Mr David Gerard Penman

Fetal Medicine UK at Hempstead Therapy Centre

Inspection report

28c Hempstead Valley Shopping Centre
Hempstead
Gillingham
ME7 3PD
Tel: 07880701732

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated this location as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to women and kept women comfortable during scans. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women and had access to patient information. Key services were available six days a week and extended days when required.
- 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 families.
- The service planned care to meet the needs of local people, took account of women' 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 a scan.
- Leaders ran services well using reliable information systems. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women to plan and manage services and all staff were committed to improving services continually.

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 as good because it was safe, caring, responsive and well-led. We do not currently rate effective in diagnostic imaging. Details in overall summary section.

Summary of findings

Contents

Summary of this inspection

Background to Fetal Medicine UK at Hempstead Therapy Centre

Fetal Medicine UK at Hempstead Therapy Centre is operated by Dr David Gerard Penman. The service opened in February 2022. The service provides pregnancy ultrasound examinations and non-invasive pregnancy testing to self-funding women in Gillingham, Kent and surrounding areas.

Dr David Gerard Penman is a consultant obstetrician and gynaecologist and fetal medicine specialist, providing a range of baby scans. This includes viability/reassurance, gender, early and late growth, wellbeing and anomaly scans with the options for 3D and 4D imaging.

Dr Penman is the registered manager for the service. Dr Penman was also the sonographer and has responsibilities for the oversight and day to day running of the clinics. He performs all the scans himself and employed one full-time personal assistant.

The service occupies one large room on the ground floor within a unit, situation in a shopping centre that is hosted by another independent business; the room is dedicated for ultrasound scans only. The main entrance to the unit had a reception area that sits opposite the scan room.

The location is registered to provide the following regulated activities:

• Diagnostic and screening procedures

A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have legal responsibility for meeting the requirements set out in the Health and Social Care Act 2008. The service has had a registered manager since February 2022.

This location registered with the Care Quality Commission in February 2022 and this is its first inspection. We carried out a planned comprehensive short notice announced inspection on 17 May 2022 to make sure we had access to the service and key staff.

Services provided under service level agreement included:

• Clinical and non-clinical waste management

• Maintenance and service of medical equipment

How we carried out this inspection

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a team inspector with expertise in radiography. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

During the inspection visit, the inspection team:

Summary of this inspection

- visited the room and surrounding environment.
- observed how staff were caring for women.
- spoke with the registered manager who was also the sonographer and owner.
- spoke with administrative staff.
- spoke with a woman and their partner who were using the service.
- reviewed five scan records.
- looked at a range of policies, procedures and other documents relating to the running of the service.

After the inspection visit, the inspection team:

- reviewed further service information such as performance, training compliance, audits, policies and feedback from women.

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.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic and screening services

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Diagnostic and screening services safe?

Good

We rated safe as good.

Mandatory training

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

Staff received training in various subjects relevant to their role and kept up-to-date with their mandatory training. Mandatory training was a mixture of face to face training and e-learning. Practical sessions included life support and manual handling.

The registered manager ensured they and their personal assistant had completed mandatory training. The mandatory training was comprehensive and met the needs of women and staff.

The registered manager used electronic diary to remind themselves and their personal assistant at least six weeks prior to mandatory training expiring to help ensure they completed training within required timescales.

Both staff could access required training in a timely manner and were given time to complete training when required.

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.

Staff received training on how to recognise and report abuse, and they knew how to apply it.

There were systems, processes and practices to keep women safe from abuse.

The service had three versions of safeguarding policies for adults at risk; one version was from a previous location, the second and third was written by the host provider and an external agency. We raised this with the registered manager who took immediate action to provide us with this service's version. There was a safeguarding policy for children and young people at risk, even though the service only provided scans to women aged 18 and above.

There were in date policies on female genital mutilation and PREVENT where people at risk may potentially be exploited for terrorist purposes.

All the policies provided information about what constitutes abuse and had clear processes for staff to follow in the event of identifying a concern of abuse and raising a concern. They included contact details for the police, local social services and a contact number for advice relating to safeguarding concerns.

The registered manager was the safeguarding lead. They also held the role as sonographer and had completed level 3 safeguarding adults and level 2 safeguarding children and young people training.

The service had no safeguarding concerns in the three months prior to inspection.

Staff had valid and up-to-date disclosure and barring service (DBS) checks; enhanced for clinical staff and non-enhanced for non-clinical staff.

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.

All areas were visibly clean and tidy.

The service had adequate personal protective equipment (PPE) such as disposable masks, aprons and gloves.

The service had an infection control and prevention policy and a hand hygiene policy that were in date. These were adapted and aligned to national COVID-19 guidance. Staff followed the infection control and prevention principles including the use of PPE.

The registered manager cleaned equipment such as the scanning couch, abdominal ultrasound and trans-vaginal scan probe, with suitable cleaning wipes after every use to prevent the spread of infection. They explained they would place a sheath cover over the trans-vaginal probe prior to use. This aligned with the service's infection control and prevention procedures and manufacturer guidance.

General and deep cleaning of the environment was carried out by an external cleaning company as part of the service level agreement with the site host.

Staff were bare below the elbow. This helped prevent the spread of infection from clothing that could be contaminated and allowed them to wash their hands thoroughly.

The registered manager washed their hands before and after patient contact. This was in line with the World Health Organisation's five moments of hand hygiene.

The scan room had a handwashing sink with lever operated taps which met the standard required by Health Building Note 00:03 Designing generic clinical support spaces. Taps should be lever or sensor operated as this means they can easily be turned on and off without staff contaminating their hands.

Good

Diagnostic and screening services

The registered manager told us they continued to keep up-to-date of COVID-19 developments and made sure to adapt the service's guidance to align with any national guidance. The service worked closely with the site host to implement COVID-19 guidance and continued to undertake appropriate cleaning of their premises with attention to contact surfaces.

Records from February to May 2022 showed the service had completed a daily infection and prevention control checklist.

The service continued to advise women to wear a face mask when attending their appointment, including the person accompanying them. There were hand sanitising gel dispensers located in the main entrance and at relevant locations in the premise. Staff used the hand sanitising gel appropriately.

In the three months before this inspection, the service had no incidences of healthcare acquired infections.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities and equipment to meet the needs of women. The main entrance to the service was on the ground floor. The scan room was located on the ground floor which the service rented as part of an entire unit that was shared with the site host. The service shared a waiting room with the site host and a receptionist employed by the site host manned this. Entrance to the reception and all relevant areas had step free access and were wheelchair accessible.

There was good lighting in the scan room and when dimmed ultrasound scans could be seen clearly.

The service procured all medical equipment and had a service level agreement with the site host to provide non-medical equipment.

All equipment was well maintained. There was one ultrasound scanner in the scan room and this was password protected.

The registered manager carried out daily safety checks and monthly quality assurance checks on specialist equipment. The checks were to monitor the safety and performance of the ultrasound equipment and that information obtained in a clinical ultrasound procedure was accurate and clinical practices were safe.

There was a service level agreement with an external company for the equipment maintenance, service and repair. Equipment faults were reported to the technical support team. The registered manager told us the team was responsive when contacted and the company completed repairs with minimal disruption to the service.

The service did not require resuscitation equipment. Staff would call 999 in the event of an emergency.

All fire exits were clearly signposted and easily accessible in the event of a fire requiring evacuation. Fire extinguishers were accessible and appropriately stored. Records showed the fire extinguishers were inspected and serviced within the last 12 months. The registered manager completed fire safety training which formed part of the mandatory training modules.

Good

Diagnostic and screening services

The registered manager handled clinical and non-clinical waste in a way that kept people safe. The service used a colour coded system to separate and dispose waste. Waste was stored in secure, colour coded bins which met the required standard of the Department of Health and Social Care Health Technical Memorandum 07-01. Records showed an approved contractor collected the clinical and non-clinical waste on a weekly basis.

Assessing and responding to patient risk

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

The service had clear processes to follow and the registered manager escalated any unexpected or significant findings during a scan. They would redirect women who were experiencing pain or bleeding to their local NHS team as part of their maternity pathway.

Staff reviewed and updated risk assessments for each woman via the self-referral booking forms. All women seen at the service had referred themselves. Women were asked to complete their demographic information and reasons for a scan at the booking stage. The booking form included details of the type and purpose of the scan and prompts to ensure risks and any special needs were identified. This was to ensure the type of scan was appropriate for the investigation or examination required.

The sonographer used the Society of Radiographers 'Pause and Check' system to ensure that the right patient received the right scan at the right time.

Most of the self-referred reasons were due to previously experienced miscarriages. The sonographer shared key information to keep women safe when handing over their care to others. They made rapid referrals when they found concerns about a woman's health and provided women and their GPs a copy of the referral.

Staff would call 999 in the event of an emergency.

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. The service regularly reviewed and adjusted their availability for booked appointments. The service did not use any bank, agency or locum staff.

The service was led by the registered manager who was also the owner and sonographer. Their time was shared between clinical practice and non-clinical responsibility.

The service shared the reception area with the site host. The site host employed the receptionist who manned this area.

The registered manager was a sonographer, consultant gynaecologist and fetal medicine specialist who worked in a local independent hospital. They had access to the independent hospital for clinical advice and support to review scans that showed unexpected findings.

The service employed a personal assistant who regularly planned and adjusted the sonographer's availability for the number of women booked for scans. The receptionist provided support as a chaperone during an ultrasound scan, if required.

Good

Diagnostic and screening services

The service made sure all staff had a Disclosure and Barring Service (DBS) check before starting their employment at the location. All staff had an up-to-date DBS check.

The service did not use any bank, agency or locum sonographers.

Records

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

The service had an up-to-date information governance policy that included data retention. The registered manager was the information governance lead.

Staff kept comprehensive patient notes which were clear, up-to-date, stored securely and staff could access them when required.

The service had an electronic booking system and received self-referral booking forms electronically via their website. Electronic booking forms included relevant information such as patient details, the type of scan and the day and time of scan selected.

The registered manager kept electronic scan images and scan reports securely on a password protected scanner and computer. We saw they locked the computer by password when not in use.

The service provided a copy of the scan image(s) on a CD and a printed copy, along with the scan report to women at the end of the scan. They also sent a copy of the scan report to the women's GPs.

The service used a nationally recognised fetal medicine electronic records database for reporting diagnostic findings of women and to their GPs. Scan images with clinical measurements were stored on DVDs that were kept in a secure safe at the registered manager's home, in line with relevant information security guidance.

Incidents

The service knew how to raise and manage patient safety incidents should they occur.

The service had an incident policy that was in date. The policy outlined the various incidents that would result in harm and detailed staff responsibilities to report, manage and monitor incidents. The registered manager could seek independent review of incidents if required. Staff used a paper-based form that could be used to report an incident.

The service had no incidents or never events in the three months before this inspection.

The sonographer could clearly describe what would constitute an incident or a never event. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systematic protective barriers, are available at national level, and should have been implemented by all healthcare providers.

The service had no notifiable safety incidents that met the requirements of the duty of candour regulation in the three months before this inspection. 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.

Good

Diagnostic and screening services

The registered manager understood the duty of candour. They explained the process they would undertake if they needed to implement the duty of candour, in line with the requirements.

Are Diagnostic and screening services effective?

Inspected but not rated

We do not currently rate effective in diagnostic imaging.

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice, and staff followed guidance.

Local policies and procedures were in line with current legislation and national evidence-based guidance from professional organisations, such as the National Institute for Health and Care Excellence (NICE), the Society of Radiographers and the British Medical Ultrasound Society (BMUS).

The service had policies and procedures to follow in providing care and sought independent advice to ensure they reflect national guidance. Six of the eight policies and procedures we reviewed did not have a review date. However, when we raised this with the registered manager, it was evident that the content of the guidance remained relevant. The registered manager took immediate action to review the guidance and added the review dates.

The service offered pregnancy scans such as reassurance scans (from early pregnancy right through to term), in line with royal college and professional society guidance. The service made sure that women understood their pregnancy scans are supplementary to, and not a replacement for NHS maternity care.

The service carried out audits yearly to assess clinical practice in accordance with local and national guidance, such as ultrasound imaging audits. They used a nationally recognised external provider to conduct a yearly audit of the ultrasound images. In the last three months, the service carried out 299 scans and 2% of the scans were audited in February 2022. The audit results did not identify any concerns that required actions.

Patient outcomes

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

The registered manager monitored the standard of scan reporting and image quality and made sure they carried out yearly checks. This included information about the number of scans completed including the number of re-scans and referrals made to other healthcare services. This enabled the service to benchmark themselves against their own practice at a local independent hospital to ensure they achieved quality and consistency in the scans they performed.

There was an independent review system that looked for trends at accuracy and quality of scan images and reports. A review in the last six months showed consistent quality images with good measurements. The registered manager also sought reviews from peers at a local independent hospital when required.

Good

Diagnostic and screening services

The registered manager used results from monitoring information to improve women's outcomes such as women's experience and their health and safety. This included making sure women were not persuaded to have multiple scans that would not have given them any more information than they already had.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff work performance and provided support and development.

Staff had completed a structured induction programme, including the use of equipment and office systems. The registered manager had completed their induction programme as part of working in a local independent hospital.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. The registered manager, as the sonographer carried out ultrasound scans and was closely reviewed by the nationally recognised Fetal Medicine Foundation. They were highly skilled and was a qualified gynaecologist and specialist in fetal medicine. They spent 33% of their time in clinical practice at the local independent hospital and was appraised in February 2022, in line with national medical practice. Records we checked confirmed staff appraisals were up-to-date.

The sonographer also received professional updates as part of their clinical practice at a yearly fetal medicine conference.

Staff employed by the site host had completed training to carry out the role of chaperones.

Multidisciplinary working

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

The registered manager and administrative staff worked well together and communicated effectively to benefit women and their families. Staff told us they worked well as a team and provided each other with support when required.

The registered manager communicated with women's GPs to ensure they are kept informed of scan results.

Sometimes the sonographer would have to give women bad news about their pregnancy. When this happened, the sonographer would ring the woman's GP and local hospital obstetric department to discuss the findings. This made sure women had rapid follow up with their NHS maternity team.

The service worked well with other external partners such as the independent local hospital they worked at and the Fetal Medicine Foundation.

Seven-day services

Services were available to support timely patient care.

The service did not need to be delivered seven days a week to be effective, as it was not an acute service and did not offer emergency tests or scans.

Appointments were made available according to demand. The service was typically operational half days Monday, Thursday, Friday, Saturday and full days Tuesday and Wednesday. Administrative support was available from 9am to 6.30pm Monday to Saturday.

Good

Diagnostic and screening services

Women booked appointment for scans using the provider's online booking system available on their website. The online booking forms allowed women to select the day and time of their preference and they received an instant confirmation of the appointment booking. The service had also allocated urgent and same-day appointments if required.

Health promotion

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

The service provided information to women about the scan, what the scan entailed and what was expected prior to a scan, through the service's website.

There were information promoting healthy lifestyles and support in the waiting area.

Women were advised to contact their NHS maternity unit immediately if they thought their baby's movements had changed and/or reduced. This was in line with national recommendations, NHS England, Saving Babies' Lives: A care bundle for reducing stillbirth, February 2016.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their scan.

Women completed an informed consent form, which asked women to indicate the outcome of their Harmony prenatal test. This involved the registered manager to carry out the blood test. This blood test gives a strong indication of whether the fetus is at high risk of having Trisomy 21 (Downs syndrome) Trisomy 18 (Edwards syndrome) or Trisomy 13 (Patau syndrome). The test can be performed in women carrying one or two foetuses at any stage in their pregnancy from 10 to 32 weeks.

The service gained valid consent from women during their booking of the scans, in line with national legislation and guidance.

We saw the sonographer explaining the scan procedure to women. They recognised and respected a patient's choice if they decided not to have a scan after arriving for an appointment.

The sonographer had knowledge of the requirements of the Mental Capacity Act 2005. They had received training as part of their mandatory training programme. During this inspection, there were no women who lacked capacity to make decisions in relation to consenting to treatment. The service had not received booking from a woman who lacked capacity to make decisions about the scanning procedure.

Staff were up-to-date with mandatory training on the Mental Capacity Act 2005. Staff showed an understanding of mental capacity and what actions to take if they had concerns about a patient's capacity. They knew how to support women who lacked capacity or experiencing mental health issues to make their own decisions.

Good

Diagnostic and screening services

Are Diagnostic and screening services caring?

Good

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.

We saw the sonographer interacted positively with women and their partners. They spoke with women sensitively, discreetly and according to their individual needs.

The sonographer had a friendly, professional approach and they put women at ease. They introduced themselves by name and explained each stage of the procedure before and during the appointment.

Staff followed policy to keep women's care and treatment confidential. The sonographer made sure they carried out scans in a way that protected women's privacy and dignity. They kept the door to the scanning room locked during the scan and women were covered throughout to ensure women's privacy and dignity was maintained.

Most women's partners accompanied them during the scan. The receptionist acted as a chaperone if required. Women were happy with the way staff engaged with them and the information given to them before, during and after the scan.

Feedback from a woman and their partner during the inspection and all written feedback we reviewed about the service confirmed staff treated women well and with kindness. Comments included, "we are pleased with the efficiency of the service and standard of care we received, we felt supported when booking an appointment, felt assured after the scan and had a very pleasant experience", "a massive thank you, you made the whole process much less daunting and reassured us every time we needed it", " you're very kind and knowledgeable, we're very lucky to have such a person close by", "thank you again, all my scans have been brilliant, thorough and very informative – cannot fault the professional standards".

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it. We saw the sonographer was reassuring to women and comforting throughout the scan. They kept women well informed of how the scan was progressing.

Women were also given an opportunity to ask questions during the scan and in the consultation after the scan. The sonographer talked to women during the scan; this helped to manage the women' anxiety. They demonstrated a calm and reassuring manner to lessen any anxiety in nervous women.

Staff felt recognising and providing emotional support to women was an important aspect of the work they did. They allowed enough time for every appointment and would stay late to scan a patient at short notice if required.

Good

Diagnostic and screening services

The service offered women ongoing support after an appointment and after discussion to meet their emotional needs. The sonographer would refer women to a professional psychoanalyst specialising in the field of pregnancy if required.

Staff understood the emotional and social impact that a woman's care, treatment or condition had on their wellbeing and on those close to them. Women received bereavement counselling from an external agency if required. The service had access to written information to give to women who had received difficult news. The sonographer would arrange appropriate follow-up care where appropriate.

Understanding and involvement of women and those close to them

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

Staff made sure women and those close to them understood their care and procedures. They communicated in a way that women and those accompanying them could understand. Staff adapted the language and terminology they used when performing the scan. The woman and their partner we spoke with told us they had received information in a way they understood.

Women and their partners felt they were fully involved in their care and were given the opportunity to ask questions throughout their appointment. Staff took time explaining procedures to women before and during ultrasound scans and made adequate time for women and their partners to ask questions. The service welcomed partners to be present with women for the scan.

The service encouraged women to contact the service if they had any concerns. Women could recontact the service to clarify their understanding of results and discuss options available to them after an appointment.

Staff supported women to make informed decisions about their care. The service made sure they informed women about the different scans available and the costs associated with them. Detailed information including costs, terms and conditions were clearly shown on the service's website.

Women gave positive feedback about the service. All the feedback we reviewed were very positive. Women and their partners were also able to leave feedback on social media platforms, which the registered manager frequently monitored. We found the service was highly rated (five stars), with positive feedback.

Are Diagnostic and screening services responsive?

Good

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.

Staff planned and organised appointments to meet the changing needs of women who used the service. Women could access services and appointments in a way and at a time that suited them. Women were also able to book appointments during school hours if they had difficulties with childcare arrangements.

Good

Diagnostic and screening services

Information about services offered at the location were accessible online. The service offered a range of ultrasound scans for pregnant women such as wellbeing, viability, growth, presentation, and gender scans. Women received relevant information about their ultrasound scan when they booked their appointment. This included whether they needed a full bladder and when the best gestation was (the time period between conception and birth) for their scan.

Women received a copy of the scan report and printed images. The service provided women with one of the images framed in a card for keepsake. The card also included contact details of the service.

Women were positive about the service they received. Many of them had used the service previously. Comments we reviewed from women showed the sonographer gave them their time and attention and explained the information and the details of the scan. They commented staff were very friendly and kind and this made them feel very comfortable.

Types of ultrasound scan were detailed on the service's website, clearly explaining costs and payment options to women when they booked their appointment online.

The service did not formally monitor rates of patient non-attendance. However, the registered manager reported there was a very low rate of non-attendance because the service requested a non-refundable payment on appointment booking. The service would refund payment immediately to women who suffered a miscarriage.

Meeting people's individual needs

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

Facilities and premises met the needs of the services that were delivered. The environment was customer centred and the scan room was large with ample seating and additional standing room for several guests, if required.

The scanning couch could accommodate a bariatric patient of up to 240 kilograms.

The service was located entirely on the ground floor with step-free access. There was a comfortable waiting area with water dispenser and accessible toilets with baby changing facilities.

The service had facilities to accommodate women who used a wheelchair or had limited mobility as the scan room was large and on the ground floor. The car park had adequate disability parking spaces.

Appointment times ranged from 30 to 45 minutes and this could be extended to suit individual needs if required.

The registered manager told us they would organise a translation service for women who did not speak English if required however there had been no request for this. The service had easy to read leaflets and large print information including braille available on request.

The service could direct women in need of additional support or intervention to other specialist services when required.

Access and flow

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

Good

Diagnostic and screening services

All women self-referred to the service. The service recognised women often preferred to use the internet, or a mobile phone application so offered different booking methods. Women could book their scan appointments in person, by phone, or through the service's website.

The service scheduled appointments from 30 to 45 minutes so only one woman was in the clinic at any one time therefore ensuring patient privacy and dignity. The ample appointment time also resulted in punctual appointments, with no delays in the clinic which we saw during our inspection.

Women did not wait long to have scans and could book for a scan within a day or two of request. The service kept one appointment slot free for urgent appointments each day.

The sonographer produced and shared diagnostic reports on the same day. They gave women a written copy of the report and sent a copy to women's GPs.

The registered manager carried out blood tests as part of the Harmony prenatal scan. They sent the blood samples immediately after each test to a blood laboratory. The service had a service level agreement with this blood laboratory to report blood results. The service monitored waiting times for the blood results and information confirmed that women received their results within seven working days of their test. The registered manager would discuss any concerns or delays with the laboratory if required.

Learning from complaints and concerns

The service had a process to manage complaints and concerns. Staff understood how to manage complaints and concerns, however the service had received none.

Women and relatives knew how to complain or raise concerns. The sonographer provided women with their contact details if they had any questions or concerns. The service's website also contained information for people on how to contact the service if they want to make a complaint or give a compliment. Women could also complain and raise concerns online through the service's website and on social media platforms.

The service encouraged to resolve any concerns or complaints locally. The service had received no complaints in the three months before this inspection.

The service's complaint policy was in date and outlined procedures for accepting, investigating, recording and responding to local, informal and formal complaints. It had clear and detailed actions for staff to follow if women wished to make a complaint.

The registered manager would investigate complaints and identified themes, in line with the service's complaint policy. They could seek independent review of the complaints if required.

The complaint policy confirmed that all complaints should be acknowledged within 72hours and resolved within 14 days. The service had subscribed to the Independent Sector Complaints Adjudication Service (ISCAS) and would direct women if they were dissatisfied with the response to their complaint.

Are Diagnostic and screening services well-led?

Good

Diagnostic and screening services

Good

We rated well-led as good.

Leadership

The registered manager had the skills and abilities to run the service. They were visible and approachable in the service for women and staff.

The registered manager led the service and had the skills and abilities to run the service. They understood and managed the priorities and any issues the service faced. They were also the registered manager and sonographer who managed the small clinic. They worked as a consultant gynaecologist and a specialist in fetal medicine and maintained their skills through continuing clinical practice in a local independent hospital.

The service was supported by one administrative staff who managed the booking of appointments and the site host receptionist.

The site host receptionist said that the registered manager was very friendly, approachable and effective in their role. They felt confident to discuss any concerns they had with them and could approach the registered manager directly should the need arise.

Vision and Strategy

The service had a vision for what it wanted to achieve and realistic plans to turn it into action.

The service had ambitions to keep their current services and widen the access to meet the needs of women in the local area. The registered manager monitored their demands and made sure to improve the quality of its service where there was a gap. For example, the service recognised the benefits of implementing an online appointment booking for women. They implemented this choice of booking as an additional option to women booking through the telephone and mail. Since its implementation, most of the appointments were made online since. Women had positively fed back how easy it was to use the system and the convenience of being able to do this at a time that suits them.

The service's vision and aims were to provide "care that counts" and support the health and wellbeing of pregnant women and their babies. Staff spoke passionately about these values. They understood them and knew how to apply them in their daily roles and responsibilities. This was shown from the many positive comments from women and no complaints.

Staff appraisals were also aligned to the service's values and staff received ongoing personal and professional development that were linked to their objectives.

Culture

Staff felt respected, supported and valued. They were focused on the needs of women receiving care.

The registered manager promoted a positive culture, creating a sense of common purpose based on shared values.

Good

Diagnostic and screening services

Staff were positive and happy in their roles and stated the service was a good place to work. They felt very valued and respected in their roles. Staff worked with compassion and pride and there was a calm and well-run atmosphere on the day of inspection.

Staff were proud of the provider as a place to work and spoke highly of the culture. Staff felt respected, supported and valued. The service had an open and honest culture. Staff felt able to raise concerns and issues to the registered manager. We saw staff discussed a relevant issue with the registered manager and site host manager who took immediate action.

There was a positive reporting culture and staff told us the service had a 'no blame' approach to incidents. Staff were supported and encouraged to learn from incidents.

Governance

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

The registered manager had overall responsibility for governance and quality monitoring. Staff were clear about their roles and understood what they were accountable for and to whom. The service had no complaints or incidents but staff would report governance matters such as these to the registered manager who would investigate them.

The service used peer review to audit the quality of the ultrasound image and reports. Records showed the service undertook a yearly audit which aligned with the provider's protocol.

The sonographer had the relevant certification required by the role. This was confirmed by their identification, professional qualifications and disclosure and barring service certificate.

Details of public indemnity insurance for this service was clearly displayed in the clinic.

The registered manager explained they would discuss and share any learning from incidents, compliments and complaints when required. Staff had daily opportunities to discuss and learn if required.

Management of risk, issues and performance

The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.

The service had arrangements with the site host for identifying and recording risks. They identified what the risk was, the severity level and action taken. There was a review date for the risks identified.

Risks identified included equipment failure and infection and prevention control that included COVID-19.

The service worked with all external providers to make sure service contracts were met. For example, the registered manager monitored clinical waste was safely disposed and in a timely manner.

The service had a clinic contingency plan with the site host to identify actions to be taken in the event of an incident that would impact the service. For example, extended power loss, severe weather events, short notice staff sickness and equipment failure. The contingency plan included contact details of relevant individuals for staff to contact.

Good

Diagnostic and screening services

Information Management

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

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There was an up-to-date information governance policy that included data retention. These outlined the service's requirements of managing women's personal information in line with current data protection laws, including the General Data Protection Regulations.

The service managed information securely. The computer used for storing appointments and clinical information related to the scan was password protected. The computer was locked when not in use so confidential information could only be accessed by those who had the authority.

The service retained scan reports for a period of 30 to 60 days in order that any issues following the scan could be rectified. This information was clearly detailed in the terms and conditions of the service. After this time, scan reports were archived.

The sonographer could review information from scan reports remotely to enable timely advice and interpretation of results when needed, to determine and inform patient care.

The website for the service provided information about the service and key contact details.

Engagement

The service engaged well with staff and women to plan and manage appropriate services and collaborated with the site host effectively.

The service enabled women to provide feedback online through their website, by email or by phone. All feedback the service received from women were positive.

The service did not routinely undertake staff satisfaction surveys as it only had one permanent employee which would not produce meaningful data. The registered manager operated an open-door policy and said there were frequent opportunities for the staff to comment on the service.

The service continually worked with local site host to make sure the facilities and environment suited the needs of women attending clinics.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well or wrong, promoting continual learning and training.

The registered manager provided examples of improvement or changes they had made to processes based on patient and staff feedback. This included improving the attendances at clinics by offering women a suitable appointment time to meet their needs.

Good

Diagnostic and screening services

The registered manager was committed to continually learn and improve services such as implementing the online appointment booking system. They encouraged open conversations about learning and made sure staff received relevant training if required. This included on-line and site based continuous professional training for personal and professional growth.

The registered manager attended the yearly Fetal Medicine Foundation conference to remain up-to-date with any advances in fetal medicine.