

First Choice Ultrasound

Quality Report

8 Cavendish Court
South Parade
Doncaster
South Yorkshire
DN1 2DJ

Tel: 07412 868616

Website: www.firstchoiceultrasound.co.uk

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

First Choice Ultrasound is operated by First Choice Ultrasound Limited. The service provides ultrasound baby imaging for pregnant women from the gestation of seven weeks. This includes, four dimensional (4D), three dimensional (3D) and two dimensional (2D) scans starting from seven to eight weeks as reassurance, gender scans from 16 weeks, baby growth scans from 16 weeks, “baby bonding” scans from 27 weeks and keep sake scans.

We inspected this service using our comprehensive inspection methodology. We carried out the short-announced inspection on 26 January 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

Summary of findings

needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Services we rate

This was the first time we have rated this service. We rated it as **Good** overall.

We found the following areas of good practice:

- Staff completed mandatory training and were aware of their responsibilities associated with safeguarding. They were competent for the role and had the appropriate skills and training.
- The environment was appropriate for the procedures completed and infection control measures were in place.
- Records were kept securely and copies provided to people using the services.
- Care and treatment were provided against national guidance and was evidence based.
- People were treated with compassion and privacy. They were involved in the consultation and provided with emotional support.
- The service accommodated people's individual needs and were responsive. Appointment times were agreed by the service and people using the service.

- There was a positive culture at the service and they had a vision of what they wanted to achieve.
- They engaged well with people to plan and manage the service and were committed to improving learning.

However, we also found the following issues that the service provider needs to improve:

- The service did not always have systems in place to improve service quality and standards of care. They did not have policies in place such as mental capacity policy and did not always review policies to ensure they contained the most up to date and relevant information.
- The service was aware of risks but did not have a system in place to document them. This included recording of any incidents, accidents or risks to the service.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make some improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice. Details are at the end of the report.

Name of signatory

Ellen Armisted

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Summary of each main service

Good



The service provided at this location was diagnostic and screening procedures. We overall rated this service as good. Safe, caring and responsive were rated as good. Effective was not rated. Well led was rated as requires improvement.

There were systems to monitor safety for people who use the services.

Evidence based practice was used in the delivery of services.

Staff were consistently caring, friendly and professional and all individuals we spoke with were positive about the services they received.

The service was sufficiently responsive to make reasonable adjustments for people who use the services, with disabilities.

However, there were areas of improvement that we asked the provider to make. These included the development of processes and procedures and reviewing the information provided to people using the service.

Summary of findings

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Good



First Choice Ultrasound

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to First Choice Ultrasound

First Choice Ultrasound is operated by First Choice Ultrasound Limited. The service opened in 2014. It is a private ultrasound baby scanning service in Doncaster, South Yorkshire. The service primarily serves the communities within South Yorkshire.

The service is registered for the following regulated activities: Diagnostic and screening procedures. The service has had a registered manager in post since 2014, when the service was registered with the Care Quality Commission.

We conducted a short-announced inspection of the service on 26 January 2019. We have not inspected the service previously since registering in 2014.

Our inspection team

The team that inspected the service comprised of one CQC lead inspector. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about First Choice Ultrasound

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the scanning facilities. We spoke with the one staff member who was also the sonographer, registered manager and co-owner. The other co-owner was present and acted as a chaperone when required. We spoke with four pregnant women and other family members. During our inspection, we reviewed 13 sets of scan records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with CQC.

Activity (November 2017 to November 2018)

- In the reporting November 2017 to November 2018, the service saw 600 patients. All of these patients were privately funded.
- The service employed one sonographer who was also the registered manager and co-owner of the company. The service was primarily open one day a week at the weekend and ad hoc within the week at request.

Track record on safety

- Zero never events
- Zero clinical incidents
- Zero serious injuries
- Zero complaints

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Good** because:

- The service provided mandatory training in key skills to staff and made sure it was completed.
- Staff understood how to protect patients from abuse and the service worked with other agencies to do so.
- The service controlled infection risk well
- The service had suitable premises and equipment and looked after them well.
- Staff completed risk assessments for each patient.
- 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 detailed records of patients' care and treatment.

However, we also found the following issues that the service provider needs to improve:

- There was no process or policy in place to record incidents or accidents.

Good



Are services effective?

- The service provided care and treatment based on national guidance.
- Staff gave individuals attending the clinic drinks to meet their needs.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff worked together as a team to benefit patients.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.

However, we also found the following issues that the service provider needs to improve:

- There was no mental capacity policy in place or assessment to identify whether people had the mental capacity to make decisions.

Are services caring?

We rated caring as **Good** because:

- Staff cared for people with compassion.

Good



Summary of this inspection

- Staff provided emotional support to patients to minimise their distress.
- Staff involved people and those close to them in decisions about their care.

Are services responsive?

We rated responsive as **Good** because:

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

Good



Are services well-led?

We rated safe as **Requires improvement** because:

- The service did not always have systems in place to improve service quality and standards of care. This included regularly reviewing policies to ensure they contain the relevant information or referenced with current guidance.
- Certain audits such as hand hygiene or a review of practice were not routinely undertaken. This meant that the sonographer could practice outside their scope of professionalism without their practice being reviewed.
- The service was aware of risks but did not have a system in place to document them. This included recording any incidents, accidents or risks to the service.

However, we also found:

- The registered manager for the service had the right skills and abilities to run a service providing sustainable care.
- The service had a vision for what it wanted to achieve and plans to turn it into action. There was a positive culture.
- The service collected and used information to support all its activities, using secure electronic systems.
- The service engaged well with people to plan and manage the service.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

Requires improvement







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	Requires improvement	Good
Overall	Good	N/A	Good	Good	Requires improvement	Good

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

Are diagnostic imaging services safe?

Good 

This was the first time we have rated this service. We rated it as **good**.

Mandatory training

- **The service provided mandatory training in key skills to staff and made sure it was completed.**
- Staff completed 10 mandatory training courses, these included infection control, resuscitation and equality and diversity. Information provided showed that the staff member was up to date with all the relevant training.
- The registered manager kept a copy of the mandatory training records.

Safeguarding

- **Staff understood how to protect patients from abuse.**
- Staff had completed safeguarding children and adults training up to level two. We saw training records that showed that the training was up to date. Staff understood their responsibilities with regards to recognising and reporting potential abuse of patients.
- The service had a policy in place for safeguarding children and adults. It identified that the service was required to share information with other agencies. The policy provided local contact details and who to contact when abuse was suspected.
- The safeguarding lead was the registered manager.

- Patients were offered the choice of having chaperones during their scans. The receptionist would act as the chaperone when required.
- No safeguarding referrals had been made by the service between the reporting period November 2017 to November 2018.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Handwashing facilities were available in both the toilet and kitchen areas. Alcohol based hand sanitiser was available in the scanning room. We saw that the staff member used this inbetween patients. No hand hygiene audits were undertaken by the service.
- Staff had completed infection control level two training which was up to date.
- The service had an infection control policy in place. This identified the steps required in handwashing and requirements for cleaning schedules.
- We reviewed the cleaning schedules and found they had been completed when the service was open. The cleaning schedules documented various areas and equipment that needed to be cleaned. These included ultrasound machine, couch, waste management and waiting room.
- The couch in the scanning room was covered with disposable roll which was changed between patients. We saw that this took place and the staff member cleaned the couch with the appropriate wipes as required.

Diagnostic imaging

- Ultrasound probes were cleaned with the appropriate antiseptic wipes between patients. We did not see any invasive probes requiring to be used, however staff showed and explained the products required to be used to ensure infection control measures were maintained.
- The registered manager was the infection control lead.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**

- The service was on the first floor of a privately owned building. It consisted of two main areas, the scanning room and reception area. Each area was spacious in size allowing a number of people in the room. A small kitchen and toilet area could also be accessed.
- The building was locked and patients accessed the building through an intercom system answered by the service.
- Staff were trained in how to use the equipment such as the ultrasound machine. The service used an external company to ensure all equipment safety testing and servicing was maintained. We reviewed documents that showed that the equipment had been serviced annually in line with the manufacturers guidance.
- The registered manager completed monthly quality assurance tests on the equipment to ensure that it was working correctly. We looked at monthly checks from May 2018 to January 2019 and saw these had taken place.
- The service had a fire risk assessment in place provided by the owner of the building, this had been completed in 2010. An emergency plan was in place and evacuation process in the event of a fire. A fire extinguisher was in place within the service.
- Staff completed fire, health and safety training which was up to date.
- Staff could describe what action they would take in the event of an emergency.
- The service ordered their own consumables and stored them appropriately. We checked expiry dates on some consumables and found these to be in date.

- A first aid kit was accessible at the service.

Assessing and responding to patient risk

- **Staff completed risk assessments for each patient.**
- The service had a booking scan policy which identified that they were required to speak with the pregnant woman prior to booking a scan. This allowed staff to complete a risk assessment to ensure that the scan was appropriate to take place.
- On the website it provided information regarding the safety and usage of ultrasound scans. The staff member discussed the safety aspects and would stop scanning at certain points within the appointment when not necessary.
- Scan times and machine output were kept within recommended guidelines set by British Medical Ultrasound Society. The staff member discussed that they would bring back patients if it was difficult to scan on the day rather than scanning for a longer period on one day. We saw that one person was asked to attend on a further day due to the position of the baby.
- Each pregnant woman completed a consent form, within the form it documented that they were required to continue to attend their NHS scans as part of their maternity midwife. We observed the staff member scanning several women who told them they were required to continue this care.
- A policy was in place for any unexpected findings. Processes were in place for any abnormalities such as no detection of a fetal heartbeat. A report was completed following the baby scan and staff would advise patients to show the report to the health professional. The staff member told us of incidences where they had contacted the early pregnancy unit and GP following unexpected findings.
- Staff completed resuscitation training which was up to date. Staff could describe the processes they would undertake such as contacting the emergency services if required. These included situations where an individual may become unwell at the location.

Staffing

Diagnostic imaging

- **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.**

- There was one sonographer who performed scans at the service, one of the co-owners worked as the receptionist at the same time. This ensured that staff did not work on their own.
- No other staff worked at the service, the service was closed when the sonographer was not available for work.

Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to staff providing care.
- Bookings were recorded in an appointment diary and stored securely on site.
- Each person received a record of the baby scan including specific measurements such as femur length, head and abdominal circumference. Additional comments could be added by the sonographer.
- A paper copy of the report and consent form were stored safely and securely. No computerised records were kept. A process was in place for the destruction of records after two years.
- Baby scan images were removed from the machine every month and stored onto a disc which was locked away securely.
- Staff had completed data security training which included confidentiality and information governance. A medical records policy was in place that detailed how to secure and store confidential information.

Medicines

- The service did not need to use medicines; therefore, no medicines were stored on site.

Incidents

- **There was no process or policy in place to record incidents or accidents that occurred.**

- Staff could describe incidents and felt they would raise concerns if any occurred. There was no incident or accident book to formally record any issues raised. The registered manager told us that they did not have any clinical incidents from November 2017 to November 2018.
- The service acknowledged that there was no process to record incidents, we raised this at the time of inspection and the provider identified that they would develop one.

Are diagnostic imaging services effective?

We do not currently rate diagnostic imaging services for effective.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance.**
- Staff were aware of current guidance and completed scans in accordance with legislation, standards and evidence based guidance. Staff could articulate and explain evidence based guidance.
- The registered manager referred to guidance provided by Society and College of Radiographers and British Medical Ultrasound Society.
- We saw evidence that the registered manager attended national conferences about ultrasound practice.
- The service had nine policies and protocols, these included; booking scan appointments, complaints, consent, equality and diversity, fire, infection prevention, medical records, safeguarding and unexpected findings. Although not all policies were referenced to reflected that they were based on current and national guidance.

Nutrition and hydration

- **Staff gave individuals attending the service drinks to meet their needs.**

Diagnostic imaging

- Staff had access to a kitchen to offer hot and cold drinks to patients and family members. We saw that people were provided with refreshments when required.
- A fridge was accessible in the waiting area for people to use.

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**
- The service did not provide a treatment to patients which enabled them to measure patient outcomes. However, the service did complete audits and quality assurance tests to ensure that they provided the appropriate standard to patients.
- The service collected patient feedback to ensure that they provided the correct level of care.
- At the end of each month the registered manager would review the images held on the ultrasound machine to ensure they were an appropriate quality.

Competent staff

- **The service made sure staff were competent for their roles.**
- Sonographers do not have a protected title and are therefore not required to be registered with the Health and Care Professions Council. However, the registered manager was registered and also on the voluntary register for sonographers.
- Professional practice and knowledge was updated regularly, in line with best practice. This was achieved by keeping up to date with evidence based practice and attending relevant training.
- The staff member was an experienced sonographer and had completed further training in breaking bad news to support patients with unexpected finding from the scan.
- No appraisals were required to be undertaken.

Multidisciplinary working

- **Staff worked together as a team to benefit patients.**

- Information and referrals were available at the service to facilitate contact with other relevant agencies such as the early pregnancy units and safeguarding team.
- Staff told us they had contacted patients' GPs and sent information to them when required.

Seven-day services

- The service was primarily open one day at a weekend and in the week when required.

Health promotion

- Patients were informed that they were required to continue to keep their own NHS maternity appointments.

Consent and Mental Capacity Act

- **Staff understood their roles and responsibilities under the Mental Capacity Act 2005.**
- Consent was gained by the individual before the ultrasound test. We saw that consent was discussed by staff and patients signed a legal disclaimer form which identified they had given verbal and written consent for the scan.
- The service had a consent policy. This detailed information regarding children under 16 and how to ensure they had sufficient understanding to provide consent. Staff could articulate the guidance and how to apply it.
- Staff did not complete mental capacity training.
- The service did not have a mental capacity policy.

Are diagnostic imaging services caring?

Good 

This was the first time we have rated this service. We rated it as **good**.

Compassionate care

- **Staff cared for patients with compassion.**
Feedback from individuals confirmed that staff treated them well and with kindness.

Diagnostic imaging

- The environment ensured patients' privacy and dignity was maintained. We saw that staff ensured that people were comfortable and maintained their privacy during the scan.
- We saw that staff took their time to interact with people in a compassionate, respectful and considerate way. They spoke in a manner and way that the family could understand.
- We spoke with people attending the service who were happy with the care provided. One individual said that they could tell the sonographer enjoyed their role and was experienced. Another said that staff made the scan feel more personal to them and relaxed.
- Feedback was captured by the service on a regular basis. We were told that the feedback was reviewed to identify any areas of improvement that were required, or particular areas of satisfaction. All the feedback was positive and included praise about the sonographer and the person-centred way they provided the care.
- We saw feedback which included, 'fantastic experience', 'friendly' and 'very informative'.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- We saw that staff supported people during the scans and provided assurances. Staff talked to families during the scan and put them at ease.
- Staff had been trained in breaking bad news to support people who attended the service. We were told by staff of examples when they had discussed with families' anomalies seen on the scan and supported them to attend NHS professionals.
- A sonographer's role supports medical and midwifery staff to provide an accurate diagnosis. It is not the role of the sonographer to provide a diagnosis from an ultrasound scan. The sonographer told us and showed us examples where they had told people they were required to contact their midwife due to anomalies found.

Understanding and involvement of patients and those close to them

- **Staff involved people and those close to them in decisions about their care.**
- We saw that people were involved in their care throughout the consultation and scan. Staff explained and ensured that the individual understood any risks and findings of the scan. They were encouraged to ask questions throughout.
- Families attending the service also commented that staff involved them and explained the process in a way they could understand.
- Written information was provided to people regarding the findings on the scan; this could then be shared with other health professionals in their care if they wished.
- Staff explained any measurements of the baby they were taking and discussed baby development with the family.

Are diagnostic imaging services responsive?

Good 

This was the first time we have rated this service. 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.**
- The service provided private ultrasound scans for individuals requiring extra scans outside of their NHS care.
- The environment was appropriate and patient centred with comfortable seating and access to facilities such as toilets. The rooms were spacious and allowed for several family members to attend. Children could also attend the scan along with their parents and there were toys to occupy them.
- There was local access to the service by car or public transport with dedicated parking areas.

Meeting people's individual needs

Diagnostic imaging

- **The service took account of patients' individual needs.**

- Individual needs were discussed on the telephone when booking the scan. People with a disability were encouraged to bring someone along with them to support them if required.
- The building was accessible for wheelchair users. The service was on the first floor and there was access to a lift and downstairs toilet facilities if needed.
- Leaflets and cards were available at the service for individuals to read or contact. These included Cleft Lip and Palate Association and Antenatal Results and Choices Charity.
- A large television screen was used to view the ultrasound scan. This made viewing the image easier and more comfortable for the family.
- No translation services were available at the service, however staff told us that individuals did not use the service who would require translation services. Staff had access to the internet to translate words and were aware of certain words in different languages that could be used. This meant that it could not provide assurances that the correct translation services were used.

Access and flow

- **People could access the service when they needed it.**

- Flexibility around appointments were discussed at the initial telephone booking to ensure an appropriate time was scheduled.
- The service performed 600 scans between November 2017 to November 2018.
- There were no cancellations or waiting list for the service.
- We saw that appointment times were kept to time. Staff told us that they would keep people informed if there was a delay to their appointment time.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously and investigated them.**

- The service received zero formal complaints between 1 December 2017 and 30 November 2018. Although the service had not had any complaints, the registered manager identified they would use any complaint as an opportunity to learn and improve.
- The registered manager was the lead to deal with complaints. They were aware of their responsibilities and would complete any official complaints.
- The service had a complaints policy which identified who to complain too and the code of practice.
- We saw documents at the service informing people they could complain and who to. These were in the waiting area where people would see them.
- We saw that two constructive comments had been left in the feedback book where improvements could be made to the service. Changes were made to reflect the comments, these included subscribing to various magazines to provide a variety of reading materials for people attending the service.
- The service received 118 compliments between November 2017 and November 2018. Staff completed a client satisfaction survey monthly and reviewed the findings.

Are diagnostic imaging services well-led?

Requires improvement 

This was the first time we have rated this service. We rated it as **requires improvement**.

Leadership

- **The registered manager for the service had the right skills and abilities to run a service providing sustainable care.**
- The owner was the only individual providing care at the service. They completed a variety of roles, these included registered manager and had overall responsibility of the service. The designated CQC registered manager had been in post since 2015, when the service was registered with the CQC. They understood their role and responsibilities and undertook these.

Diagnostic imaging

Vision and strategy

- **The service had a vision for what it wanted to achieve and plans to turn it into action.**
- The service had a clear vision and a set of values, these included treating people in an appropriate way and working together to provide the best quality care. A mission statement was in place and an aim to deliver the highest standard of quality care.
- The registered manager was aware of what they wanted to achieve for the service. They had no plans to increase or expand the service and were focused on the quality of the service they provided.
- We saw the registered manager regularly received feedback from patients to review the service that was provided.

Culture

- **The manager across the service promoted a positive culture, creating a sense of common purpose based on shared values.**
- We saw during our inspection there was a positive culture, staff were passionate and proud about the service they provided.
- Feedback we reviewed all spoke positively of the registered manager and their ability to perform their role.
- The service had an equality and diversity policy in place. Part of their values identified to be transparent, open and honest with the people using the service. We saw that staff explained their role were transparent about the service they provided.

Governance

- **The service had limited systems in place to improve service quality and standards of care.**
- We reviewed the nine policies and protocols used by the service, these contained various amounts of information. Not all the policies were referenced with current and national guidance, for example the safeguarding policy did not specify who they would report to if they needed further support from a

professional with level three training. In addition, there was no evidence of a robust review process of the protocols in use and there was no evidence of a review date on the protocols.

- Some audits were undertaken to review the effectiveness of the service provided and ensure that systems were working effectively. These included infection control audits and quality checks with the ultrasound machine. No hand hygiene audits were undertaken.
- As the service was provided solely by one person the registered manager would review the ultrasound photographs informally to review the quality. No reviews of competence or review of records were completed by another competent practitioner to ensure that standards of care were maintained.
- The registered manager was the lead for governance and quality monitoring. They were clear on their role and responsibilities for the position.
- Disclosure and Barring Service documents had been completed.

Managing risks, issues and performance

- **The service was aware of risks but did not have a system in place to document them.**
- The sonographer told us that at times they had provided diagnoses at times to individuals using the service. They were clear that the individuals was required to contact and attend their NHS health professionals afterwards. The service kept copies of the ultrasound scan report with anomalies found. The consent forms signed prior to the scans identified that the sonographer was not searching for fetal abnormalities, however if any were found during the scan they would be informed of the abnormality.
- The service had two policies which identified issues associated with risk, these included unexpected findings with people's scan and fire policy. However, the risk assessment associated with the fire policy that had been completed in 2010 by the owner of the building. We raised this with the registered manager who told us they would review the risk assessment that was in place.

Diagnostic imaging

- The registered manager felt that as a lone provider they were aware of any risks associated with their service and these were not populated into a formal document. They could tell us how they would manage expected and unexpected risks and issues. We raised this at the time of inspection and the manager told us that they would formulate a document that identified risks or incidents that occur.

Managing information

- **The service collected and used information to support all its activities, using secure electronic systems.**
- The ultrasound machine was locked and could not be accessed without the correct authorisation.
- The service had policy in place regarding confidential and secure processing of information held about patients. Records were stored safely and the service had a contract in place for storing confidential documents at an appropriate location for the duration time required.
- Terms and conditions for the service being provided were discussed at initial consultation on the telephone and when attending. The website also provided information regarding minimum charges for the scan.

Engagement

- **The service engaged well with people to plan and manage the service.**

- Continuous feedback was requested from people using the service, this included monthly feedback evaluations. We saw that individuals were asked their thoughts at each consultation and requested any comments that could improve or change the service.
- We saw that the service responded to any comments made to improve the quality of the experience.
- There was no active promotion of the service and individuals returned to the service or were recommended by others. We spoke to people using the service who corroborated this information too.
- The service had over the past year visited local mother and baby companies talking to expectant parents about ultrasound scans and how they were completed.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- Staff took time out to review processes and objectives. The registered manager continued to attend study days to keep up to date and knowledgeable. They remained registered with the Health and Care Professions Council even though this was not a requirement for this role.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The service should ensure that staff work within the remit of their role and not provide diagnoses as part of the scan. (Regulation 18)

Action the provider **SHOULD** take to improve

- The service should ensure that they have systems and processes in place to review policies ensuring that they contain all relevant content, are up to date and current.
- The service should ensure that they have systems and processes in place to review risks and incidents.
- The service should review how they ensure the standard of care is maintained as a lone provider.
- The service should have access to approved translation services.
- The service should ensure they have a Mental Capacity Act policy in place.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
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Regulation 18 HSCA (RA) Regulations 2014 Staffing

(2) Persons employed by the service provider in the provision of a regulated activity must-

(a) receive such appropriate support, training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform.