT) tests.

We inspected this service using our comprehensive inspection methodology. We inspected the regulated

activity of diagnostic imaging. We undertook an unannounced inspection on 1 March 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.

Summary of findings

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 rated it as **Good** overall.

We found good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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 service mostly controlled infection risk well. Staff mostly kept themselves clean. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each woman. They kept clear records and asked for support when necessary. Records were clear, up-to-date and easily available to all staff providing care. Staff had paper and electronic records
- 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.
- The service would manage safety incidents well. Staff would recognise incidents and would reported them appropriately. Managers would investigate incidents and would share lessons learned with the whole team and the wider service.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff understood how and when to assess whether a women had the capacity to make decisions about their care.
- Staff cared for women with compassion. Feedback from women confirmed that staff treated them well

and with kindness. Staff provided emotional support to women to minimise their distress. Staff involved women and those close to them in decisions about their care and treatment.

- The service planned and provided services in a way that met the needs of local people. People could access the service when they wanted it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The registered manager had the right skills and abilities to run a service providing high-quality sustainable care. The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for good care to flourish.
- The service had effective systems to identify potential problems, deal with those problems and could cope with both the expected and unexpected.
- The service was committed to improving services by learning from when things went well or wrong and promoting training.

We found areas of practice that require improvement:

- The registered manager was not always bare below the elbows whilst carrying out scans.
- The service did not have an equality and diversity policy in place.
- The registered manager had not received an appraisal.
- Staff at the service did not have up to date Mental Capacity Act training.
- Individual needs were not always met. Staff at the service had used family members to translate for women receiving scans which is not in line with best practice.

Summary of findings


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

Amanda Stanford

Deputy Chief Inspector of Hospitals (Central)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	<p>The provision of ultrasound scanning services, which is classified under the diagnostic core service, was the only core service provided at Babyvision Limited. We rated the service as good overall because there were processes in place for the escalation of unexpected findings during ultrasound scans. Feedback from women and their families was extremely positive. Women could access services and appointments in a way and at a time that suited them, women had timely access to treatment, and the registered manager of the service had the appropriate skills and experience to manage the business. However, at the time of our inspection, the sonographer did not always follow best infection control practice. There was no equality and diversity policy, the registered manager had not received an appraisal, staff had no mental capacity training. Staff sometimes used relatives to translate for women.</p>

Summary of findings

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Good 

Babyvision Limited

Services we looked at:

Diagnostic imaging

Summary of this inspection

Background to Babyvision Limited

Babyvision Limited is operated by Babyvision Limited. The service opened in 2005. It is a private service in Shrewbury, West Midlands. The service primarily serves the communities of Shropshire. It also accepts women from outside this area.

The service has had a registered manager in post since it opened.

Our inspection team

The team that inspected the service comprised one CQC lead inspector. The inspection was overseen by Katherine Williams, Inspection Manager.

Information about Babyvision Limited

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.
- Maternity and midwifery services

Whilst the service is registered for the two regulated activities, it only provides diagnostic and screening procedures. We did not inspect maternity and midwifery services.

The service had two substantive staff members and three zero hours contract staff members. During the inspection, we spoke with two staff, including the registered manager who carried out the majority of the scans, and the receptionist. We spoke with three women and four relatives. We reviewed two sets of women's records.

All women who used the service were private. This service provided mementos and were not undertaking any form of clinical or diagnostic screening.

The service opened Monday to Saturday (9am to 5pm). The service also operated evening clinics from time to time.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service was previously inspected on 19 October 2012 under a previous inspection methodology and was found to be meeting all the fundamental standards inspected.

Activity (1 November 2017 to 31 October 2018)

- In the reporting period the service saw 2,020 women. All of these women were privately funded.

Track record on safety

- Zero never events.
- Zero clinical incidents.
- Zero serious injuries.
- Four complaints.
- Zero incidents of health associated MRSA, Methicillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (C. diff), and Escherichia Coli (E-Coli).

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?

We rated it 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 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 service mostly controlled infection risk well. Staff mostly kept themselves clean. Staff kept equipment and the premises clean.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each woman. They kept clear records and asked for support when necessary.
- 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.
- Staff kept records of women's personal details. Records were clear, up-to-date and easily available to all staff providing care. Staff had paper and electronic records.
- The service would manage safety incidents well. Staff would recognise incidents and would report them appropriately. Managers would investigate incidents and would share lessons learned with the whole team and the wider service. When things went wrong, staff would apologise and give women honest information and suitable support.

However, we also found the following areas of practice that require improvement:

- The registered manager was not always bare below the elbows whilst carrying out scans.

Good



Are services effective?

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.

Summary of this inspection

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients.
- Staff understood how and when to assess whether a woman had the capacity to make decisions about their care.

However, we also found the following areas of poor practice:

- The service did not have an equality and diversity policy in place.
- The registered manager had not received an appraisal.
- Staff at the service did not have up to date Mental Capacity Act training.

Are services caring?

We rated it as **Good** because:

- 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.

Good



Are services responsive?

We rated it as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- People could access the service when they wanted it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However, we also found the following areas of practice that require improvement:

- Individual needs were not always met. Staff at the service had used family members to translate for women receiving scans which is not in line with best practice.

Good



Are services well-led?

We rated it as **Good** because:

Good



Summary of this inspection

- The registered manager had the right skills and abilities to run a service providing high-quality sustainable care.
- The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for good care to flourish.
- The service had effective systems to identify potential problems, deal with those problems and could cope with both the expected and unexpected.
- The service collected and managed information well to support all its activities, using secure systems with security safeguards.
- The service engaged well with women, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong and promoting training.





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 rated it as **good**.

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The registered manager (who also acted as the main sonographer) had mandatory training in basic life support, safeguarding adults up to level two and safeguarding children up to level three, domestic violence, modern slavery and information governance.
- The receptionist had mandatory training in safeguarding adults and children level one, basic life support, domestic violence and moving and handling.
- The service employed two sonographers who worked at the service on zero hours contracts. Both sonographers were also employed by NHS hospitals and received their mandatory training through this employment. They both had up to date mandatory training in level two safeguarding in adults and children as well as information governance. One of the sonographers had further mandatory training in data security, domestic abuse, child protection and radicalisation.

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 registered manager was the safeguarding lead for the service. The registered manager was trained up to level two for safeguarding vulnerable adults and level three for safeguarding vulnerable children.
- The registered manager could recognise potential safeguarding issues and knew the referral process to follow. They could provide examples where they had made appropriate safeguarding referrals.
- The service had a safeguarding policy in place which detailed the phone numbers that could be used to contact the appropriate adult and child safeguarding teams.
- The service had a lone working policy in place for staff. However, staff members told us they had not worked alone whilst at the service.
- The service had the option for women to have a chaperone if they wanted one. They had a written protocol in place for this.
- The safeguarding policy also provided staff with clear guidance on how to identify and report female genital mutilation (FGM). If staff were concerned about any woman, they would refer to the local safeguarding team.

Cleanliness, infection control and hygiene

- The service mostly controlled infection risk well. Staff mostly themselves clean. Staff kept equipment and the premises clean.
- The premises were visibly clean and tidy. The reception area, scanning room and toilet were visibly clean. Staff who worked at the service were responsible for cleaning and cleaned every day they were open. There was a cleaning checklist for the

Diagnostic imaging

scanning room and reception area which had been completed and dated every day they were open from January and February 2019. The reception area, office and toilet were also cleaned daily

- Flooring throughout the clinic was well maintained and visibly clean. Flooring in the procedure and recovery rooms was in line with national requirements ('Health Building Note 00-10 Part A: Flooring', Department of Health, 2013).
- Staff mostly followed best practice procedures whilst carrying out scans on women. There were suitable handwashing facilities available, which included handwashing basins and sanitiser gels in the clinic rooms and toilet. The registered manager disinfected their hands using alcohol gel before and after each scan we observed. Staff also cleaned the transducer and couch after each scan using the appropriate wipes. The transducer is the part of the ultrasound equipment that comes into contact with the women.
- The registered manager was not bare below the elbows whilst carrying out scans on women. The need for the sonographer to be bare below the elbows was also not part of the infection prevention control policy for all scans. The registered manager was made aware of this finding following the inspection and has explained that being bare below the elbows was part of the service infection control policy for transvaginal scans but not any other type of scan. The registered manager amended the infection control policy to include bare below the elbows across all scans.
- A disposable paper towel was used to cover the examination couch during the scanning procedure. This was changed between each woman.
- A supply of personal protective equipment (PPE) was available and accessible to all staff, including gloves and aprons. Staff described how they used the PPE when interacting with women. They also explained they would have their 'arms bare below the elbows' in clinical areas. This helped to prevent the transfer of infection from clothing that could be contaminated, and allowed them to wash their hands thoroughly. The infection prevention control policy outlined appropriate protocols for baby keepsake scans, transvaginal scans and the blood taking for non-invasive prenatal testing (NIPT) testing.

- Staff at the service carried out a monthly infection control audit. This included a checklist consisting of policy checks, sharps' bin and materials checks, appropriate waste transfer and handwashing. It also included appropriate materials in the scan room, availability single use gloves and aprons, packaging of blood samples, use of probe covers and toy cleaning. Staff identified actions and areas for improvement and these were carried out.
- The registered manager was the infection control lead for the service and had infection prevention control training.
- There had been no instances of healthcare acquired infections from January to December 2018.

Environment and equipment

- The service had suitable premises and equipment and looked after them well.
- The service was situated on a business park on a ground floor building and consisted of; two combined imaging and consultation room, a reception and a waiting area. There were two ultrasound machines and associated 'short form' couches. The couch was ergonomically designed and moveable for the comfort and safety of both staff and women. There was a television on the wall in one of the rooms which mirrored the ultrasound machine positioned so the women could see it during the scan.
- The service correctly stored all its 'Control of Substances Hazardous to Health' (COSHH) products. Staff stored the COSHH products in a locked cupboard in a store room which was off limits to the women and people and accompanying them.
- The service did not have any emergency medical equipment on site but did have a first aid kit stored behind the reception desk.
- The service maintained medical equipment appropriately. The ultrasound machines were bought in 2010 and 2015. The registered manager had the ultrasound machine serviced on a yearly basis by an outside company. The outside company would also carry out any repairs if they were ever required.

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- The service took blood from women in order to carry out non-invasive prenatal testing (NIPT) testing. The service had a sharps' protocol which had the appropriate waste management protocol and appropriate sharps bins on site.
- Sharp bins were clean, dated, not overfilled, and had temporary closures in place to prevent accidental spillage of sharps.
- Electrical equipment testing, and intruder alarm maintenance was carried out annually.
- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort clinical and non-clinical waste, the external clinical waste bin was secured and locked, and there was a service level agreement in place for its removal, when required.
- All scans were for non-clinical purposes and there was no diagnosis involved. There was no risk assessment done for women. Women were made aware of this beforehand and signed a legal disclaimer to say they understood this was the case.
- The service had a system in place if it suspected there was a problem with the fetus. The referral protocol was written down and placed in reception, so staff could refer to it when needed. The protocol highlighted who staff would refer women to depending in the stage of the pregnancy and all appropriate contact numbers were written down. This would most likely to be a fetal medicine unit at the local NHS acute trust.

Assessing and responding to patient risk

- The service had appropriate arrangements in place to assess and manage risks to women, their babies, and families.
- Staff advised women about the importance of still attending their NHS scans and appointments. The sonographers and phlebotomists made sure women understood that the ultrasound scans and screening tests they performed were in addition to the routine care they received as part of their maternity pathway. The terms and conditions for the service clearly explained this. Women were asked to sign a contract to confirm they had read and understood the terms and conditions before any service was undertaken.
- Due to the nature of the service provided, there was no emergency resuscitation trolley on site. However, staff had access to a first aid box. There was also clear guidance for staff to follow if a woman suddenly became unwell whilst attending the clinic. If staff had concerns about a woman's condition during their ultrasound scan, they stopped the scan and telephoned 999 for emergency support.
- All staff had completed first aid or basic life support (BLS) training. BLS training gives staff a basic overview of how to deal with a woman who may have stopped breathing, such as starting cardiopulmonary resuscitation.
- The service followed the relevant points of the British Medical Ultrasound Society's 'Pause and Check' guidelines and theses were listed as part of the scan protocol.
- If a noninvasive prenatal testing (NIPT) test result came back as 'high risk', the outside company which carried out the testing had a geneticist available to provide a telephone consultation.
- The service had health and safety risk assessment which was reviewed annually. During the daily cleaning routine, any health and safety issues were noted and acted upon. The landlord tested the fire alarms weekly.

Staffing

- 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.
- The service had a substantive registered manager, who was also the sole substantive sonographer. The service employed one substantive receptionist.
- The service had two sonographers on zero hours' contracts, who both worked in NHS roles. The service had one receptionist on a zero hours' contracts. These staff members were employed mainly to cover annual leave, but they worked some shifts regularly each month.
- Between 1 August and 31 October 2018, zero hours contract staff covered 10.7% of shifts.

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- The registered manager inducted zero hours contract staff to the service and ensured any new staff members were suitable to work in the service.
- The service had no vacancies.

Records

- Staff kept records of women's personal details. Records were clear, up-to-date and easily available to all staff providing care. Staff had paper and electronic records.
- Staff kept paper records of women's details along with information such as estimated length of pregnancy. The service had two different forms to fill out, one for early pregnancy and one for gender scans. Women signed the reverse of these form to give consent to the scan. The service kept no information electronically. We reviewed two records whilst on site and all were filled in clearly and all consent forms had been signed and dated.
- The service stored records in lockable cabinets on site and when they were full they moved them to secure offsite storage.
- The service had a medical records' policy in place.
- The service registered with Information Commissioner's Office (ICO) and the registered manager understood their responsibility around this.

Medicines

- The service did not use any medicines, including controlled drugs.

Incidents

- The service would manage safety incidents well. Staff would recognise incidents and would report them appropriately. However, staff had not needed to report any incidents within the last 12 months.
- In accordance with the Serious Incident Framework 2015, the service did not report any serious incidents in the 12 months before our inspection
- Managers assured us they would investigate incidents and share lessons learned with the whole team and the wider service. They told us when things went wrong, staff would apologise and give women honest information and suitable support.

- The service had an incident and accident log book kept behind reception. Staff were able to explain the types of incidents that they would log and report.
- The registered manager was responsible for investigating any incidents that happened within the service.
- The service did not have any never events in the 12 months before our inspection. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious harm or death, has occurred in the past and is easily recognisable and clearly defined..
- Staff were able to clearly explain what was meant by duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify women (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had a duty of candour policy in place.

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 of its effectiveness. Managers checked to make sure staff followed guidance.
- The registered manager ensured the service provided care in line with national best practice. The registered manager ensured they followed the 'As Low As Reasonably Achievable' (ALARA) principle and kept ultrasound scanning times to a minimum. Where possible, the sonographers completed all ultrasound scans within 15 minutes to help reduce ultrasound dose.

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- The service and registered manager are registered with the British Medical Ultrasound Society (BMUS). The registered manager practiced within their limits and referred to the relevant services if a woman attended with something that out of our scope of their practice.
- The service had policies relating to taking bloods and transvaginal scans which were in line with national guidance. There were protocols in place for the referral of women to other services if unexpected or significant findings were found during ultrasound scans or following non-invasive prenatal testing (NIPT). Staff ensured women understood that the services performed at the service were in addition to those provided as part of their NHS pregnancy pathway and were not designed to replace any NHS care.
- The registered manager told us they were assured that staff would not discriminate on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation. The registered manager was attending an LGBT awareness course.
- The service did not have a specific equality and diversity policy. The statement of purpose for the service stated, 'Babyvision employees have a fair approach, and respect diversity and privacy and are committed to ensuring wellbeing of clients, treating all clients as we would wish to be treated ourselves'. We raised this issue with the manager following the inspection and they planned on writing a separate policy following upcoming training on LGBT people accessing health and social care and diversity and equality by the end of March 2019.

Patient outcomes

- Managers monitored the effectiveness of some care and treatment and used the findings to improve them.
- Given the small size of the service, limited opportunities to measure outcomes were available. The service kept records of referrals for abnormalities that were detected so these could be audited for their outcomes. Staff discussed the images to enhance learning. The service relied on the referred to hospital so did not always receive feedback. They did not always ask for feedback if they felt the abnormality was likely to have resulted in fetal demise or termination of pregnancy.

Competent staff

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. However, the manager had not had an appraisal.
- All staff at the service had up to date Disclosure and Barring Service (DBS) checks. The registered manager ensured these were updated on a three-yearly basis.
- The registered manager was competent to carry out scans as a sonographer and was a member of the British Medical Ultrasound Society (BMUS). The registered manager attended yearly obstetrics study days.
- All three sonographers were registered with the Health and Care Professionals Council (HCPC) and the Society of Radiographers. They all had previous obstetrics and gynaecology experience within an NHS acute trust, and both banked sonographers still worked for the NHS.
- Staff were given the opportunities to attend clinical courses run by professional bodies to enhance their continuous professional development.
- The registered manager had not received an appraisal. We made the registered manager aware of this issue following the inspection and they have planned to have an appraisal.
- Both zero hours sonographers received appraisals within their NHS roles but not as part of this service.
- Each staff member completed a local induction, which included role-specific training. Newly employed sonographers worked closely with another sonographer for as long as they needed. This enabled the service to identify and address any competency issues with the individual before they worked alone.
- Both reception staff had received appraisals from the registered manager in last 12 months.

Multidisciplinary working

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- Staff worked together as a team to benefit patients.
- Both full time staff members had a positive working relationship with each other and communicated effectively in order to provide a good level of care. The registered manager is in regular contact with the three zero hours staff members and works closely with them when they are on site.
- The service worked well with other organisations. It referred women on to various NHS organisations or A&E and always provided good information for the services it was referring women to.
- Established working arrangements were also in place between the service and the blood laboratory who tested the NIPT specimens. The service tracked all samples sent to the laboratory to ensure results were received within five working days, as set out in their service level agreement with the laboratory.
- Staff gave women the option of withdrawing their consent and stopping the ultrasound scan at any time.
- The service provided women with printed information about NIPT before they consented, this included information about the procedure and the potential results of the test. Staff also ensured that women were given enough time to ask any questions, and they fully understood how they would receive the results.
- The service was transparent with its pricing and these were displayed on leaflets, on the internet, on the premises and discussed with potential women on the phone.
- The registered manager and receptionist did not have mental capacity act training at the time of inspection. The registered manager was made aware of this on the inspection and they were booked onto training in April 2019.

Seven-day services

- The service ran clinics six days per week. It opened Monday to Saturday. The service also operated evening clinics occasionally based on demand. There were no plans to operate a full seven day service.

Consent and Mental Capacity Act

- Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. Staff understood their roles and responsibilities under the Mental Capacity Act 2005. However, staff had not had formal training.
- There were processes to ensure women consented to procedures. All women received written information to read and sign before their scan appointment, which was available in different languages. This information included terms and conditions, such as scan limitations, consent, prices and use of data. Staff checked the form was signed before a woman's appointment.
- Women's verbal consent was also sought before staff completing the ultrasound scan. The sonographers discussed the potential risks to the unborn child from additional use of ultrasound with the women. This enabled the women to make an informed decision on whether to proceed with the scan.

- The service had a consent to treatment policy which included a section on the Mental Capacity Act.

Are diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service actively sought the views of patients. Patients were encouraged to leave feedback on social media. The average score for the service was 4.9 out of five based on 126 respondents. Women commented that the service was "Highly recommended", staff were "are amazing, so friendly and professional" and that women felt "very welcome".
- Staff treated women with compassion and kindness. The two women had visited the service multiple times told us that staff treated them with compassion and kindness at all times. We observed staff treating women with kindness at all times.

Diagnostic imaging

- Women confirmed that staff introduced themselves at the start of the scan. Staff made sure women they were comfortable and were reassured if they felt nervous.
- The registered manager gave examples of treating women compassionately when they were anxious or when women had received distressing or upsetting news with regards to the baby.
- Staff maintained women's privacy and dignity at all times. Women were scanned in a private examination room with only themselves and relatives present. Women were offered paper towels whilst they were being scanned.
- The receptionist assisted women promptly and was friendly and efficient.

Emotional support

- Staff provided emotional support to patients to minimise their distress.
- The service actively encouraged staff to make sure women and their families enjoyed their baby scanning experience.
- The registered manager explained that if any bad news was given as a result of the scan they would always treat the woman with understanding and provide emotional support whilst giving women as much time as they need.
- The registered manager had attended a stillbirth and neo-natal death (SANDs) training day on the loss of a baby.
- Staff discussed procedures with women who were encouraged to be part of the decision-making process.
- The service had a strong, visible person-centred culture. The registered manager was highly motivated. Women were actively involved in their care.
- Staff understood the impact that women's scans had on their wellbeing. Staff treated women as individuals.
- The sonographer talked to women during procedures to put them at ease.

Understanding and involvement of patients and those close to them

- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff communicated with patients so that they understood their care and condition.
- Staff communicated with women, their friends and their relatives so that they understood their care, treatment, and condition.
- Women said that staff were thorough, took time to explain procedures to them and they felt comfortable and reassured. Women we spoke with felt they were given adequate information.
- Women were provided with appropriate information about pricing and scan options before their visit.
- Women were always given their scan results at the end of their appointment. The laboratory took five days to return the blood results to the women, and women were kept updated if there were any delays.

Are diagnostic imaging services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

- The service planned and provided services in a way that met the needs of local people.
- Women's individual needs and preferences were central to the planning and delivery of the service. The service was flexible and provided choice of scan options and appointment times based on those scan options.
- The service offered early reassurance scans, dating scans, non-Invasive Prenatal Tests (NIPT), 2D gender scans, 4D gender scans, wellbeing scans and bonding scans.
- The service provided planned baby keepsake scans and tests for women at their convenience.

Diagnostic imaging

- The environment was appropriate and person centred. There was a comfortable seating area and toilet facilities for women and visitors. The building and facilities were wheelchair accessible.
- Women had good access to the centre by car and public transport. The reception area was clean and tidy with access to magazines, children's toys and toilet facilities for patients and relatives.

Meeting people's individual needs

- The service mostly took account of patients' individual needs.
- Staff considered protective factors of women and those accompanying them such as their age, gender or disability and make adjustments where possible.
- The service was on the ground floor and was fully accessible for any women who had limited mobility. The service had an adjustable hydraulic bed for services users with limited mobility.
- Although staff were not aware if a woman had a learning disability or mental health condition unless she disclosed it, the registered manager explained all women were treated equally, and staff would adapt to meet their individual care needs.
- The couch could accommodate women with a high body mass index (BMI)
- The registered manager would use a translation service if a woman was a non-English speaker. However, the registered manager told us they have used family members to translate for a woman who used the service. This was raised with the registered manager whilst on site since then they have assured us they will no longer use family members to translate for women and will use the translation service they have access to at all times.

Access and flow

- People could access the service when they wanted it.
- Women could book appointments through the website, social media or by phone. During this time, they would inform the service the type of scan they wanted and preferred time. The services appointment

system was easy for everyone to use and where possible they offered service users an appointment at a date and time to suit their needs. The service tried to accommodate same day appointments if possible.

- The service did not charge women who did not attend. The registered manager was aware that certain unavoidable circumstances may arise from time to time and do not think that financially penalising them was good practice.
- Staff saw women promptly. The registered manager allowed the appropriate amount of time based on the type of appointment so that women were always seen on time as the appointments had time built in to potentially over run if there were difficulties getting a good scan image.
- Staff always informed service users about any changes or disruptions that may affect their care with the service and tried to avoid disruptions from happening. Delays were mostly caused due to women arriving at the service late rather than scans over running.
- Women were not kept waiting when they arrived and had the option to return if they had not been able to get a good photo from the scan due to the position of the baby.
- The service did not have any urgent referrals.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Information on how to make a complaint was readily accessible to women. For examples, the service had leaflets or a notice in the reception area.
- The service had a comprehensive complaints' procedure in place. The registered manager told us they would always try to resolve any complaint by a customer by listening to them and welcoming any suggestions they may have to improve our service.
- The registered manager of the service was responsible for dealing with formal complaints.
- The service had four formal complaints, of which two were upheld, between 1 November 2017 and 31 October 2018. We reviewed the four formal complaints

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and the registered manager responded compassionately and in a timely manner. The registered manager also demonstrated that they learnt lessons from complaints when there was an opportunity to do so.

- The service had 66 patient compliments between 1 November 2017 and 31 October 2018.

Are diagnostic imaging services well-led?

Good 

We rated it as **good**.

Leadership

- The registered manager had the right skills and abilities to run a service providing high-quality sustainable care.
- The registered manager had the clinical skills and ability in order to ensure that the level of care was safe and appropriate.
- The registered manager could talk about the main issues they faced within the service and could explain the plan they had in place to deal with these.
- The receptionist said the registered manager was approachable with any issues or problems they may have. The registered manager and receptionist had a close working relationship and worked together the service was open. The registered manager maintained regular contact with and provided an induction for the zero hours' contract staff.

Vision and strategy

- The service did not have a formal documented vision and strategy, however it did have clearly detailed aims. The registered manager told us the vision and strategy was 'Babyvision aims to provide the highest standards of care and service to clients who require private antenatal scans and consultations. Babyvision was established in July 2005 with the purpose of providing an excellent standard of service within a warm and welcoming environment which is specific to the needs for women during pregnancy. Our services are used by clients wishing to compliment or replace their NHS appointment. Our committed team includes a range

of skilled professionals, with the relevant qualifications and expertise who are dedicated to providing a complete range of specialist scanning services during pregnancy. Babyvision employees have a fair approach, and respect diversity and privacy and are committed to ensuring wellbeing of clients, treating all clients as we would wish to be treated ourselves.'

- The registered manager is planning on using the second room with the new ultrasound machine to run two clinics at the same time during busier hours when there was enough demand.

Culture

- The registered manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff members we spoke with were focussed on creating a positive experience for the women that were scanned. All women told us that they felt there was a positive culture within the service.
- All staff were open and honest. The registered manager had plenty of one to one time with their staff. Staff members were encouraged to raise any concerns and put forward any ideas to improve the service. If the registered manager was not on site, they were always contactable by phone.
- Any complaints raised would have a 'no blame' approach to the investigation. In circumstances where errors had been made, apologies would always be offered to the women, and staff would ensure steps were taken to rectify any errors. Staff were aware of the duty of candour regulation; however, they had not had any incidents which met the criteria where formal duty of candour had been required to be implemented.
- The registered manager provided training and induction days to the zero hours' contract staff to ensure they were aligned with the values and expectations of the service.
- The registered manager told us action would be taken to address behaviour that was inconsistent with the ethos of the service, regardless of seniority.
- The service had a whistleblowing policy in place for staff.

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Governance

- The service systematically improved service quality and safeguarded high standards of care by creating an environment for good care to flourish.
- The service had all the appropriate policies in place apart from an equality and diversity policy which the registered manager had planned to put in place.
- The service carried out appropriate audits to ensure compliance with fundamental standards.
- Staff at the service did not have formal sit-down team meetings. Staff could raise any issues or problems with the registered manager at any time on an ad hoc basis and staff told us that the registered manager was responsive and took issues seriously and actioned them as a result.

Managing risks, issues and performance

- The service had effective systems to identify potential problems, deal with those problems and could cope with both the expected and unexpected.
- The service had a risk management policy and carried out risk assessments.
- The landlord of the service undertook a yearly fire assessment check and did a weekly fire alarm test.
- Given the small size of the service, the registered manager did not hold a risk register; however, internal, and external risk assessments were completed for any identified risks. The service undertook yearly health and safety assessments of the location. In the risk assessments carried out in 2016, 2017 and 2018 staff at the service highlighted concerns, then set out and completed actions.
- The service had appropriate exclusion criteria, for example, not scanning under six weeks gestation and ensuring scans are done at the required time to meet the needs.
- The service did not use formal key performance indicators to monitor performance. However, the service used patient feedback, complaints, and staff feedback to help identify any necessary improvements and ensure they provided an effective service.

Managing information

- The service collected and managed information well to support all its activities, using secure systems with security safeguards.
- All records were confidential and women's identities were protected. All women had a unique reference number. The service's computer was encrypted and password protected and along with the website was compliant with General Data Protection Regulation (GDPR).
- Women's records and scan reports were easily accessible and were kept secure. Paper records were stored in locked filing cabinets, and all electronic records and systems were password protected.
- The registered manager was the data controller for the service.
- The registered manager had information governance training.

Engagement

- The service engaged well with women, staff and the public to plan and manage appropriate services and collaborated with partner organisations effectively.
- The registered manager worked closely with their receptionist. Staff had regular input about the service and any changes that might occur. Staff told us they felt engaged with any decisions that were made about the service.
- The service used feedback from women. The registered manager had made changes to the service based on feedback from women. For example, the registered manager had changed the system so they could ask for payment prior to a scan rather than only afterwards after a complaint from a woman.
- The registered manager refers women to other organisations and also seeks feedback from them in order to enhance their learning.
- The service used social media to get women's feedback and engaged with women through this.

Learning, continuous improvement and innovation

- The service was committed to improving services by learning from when things went well or wrong and promoted staff training.

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- The registered manager attended an obstetrics study day on a yearly basis to ensure that they have the most up to date information.
- Staff at the service audited referrals made for abnormalities in order to enhance learning.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The registered manager should ensure that staff are always bare below the elbows during all scans that were carried out.
- The registered manager should ensure that the service has an equality and diversity policy in place.
- The registered manager should ensure they have a yearly appraisal.
- The registered manager should ensure that staff have undertaken mental capacity act training.
- The registered manager should ensure that they always use a translation service for women who do not speak English.