

Imaginatal Services Ltd

Imaginatal

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Insufficient evidence to rate



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was our first inspection of this service. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service knew how to manage safety incidents and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women and their families.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services.

However:

- The whistleblowing process did not provide a truly independent route for staff to voice concerns if they did not want to raise them with either of the two directors.
- Systems did not always promote clear and consistent opportunities for staff to contribute their ideas for improvement.
- When staff raised concerns, feedback was not always provided or evident.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	We rated this service overall as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Imaginatal

Imaginatal is a small service run by Imaginatal Services Ltd. which offers women pregnancy scans and Non-Invasive Prenatal blood Tests (NIPTS). This service is for women who are over the age of 18 years, are self-funding and can book themselves for scans using the service's website or by telephone.

NIPTS is a blood test which enables parents to find out the gender of their child and determines whether or not their child is at risk of having a range of chromosomal conditions, such as Down's Syndrome.

Scans offered include:

- Early pregnancy reassurance scans
- Dating / Growth scans
- Gender determination scans
- 3D / 4D bonding scans
- Late pregnancy reassurance scans

The clinic is provided from a location on the outskirts of Gloucester City but close to local shops, businesses and residential areas. The building used is on the ground floor, self-contained with a reception/waiting area, a separate clinic room, kitchen area and toilet facilities. The clinic room has an adjustable scanning bed, scanner and space for the pregnant woman and up to six other guests. There are five staff for reception and administration who are employed on zero hours contracts. One sonographer undertakes the majority of scans and is the clinic owner and registered manager of the service. Two other sonographers perform scans on an ad hoc arrangement.

The service is registered with the CQC to provide the regulated activity of Diagnostic and Screening Procedures.

Scans are available at the location on Tuesday, Wednesday and Friday evenings and Saturday and Sunday between 9am and 3pm.

There has been a registered manager in place since it first registered with the CQC in July 2018. The service has not been inspected since its first registration. It has recently changed its name from Hey Baby 4D.

How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector and was overseen by a CQC inspection manager.

We visited the premises of Imaginatal, spoke with women and their families, staff, sonographers and service leads. We observed care provided, reviewed relevant policies, documents and patient records.

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

Summary of this inspection

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should consider providing whistleblowing process which is independent of directors of the service.
- The service should consider how they provide meaningful feedback when staff raise concerns.
- The service should consider creating methods to encourage promoting staff comment.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Insufficient evidence to rate	Good	Good	Good	Good
Overall	Good	Insufficient evidence to rate	Good	Good	Good	Good

Diagnostic and screening services

Safe	Good 
Effective	Insufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Diagnostic and screening services safe?

Good 

This is the first inspection for 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.

Clinic managers monitored training and reminded staff when it was due. Modules were provided using web-based training services and covered essential skills for safety including health and safety, fire risk, infection prevention and control, preventing radicalisation and conflict resolution. Staff told us they were given time to complete all modules and a record was kept in their personnel file. Completion rates were documented, and all staff were up-to-date with their training.

All non-registered staff completed an online care certificate prior to starting in role (modules included: understand your role, your personal development, daily patient care, equality and diversity, work in a person centred way, communication, privacy and dignity, fluid and nutrition, awareness of mental health dementia and learning disability, safeguarding adults and children, basic life support, health and safety, handling information, infection prevention control).

Safeguarding

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

Staff had completed safeguarding training level two, for adults and children, and were aware of when refresher sessions needed to be attended. Scans were not performed for children who were under 18 years of age and this was checked at the time of booking. Staff described actions they would take if they had concerns regarding families attending the clinic and how they would contact local safeguarding services. Sonographers had received training and were knowledgeable about signs of abuse including female genital mutilation and how to report any concerns and seek advice from the clinic's safeguarding lead.

Diagnostic and screening services

The recruitment process included systems to check safeguarding risks from new staff. These systems included annual staff Disclosure and Barring System (DBS) checks and uptake of references from previous employers. The clinic owner regularly checked professional bodies, with which sonographers were registered, for adverse investigations and outcomes for individual sonographers.

Cleanliness, infection control and hygiene

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

Equipment and furnishings were easy to clean and wipeable. Staff followed an established routine of cleaning which had been enhanced during the COVID-19 pandemic and retained as everyday practice. Frequent touch points were regularly cleaned during clinic open times, patients followed a one-way route through the premises, deep cleaning processes were followed after each session, and at weekends. Audits of hygiene and handwashing were reported to the clinic manager, the clinic owner and shared with staff. Infection prevention and control methods were followed by staff who wore aprons, gloves and masks in the clinic, changed them between patient contact and used suitable solutions to clean equipment between patients.

People attending the clinic had a COVID-19 symptom check on arrival which included checking for a high temperature, before they were admitted to the premises.

Staff followed a daily cleaning programme and logged completion electronically. This record was monitored by the clinic directors. The premises appeared visibly clean with equipment stored away from public areas. One patient commented that clinic staff took COVID-19 seriously and did everything they could to prevent transmission of the virus.

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.

Staff checked equipment function and safety before each session. An external contractor provided repairs and service checks on scanning equipment. Easily wipeable toys were provided for young children who accompanied their parent to the clinic and there was enough space for different families to be physically distant.

Clinical waste was stored away from patient access until it was collected by a contractor. An easily accessible toilet was available, and hand sanitising solutions were readily available. Equipment and hazardous solutions were stored in locked cupboards. Equipment was checked and maintained and within recommended dates.

Entry and exit doors were free of obstruction and equipment was stored safely. Blood testing equipment was safely stored and staff followed manufacturer's guidance when posting the kits to the laboratory.

Scanning machines were maintained under a maintenance contract and staff knew how to report any breakdowns or repairs needed. Staff knew safe operating weight limits of equipment and not to use faulty equipment.

Assessing and responding to patient risk

Diagnostic and screening services

Staff completed and updated risk assessments for each woman and removed or minimised risks. Staff knew what to do and acted quickly when there was an emergency.

Daily huddles highlighted to staff any potential risks for patients who were booked in for scans that day. Patients for early scans completed information fields on the web-based booking form. Sonographers discussed risks with patients, ensuring women were aware of their NHS maternity pathway and that this scan was not a part of the pathway. Patients who attended later in their pregnancy were asked to provide their maternity folder for sonographers to review. Staff calculated timings for follow on scans making sure there was more than two weeks between scans. Clinic staff described actions they had taken when a patient had felt unwell and how they would escalate the need for further care to either emergency services, early pregnancy teams or other appropriate service. Staff followed the clinic's policy to inform the early pregnancy service if they had directed a patient to the emergency department for further care.

Patients who did not attend for appointments received a phone call from clinic staff to ensure they were safe and receiving the care they needed.

Staffing

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

There were six reception/administration staff, a sonographer who owned the clinic and two other sonographers performed scans when needed and if they were able to. Reception staff were recruited on zero hours contracts and were allocated shifts, which were finalised on the day of the clinic depending upon number of scans booked. Women could book scans for the same day. At other times reception staff could work from home to arrange appointments and answer queries. Staff received full induction programmes which we saw were held in their personnel files. We saw these were also completed for staff when they returned to work after a lengthy absence. Staff risk assessments were completed and identified where staff would benefit from further support. There were always two reception staff and a sonographer present in the clinic when it was open for scans. Sonographers who worked at the clinic occasionally, described a thorough induction process. There was always a staff member on shift who was trained in basic life support skills.

Records

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

Records were stored securely in a locked room away from public access. Information was gathered from women at booking and before the scan procedure. The sonographer produced a report and shared it with the patient. Reports included patient consent to share information with other health professionals and this was shared if there were any suspected anomalies. Images were saved on electronic systems and could be reviewed by sonographers. Scan images were shared with women using an electronic system, which they could access using passwords and save to their own devices or print.

Medicines

The service did not store or administer any medicines to patients or their families. Appointments took only 20 minutes and patients would be able to manage their medicines outside of the clinic appointment.

Diagnostic and screening services

Incidents

The service managed safety incidents well. Staff knew how to report near misses and incidents. They recognised risks and took action to improve safety and prevent an incident. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff told us how they would apologise and give women honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.

Staff knew how to report near misses and incidents. There had been no serious incidents reported but minor incidents and actions they had taken were held in an accident book. Staff described how a risk had been managed before any incident occurred. This involved marking a step with bright tape to make it more easily visible and prevent a trip. This had had been discussed and documented in notes from team meetings and reported to managers.

Staff demonstrated openness in describing limitations of the scan and that if it was not clear they would repeat it without further payment. The registered manager described how they would investigate an incident if it occurred. Managers were aware of the requirements for reporting incidents and submitting notifications to the Care Quality Commission, although this had not been required within the last 12 months.

Are Diagnostic and screening services effective?

Insufficient evidence to rate 

We do not have sufficient evidence to rate the effective domain.

Evidence-based care and treatment

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

Staff followed up-to-date policies which were based on best practice and national guidelines from the British Medical Ultrasound Society, the Society of Radiographers and the National Institute for Health and Care Excellence (NICE). Staff were aware how anxiety could affect women in pregnancy and would refer any concerns they had about a patient's mental health to the patient's midwife or GP. Staff ensured they followed the principles of 'As Low As Reasonably Achievable' (ARLA) when scanning and used 'Pause and Check' to ensure they were carrying out the correct procedure for the patient. Managers had developed templates for sonographers to document their assessment of the patient's condition. These were audited by the manager to ensure staff followed current policies. Changes to practice were shared with staff at team meetings and daily huddles.

Patient Outcomes

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

Diagnostic and screening services

Sonographers undertook a system peer review of scans to monitor the outcome. Reviewers did not know which sonographer's records they were reviewing and gave an unbiased review of scan quality and accuracy. Results were fed back to the individual sonographer. Scans were scored out of ten points and were expected to achieve a minimum of six points out of the ten. Audit records demonstrated sonographers were consistently above this expected level.

Sonographers who identified a suspected anomaly on a scan or from a blood test, referred patients to other services for confirmation of the diagnosis and ongoing care.

Patients who were unhappy with the scan result or the scan could not identify the gender, were offered another scan free of charge.

Supervision meeting records between staff and manager, showed staff were supported to identify where they could develop their skills to improve the service.

Nutrition and hydration

Refreshment facilities were available for women.

The scanning process took around 20 minutes and patients and their families did not usually need refreshments. However, water drinks and snacks were stored in a fridge and were available for women to purchase if needed.

Pain Relief

Staff monitored women's comfort during the procedure. The procedure was not usually painful. Staff checked on patient comfort and used cushions and adjusted the couch as required during a scan. For internal scans, which may be more uncomfortable patients were offered a chaperone. Patients told us they found this supportive.

Competent Staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Supervision discussions between staff and managers were recorded and identified where staff performance could be supported. The service funded training for staff to develop their skills. We saw certificates of completed training courses including the care certificate, phlebotomy (taking blood) and leadership and management. Yearly appraisals were completed and staff found them supportive for their development. Staff reported they had one-to-one discussions every three months, which they could request more frequently if they chose. These discussions included wellbeing and service improvement. All sonographers who performed scans at Imaginatal were registered with the Health and Care Professions Council or the Society of Radiographers. The register was voluntary but displayed if any investigations had taken place regarding sonographers. The clinic owner regularly checked sonographers' registrations with these organisations. Sonographers described how they were well supported to familiarise themselves with the scan equipment until they felt confident and were competent. We observed scans being performed. The information provided for women and their families was clear and marked on easily visible screens. Staff we spoke with were knowledgeable about practices, limitations of scans and packages of testing for Non- Invasive Prenatal Testing (NIPTS).

Diagnostic and screening services

A range of meetings were used to provide staff with information on current practices and included daily huddles, fortnightly updates and monthly team meetings. This was especially relevant during the COVID-19 pandemic when there were frequent changes to infection prevention and control practices.

Multidisciplinary working

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

Staff were knowledgeable about NHS services they could access and how to support women to access them. A recent pathway had been set up between the clinic and the early pregnancy service. Staff had access to GPs and midwives and contacted them to ensure women received suitable ongoing care.

When an anomaly was detected, the documentation sent to the patient included contact details of local services.

Seven Day Services

Services were available to support timely care.

The clinic operated five days a week at varying times of the day. This was to suit people who usually needed an appointment outside of their working hours. Urgent and emergency support was accessible from local NHS services and staff supported patients to access them when needed. Women were able to choose their own appointment time from a selection online and were happy with the booking process.

Health Promotion

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

The clinic's website held a large range of information for pregnant women and their families relating to issues they may experience, how to stay healthy and where to seek support. Women said they found the information useful. Sonographers informed women of fetal movements they might feel, depending on the position of the baby, and when the best time for a gender scan would be.

Consent and Mental Capacity Act

Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who were experiencing mental ill health.

Staff used a detailed assessment tool to identify a patient's mental capacity and reasons for providing or not providing the booked procedure, based on the information gathered. Consent was recorded clearly and consistently in patient records and included consent to share information with GP and other health professionals. We heard patients being informed of any risks associated with the scan before the procedure and consent was checked during the procedure at each stage. Staff supported patients when they displayed anxiety with reassurance and a calm manner.

Are Diagnostic and screening services caring?

Diagnostic and screening services

Good 

This was our first inspection of this service. We rated caring as good.

Compassionate Care

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

Staff were discreet and responsive when caring for patients. Staff used private spaces when taking with women and their families and lowered their voices to create privacy. All interactions we observed were respectful and friendly. Sonographers maintained privacy and dignity in the scan room by only exposing the necessary parts of the abdomen for the scan. Sonographers directed families/visitors in the scan room to where they would see the best images and checked the women was happy with the arrangements. They conversed with patients and families in a friendly way when assessing patient condition and reason for scan. Sonographers highlighted areas on the viewing screens for women and their families to see, explained clearly what they were looking at and gave time for questions. Images taken during the procedure were viewed in the waiting area and staff directed them to a sofa space to create a private space for viewing. Patients said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential.

Staff were sensitive to decisions by expectant parents about being informed of the baby's gender. We saw this communicated between staff who respected this choice. Staff provided mementoes such as a cuddly bear in gender specific colours and wrapped them, so parents did not see the colour of bear and give away the gender. Sonographers advised parents to look away from the scan to keep the gender secret from them in these cases.

Patients told us how welcoming and friendly staff were. Staff were readily available to chaperone patients when they requested it and patients commented how this made them feel well cared for.

Staff responded to patients who were kept waiting and provided drinks for those waiting in cars on hot days. A patient comment of "it is such a personal experience", showed how they valued the care provided.

Emotional Support

Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Difficult conversations would be held in the scan room, which was separate from the waiting area. Any need for follow up care was carefully explained to patients after their scan. We saw how staff provided information calmly and sensitively and effectively reassured women who were anxious. Patients we spoke with and feedback to the service confirmed they were reassured and put at ease during the appointment.

Understanding and involvement of patients and those close to them

Diagnostic and screening services

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

Sonographers took time to explain what results meant and made sure women and their families understood information and what further information they would receive. Each woman who had a scan was provided with a written report of the scan findings. Staff used methods to support translation needs and ensure patients understood information and gave extra time for people who needed it. Women were supported to change position to gain a good image as a keepsake.

Patients and their families could give feedback on the service and staff encouraged them to do this. Comments we saw from patients and families were positive about their experience at the clinic. One patient told us they had liked how staff had included her partner in the conversations. We observed partners had the scan explained to them and what it meant. Patients told us they had been given the information they needed.

Are Diagnostic and screening services responsive?

Good 

This was the first inspection of this location. 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.

Managers planned and organised services so they met the changing needs of the local population. Evening and weekend appointments were provided to suit people who may be working. Women told us they found booking appointments easy and at suitable times for them. A small parking area was available in front of the clinic, which was located on the outskirts of a large shopping area with public transport links nearby.

The company website contained comprehensive information for people booking scans including charges and how to pay. The service had systems to help care for women in need of additional support or specialist intervention and the website included a wide range of relevant information. There was a newly arranged pathway to the early pregnancy team, which staff could refer women directly into, instead of going to their GP first. This reduced unnecessary GP appointments and referral activity.

Staff minimised the need for unnecessary scan visits by advising when scans were due on their NHS maternity pathway and when it would be appropriate to have another private scan if they chose to.

Meeting people's individual needs

The service took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They directed women to other services where necessary.

Diagnostic and screening services

Women could make appointments using the website booking system or by telephone if preferred. Staff could access an electronic language translator if they needed to but said this was rarely needed. Staff had on occasion, used an adult family member to support translation. We discussed the potential of this presenting a safeguarding risk if the person translating did not do this accurately. Staff informed us they mainly used electronic translation services and their professional knowledge to recognise safeguarding risks and would always refer to the woman's NHS midwife with any concerns.

Staff supported patients who had learning difficulties, to understand the process and findings of the scan. Longer appointments were arranged where needed and staff used simplified language to help their understanding.

The scan couch was designed to hold people of up to 150kg. If patients appeared to be near this weight the sonographer would verify their weight to assess the safety of performing the scan. Anyone over this weight would not receive a scan and would be signposted to other services if needed.

There was some support for women who had mobility difficulties. There was an accessible toilet on the same level. However, women had to be able to move themselves on to the couch for the scan. Staff could change the height of the couch to support people getting on to it.

Information on the service's website gave clear details of the scan packages available and what to expect. It also gave information on when and how to seek further support. Directors of the service had embraced electronic technology to support women and their families in accessing the service, being informed of what to expect at a scan and enabled them to view scans when additional guests were restricted from attending due to COVID-19 regulations.

Staff monitored missed appointments and contacted women after their appointment to check they were well and receiving any additional care they needed. For women who were in early pregnancy they left this contact for a week to reduce emotional stress. This was because any missed appointments at this stage were usually due pregnancy loss. Women who did not attend their appointment because they had miscarried were advised to attend the early pregnancy clinic.

Staff provided a pregnancy test for patients who may have miscarried. This was so women did not have to source one themselves at this distressing time. The pregnancy test was a national recommendation for women who had experienced a miscarriage, to identify any further care needs.

Access and flow

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

Patients could book scans for from a choice of appointment times to suit themselves. Staff monitored appointment bookings for the weekend and opened more slots for women to book if there was a higher demand. There was no waiting list and women could have their scan on the same day they booked it, if there were slots available.

Women and families used the waiting room and did not wait very long for their scan. Two families were able to wait in the waiting room and any others, who may have arrived very early for their appointment, were asked to wait in their car to maintain physical distancing.

Results were provided verbally at the time of the scan and women received an emailed written report within 24 hours of the scan.

Diagnostic and screening services

Learning from complaints and concerns

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

Staff followed the service complaints procedure which meant they were escalated to the clinic director. The clinic director kept a log of complaints and identified any themes for ongoing learning and improvement. The number of complaints had been very few and related to image quality or a delay in the clinic. We heard how the investigation included the staff member and the complainant, and any actions taken to reduce a recurrence. Complaints we reviewed had been responded to within 24 hours of clinic staff receiving it.

Information was provided in the clinic on how to give feedback about the service and patients were confident they knew how to complain to the service.

Are Diagnostic and screening services well-led?

Good 

This was the first inspection of this service. We rated well-led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.

The leadership team comprised the owner, who was a director of the service and their spouse who was also a director. The directors had made changes to maintain a safe service for women during the COVID-19 pandemic. Staff had been supported to work from home and isolate when they needed to. The clinic owner was also a sonographer, who worked at the clinic most weeks. Additional sonographers were available when the owner/sonographer was not available to carry out scans. A clinic manager had been appointed to act as a deputy when the owner was not available and supported the day-to-day running of the clinic. Staff described the leads as approachable and knew how to contact them. Staff were supported to develop skills using a system of appraisal and supervision. The clinic manager had previously been a receptionist, who was supported to complete a leadership and management course through an apprenticeship programme.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Diagnostic and screening services

The clinic owner's drive for providing this service was to offer an inclusive, calming scan experience for women, which would reassure and help women to enjoy these moments with their unborn child. There was a plan to expand the service and offer scans in other locations to extend the service for other women. A marketing company were supporting the owner in identifying suitable areas. Directors monitored trends of when people booked or requested scans and responded by offering scans at popular times. The owner worked with local health services to develop pathways into health services, easily accessible for women when they needed further care.

Clinic staff were aware of their roles in maintaining quality and progression of the service. They worked as a team to provide a caring service for people who attended for a scan and were clear they were enhancing and not replacing services provided by the NHS.

Culture

Staff were focused on the needs of women receiving care. The service provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear. Staff felt supported, respected and valued but did not always receive feedback about concerns they raised.

Staff expressed how they liked working at the clinic and enjoyed helping patients to have a positive scan experience. Staff worked as a team to provide care for families who used the service. Positive feedback from patients confirmed staff provided what they needed. Staff treated each other with respect and socialised with each other outside of work hours. A staff member had suggested holding a social event as a team building exercise and this had been held at a bowling alley.

Appraisal records for staff documented where they wanted to develop their skills and the support they needed to do this. Staff had attended additional training following the appraisals.

The owner was clear that staff comments and suggestions were welcomed and this open culture was encouraged with any newly recruited staff and stated in the staff handbook. Staff felt they could raise concerns but did not always receive feedback of how their concerns were managed.

Staff wellbeing was a focus for the service. The service used an external human resource service to support many of their processes. This included emotional and wellbeing support that staff could access directly. However, it did not include a process for staff to raise concerns about management and directors within the service. For example, the whistleblowing policy directed staff to escalate concerns to one of the two directors. The directors were married and would potentially, not be seen as independent.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The directors of the service monitored staff performance using daily spreadsheets of activities. This included actions to set up the clinic, close down after clinic sessions, memorabilia and scans purchased by families and number/type of scans performed. Directors and the clinic manager met to review the information. Feedback was provided for staff at team meetings, service update emails and daily update huddles.

Diagnostic and screening services

Recruitment processes ensured staff underwent checks to ascertain their fitness to practice. The service held insurance for vicarious liability covering medical malpractice for sonographers in the service. All sonographers maintained their individual professional indemnity insurance.

Contracts with external partners were reviewed annually or more frequently if requirements altered.

Managing risks, issues and performance

Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Leaders assessed risks to the service and reviewed them regularly. Directors identified risks to the service and actions they could take to reduce the risk. Staff were able to escalate risks to the clinic manager and directors.

Directors used a system of audit to monitor performance. They reviewed audit results and fed back to staff where improvements could be made. Sonographers achieved at least nine out of 10, which was above the service' target level, for quality and accuracy of scans.

All staff had access to current policies and procedures and were required to sign a log to confirm they had read policies or information about new procedures.

Directors reviewed finances to ensure they were viable and identified where staff could focus efforts to increase cash flow. Some staff had created more options for cash flow. We observed staff giving options to families but without pressurising them to buy anything.

Directors had adapted their service quickly following the unexpected onset of the COVID-19 pandemic. This had included the remote reception service for women to access, an electronic system which allowed partners and extended family to view the scan without attending the clinic.

Managing information

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Directors collected and stored information about the service in a way that it could easily be retrieved and reviewed. They monitored activity and used this to understand performance. Information included views from women who used the service.

Staff had access to information about quality and sustainability of the clinic. Team meetings were held as video meetings, staff received regular email updates and were updated at each shift they worked.

Women using the service were provided with the terms and conditions of the scan packages and signed a consent form before scans were performed. Paper records were held securely at the location, and electronic records and scan images were encrypted to ensure security.

Diagnostic and screening services

Staff used a checking system before sending emails to patients. Two staff checked an email before it was sent to reduce the risk of information going to the incorrect person.

Engagement

Leaders and staff actively and openly engaged with women, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.

Staff encouraged women to leave feedback about the service using a variety of methods. Reviews we saw were positive about the service they had received. As women left the clinic, they were provided with a method of accessing an electronic website to comment.

Staff were provided with opportunities to give feedback on the service. Staff could provide comment or feedback to the clinic manager or the director when they were working together. The director described an example of acting on a staff suggestion. A staff survey had been held in 2020 which had been mainly positive in staff responses. Team meetings followed a standard agenda and included a section for any other business or staff questions. However, meeting notes we reviewed did not consistently include any staff comment.

Directors used information from the market research service and from patient surveys to identify improvement opportunities. The patient survey showed the highlights for women and reinforced how they appreciated the calm and caring approach staff demonstrated.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

Directors used systems to provide improvement opportunities. Staff took part in appraisal processes and took opportunities for self-development. Sonographers took an active part in peer review processes to encourage learning and improvement. The owner had implemented a new system to make it easier for patients to comment on the service they received. Staff actively encouraged patients to leave feedback and results were reviewed regularly by directors.

The service had been nominated for a local innovation award in 2021. This was for the changes to service provision during COVID-19 and included the electronic systems they used to enhance the experience for women and their families when guest numbers were restricted from attending the scan. Women receive pre-scan information using a video which shows staff without their face masks, a digital copy of the consent form and methods of electronic payment. This was in addition to providing an electronic method for families to view the scan when it was being performed in the clinic.