Pregnancy Ultrasound Ltd

Babyface4d New Road, Bromsgrove

Inspection report

8 New Road
Bromsgrove
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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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location improved. 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 did not have any safety incidents, although the staff knew how to respond to incidents.
- 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, families and carers.
- The service planned care to meet the needs of local women and made it easy for women to give feedback. Women 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 continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Our rating of this location improved. 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 did not have any safety incidents, although the staff knew how to respond to incidents. • 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, families and carers. • The service planned care to meet the needs of local women and made it easy for women to give feedback. Women 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 continually.

Summary of findings

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Summary of this inspection

Background to Babyface4d New Road, Bromsgrove

Babyface4d is an independent private diagnostic imaging service based in Bromsgrove, Worcestershire and is operated by Pregnancy Ultrasound LTD. The service provides ultrasound services to women over 18 years who pay privately for this service.

All scans performed at this service are as an addition to those taken at the NHS. The clinic specialises in different services such as 2D, 3D, 4D baby scans, early pregnancy scans, gender scans (fetal sexing), growth and well-being scans. The service also provides gender reveal celebrations or new-born photoshoots which are not within the scope of registration.

The service had one scan room, a waiting area, and a room for photos and keep sakes on the ground floor. On the first floor there was a quiet room for women to use if they received upsetting news, also on the first floor were storage rooms and an office.

The service was open four days a week, two days in the week and both days at the weekend. The opening times were 2-7pm during the week and 9-3pm at the weekends. However, the registered manager told us if there was an increased demand for the service, they would make more time available.

The service undertakes the regulated activity of diagnostic and screening procedures.

The service had a registered manager in place since June 2016.

At the time of the inspection the service had a registered manager who was also the sonographer, a sonographer assistant and two receptionists.

This service was previously inspected at another location in April 2019 and was rated as Requires Improvement overall.

How we carried out this inspection

We carried out an announced comprehensive inspection, looking at all five key questions. Is the service safe, effective, caring, responsive and well led.

During the inspection we observed two baby scans, with the consent of the women using the service.

We spoke with the registered manager and two staff. We looked at four staff files.

The inspection was carried out on Thursday 9 June 2022 by two inspectors, with offsite support of the inspection manager.

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

Outstanding practice

We found the following outstanding practice:

- The Registered manager ensured all scans were peer reviewed by an independent specialist midwife, and these scans were kept on file.
- The service developed a leaflet which identified promoting healthy lifestyles, examples: Healthy diet, foods to avoid, keeping well and exercise.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that satisfactory references are sought for all staff prior to employment.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

Our rating of safe improved. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training.

The registered manager/sonographer had completed training whilst working for an NHS trust, these training records were kept on their staff file. We checked all the staff's files and all training was in their staff files.

The mandatory training was comprehensive and met the needs of women and staff.

All staff completed fire safety training, difficult conversations, chaperone training, equality, diversity and inclusion, health and safety and safeguarding training for children and adults.

Managers monitored mandatory training and alerted staff when they needed to update it.

Records and electronic records reflected the date each staff member had completed their required training and the manager used this to arrange future training to ensure staff skills and knowledge were kept up to date.

Staff told us they were encouraged by the registered manager to identify any training they felt would benefit them in their role and they would be supported to undertake this.

Safeguarding

The registered manager understood how to protect patients from abuse and worked well with other agencies to do so. They had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse.

Good

Diagnostic imaging

The registered manager and staff had in-date Disclosure and Barring Service (DBS) checks which were completed and renewed regularly and in line with guidance

The registered manager received training specific for their role on how to recognise and report abuse. This included safeguarding children level three and safeguarding adults' level three. These courses were updated in line with national guidance. Administrative staff and sonographer assistance working in the service had completed adult and child safeguarding training level one which was appropriate to their role.

The registered manager knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The registered manger knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager had received training in how to recognise and identify vulnerable adults and children and described the reporting processes. There was an up to date safeguarding policy which referenced national guidelines and contained contact details for local authority safeguarding teams. No safeguarding alerts had been required in the previous 12 months.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff had a good understanding of how to protect women and knew how to identify different forms of abuse.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff knew how to raise safeguarding concerns and identified the registered manager as the safeguarding lead for the service.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The service had an infection control policy in place, which offered guidance to staff on how to clean different areas of the environment, equipment was observed to be clean.

The service performed well for cleanliness.

The waiting room and other communal areas were clean and tidy and free from clutter.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

During the inspection we looked at cleaning records. These identified when the areas were cleaned and what specifically had been cleaned.

The service had a hand hygiene policy in place and completed hand hygiene audits. These reflected the service was 100% compliant.

Staff followed infection control principles including the use of personal protective equipment (PPE).

There were face masks and hand gel in the waiting areas for women and family members to use.

Staff wore face masks. The scan room had a hand basin and the sonographer washed their hands before and after all scans, they also wore aprons and gloves when completing scans and all staff were bare below the elbow during the inspection.

The service had a good supply of personal protective equipment (PPE) located in the scanning room.

Staff used personal protective equipment when face to face with the women, this was also changed between each appointment. Staff continued to complete Lateral Flow Tests (LFT) twice a week as per national guidance.

The service had received a safety alert relating to the safe use of ultrasound gel and advised not to refill these. The service changed their practice in response to this guidance by replacing them once they were empty.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

The service ensured there was enough time between each appointment to give sufficient time for the equipment to be cleaned before the next scan took place.

Environment and equipment

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

The service had enough suitable equipment to help them to safely care for women.

The service had first aid equipment readily available and the sonographer was trained in first aid.

The service had suitable premises to meet the needs of the women and their families using the service. This included a spacious waiting room, scan room and toilet facilities. There was also a quiet room used if required to deliver difficult news, and for the women to have space to speak confidentially with staff.

Staff carried out daily safety checks of specialist equipment.

During the inspection we looked at the documentation for equipment safety checks and found they were up to date. This included the scan machine quality assurance/ guidance procedure, servicing of the scan machine, Portable Appliance Testing (PAT), alarms and fire service certificate and policy and fire extinguishers safety checks. Staff whose role involved using the equipment received training to ensure they were safe to do so.

The service had risk assessments in place and staff were able to demonstrate their understanding of these during the inspection

The ultrasound scanners were regularly audited by the sonographer.

The service ensured that machine checks were completed daily.

Staff disposed of clinical waste safely.

Good

Diagnostic imaging

The service had a clinical waste contract, clinical waste was collected every four weeks. Clinical waste was kept upstairs in an area not accessed by patients; this was stored in a locked cupboard in a locked room.

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.

Staff responded promptly to any sudden deterioration in a patient's health.

The sonographer had first aid training and staff were aware of the procedure to call 999 to support the women in an emergency if needed.

During the inspection we observed that the service had a women's health risk assessment and clear pathway if any abnormalities were found.

Sufficient information was obtained from the woman prior to their scan. For example, allergies and number of weeks pregnant, this was completed electronically.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

The service asked women to complete information prior to their appointment. This covered personal information and NHS scan dates.

Staff knew about and dealt with any specific risk issues.

Staff identified potential risks with the women's pregnancies and took appropriate action in response to any concerns. For example, where a heartbeat was not able to be detected or the scan showed a multiple pregnancy.

Where women may be placed at risk of frequent scanning the service's booking system monitored this to alert staff, so they were aware. Staff then took appropriate action to ensure women were not placed at risk of harm.

The sonographer made telephone calls to the NHS trust to arrange an appointment for the women. Where possible this was done while the women were at their appointment and any relevant information was shared with them.

Staff shared key information to keep women safe when handing over their care to others.

The service worked closely with local trusts, and the sonographer liaised with them and discussed any concerns about the women's scans. Babyface4D obstetrics reports were also sent to the trusts. In addition, a copy of the scan and report was given to the women to take to their NHS appointments.

We observed and interviewed the sonographer and they demonstrated a good understanding of how to complete scans and how to keep women safe.

Good

Diagnostic imaging

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. Managers regularly reviewed and adjusted staffing levels and skill mix and gave a full induction.

The service had enough staff to keep women safe.

Since the last inspection the service had employed two more staff members as sonographer assistants and receptionists.

Managers gave all new staff a full induction and a period of shadowing their role before they started work.

The manager could adjust staffing levels daily according to the needs of women.

The service was open four days a week and the manager ensured there was a staff member available each day, to support the service. The sonographer also held a position within a local NHS trust.

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.

Patient notes were completed and comprehensive, and all staff could access them easily.

All records were kept electronically, this included scans reports and referrals that had been sent to the early pregnancy assessment unit at the NHS. This also meant the sonographer could access reports or images from previous appointments.

All staff had access to the booking system and had their own log in and password. The sonographer had access to the patient records which required a log in and password to be able to access, and as register manager held the overall access to the administrative login and password.

Medicines

The service did not hold medications and controlled drugs on site

Incidents

Staff had a good understanding of incidents and how to report them. The registered manager investigated incidents and shared lessons learned with the whole team.

The service had an incident policy in place. Staff we spoke with understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and how to report them.

The service had not had any serious patient safety incidents. However, the registered manager had a good understanding of what was required and was aware of their responsibilities, including duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Duty of candour should be discharged if the level of harm to a patient is moderate or above.

Good

Diagnostic imaging

Staff met to discuss feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback.

Staff told us learning took place after incidents and events and were able to give examples of this. One example given was where a referral was sent to a trust at a weekend and the service had not received confirmation of the scan. Following this incident procedures were changed, the registered manager told us trusts are now contacted by telephone for every referral and this is followed up with an email.

Are Diagnostic imaging effective?

Inspected but not rated

We do not rate the effective domain for diagnostic services

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

The service followed British Medical Ultrasound (BMUS) guidelines, staff had a good understanding of this guidance.

The service had a terms and conditions form which all women completed before their scan this covered all medical history, The service also have a mental health policy which covers feelings during pregnancy and what steps to take if any of the women show these signs.

The service had policies in place, and these were in date.

Processes were in place to ensure there was no discrimination, all staff were trained in Equality, Diversity and inclusion.

The sonographer had discussion with the women to advise them where to seek advice and additional support when they had concerns about their pregnancy. The service work closely with NHS trusts to enable them to support the women.

The service held monthly team meetings where staff monitored women's care to ensure guidance had been followed. Changes were implemented if needed.

Patient outcomes

Staff monitored the effectiveness of care and achieved good outcomes for women.

Outcomes for women were positive, consistent and met expectations, such as national standards.

The service monitored outcomes by reviewing the feedback and complaints.

The service monitored how many scans they completed and how many resulted in rescans.

Good

Diagnostic imaging

From April 2022 to June 2022 the service completed 289 scans, during this time there were 25 rescans. These were 9% of all scans. The rescans were required due to sub optimal positioning of the baby. The service reported any anomalies to the local NHS trust via their referral pathway and offered women emotional support to help minimise anxiety.

The registered manager ensured their scans were all peer reviewed by an independent specialist midwife. This ensured the registered manager was completing the scans to a good standard. Records of these peer reviewed scans were kept on file.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women.

The sonographer was experienced and had received training relating to sonography, and had experience working in the NHS.

Managers supported staff to develop through yearly, constructive appraisals of their work.

All staff had received appraisals for the year of 2022 and these records were stored on staff files.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

During the inspection we looked at the previous five months of team meetings. These were in a file for staff to access.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Staff stated, "If there was any training I would like to complete, the manager has been supportive of me to seek this training".

Multidisciplinary working

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

During the inspection we saw that staff were very welcoming to women using the service and all staff worked well together.

The service had received positive feedback and had good working relationships with local NHS trusts, when following the referral pathway if there were any anomalies.

The service provided a leaflet that identified local hospital numbers and advised woman about what to do if they experienced pain.

Good

Diagnostic imaging

Seven-day services

Services were available to support timely patient care.

The service did not open seven days a week. They were open for appointments on two weekdays and both days at the weekend. The service advised they could offer additional days if required.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas.

The service developed a leaflet which identified promoting healthy lifestyles, examples: healthy diet, foods to avoid, keeping well and exercise.

Staff assessed each women's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

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.

The service had a Mental Capacity Act (MCA), Staff had a good understanding of consent and the MCA.

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

Staff had a good understanding of their patients and where it was necessary for women to return for further scans, the sonographer held discussions with them and gave reassurance where possible.

The service shared examples with us of support they had offered to women who lacked capacity to make decisions about their pregnancy. The service worked with relatives or advocates where appropriate, to ensure women had the advice they needed to make informed decisions.

Staff gained consent from women for their care and treatment in line with legislation and guidance.

The service gained consent for each woman using the service, this was documented on the terms and conditions and held on women's files. Where additional procedures were required these were discussed with the women before being actioned, and consent was sought.

Consent for the scans was recorded within the women's records.

Are Diagnostic imaging caring?

Good

Our rating of caring stayed the same. We rated it as good.

Good

Diagnostic imaging

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 women. Staff took time to interact with women and those close to them in a respectful and considerate way.

Staff were extremely welcoming when women came into reception and during the scan appointment. We observed two scans where privacy, dignity and respect were maintained throughout.

Women said staff treated them well and with kindness.

We observed the staff provide the women with an information pack and explained what was within these packs, which also contained free items which may be relevant to their pregnancy. This pack also contained additional information for charities that may be able to support the women during their pregnancy.

During the inspection we noted women's feedback of the service; "Multiple scans here, cannot fault the service, absolutely brilliant". "Reassured by safe hands". "Warm and friendly, and great to be able to bring other children". "Made to feel very safe".

Staff followed policy to keep patient care and treatment confidential.

The service completed scans in an individual room, and there was a quiet room for private conversations to ensure privacy and confidentiality.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs.

Staff had a good understanding and were respectful of women's individual needs. All staff received chaperone training to be able to support women where needed.

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it.

Staff gave women support and guidance about where they could continue to gain support. For example, following a scan the sonographer had to deliver some very difficult news and so the service was closed to give them time to support the woman. The service offered the woman the option of having a heart bear, so the woman could always hear her child's heartbeat. This was all offered without charge.

Staff supported women who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff had received training in dealing with difficult conversations. This equipped them to be able to support women if they became distressed or received some difficult news.

Good

Diagnostic imaging

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

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.

During the inspection we observed two scans. During these scans both women and partners were able to ask questions, where a clear explanation was given, and time was also given to enable the women and partners to receive information about the scan in a way they could understand.

Women and their families could give feedback on the service and their treatment and staff supported them to do this.

The service provided feedback cards for women using the service, the service used these to make any changes or improvements to the service.

Staff supported women to make informed decisions about their care.

Staff stated that they fully involved women in making decisions about the care they received, and where women had additional needs staff were sensitive toward this and ensured women had appropriate support.

Are Diagnostic imaging responsive?

Good

Our rating of responsive stayed the same. We rated it 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 women and the communities served.

Managers planned and organised services, so they met the changing needs of the local population.

The service was open four days a week, however if women requested appointments outside of these days the service would open on additional days, to ensure women could come for their appointments.

Facilities and premises were appropriate for the services being delivered.

The service had appropriate premises and facilities to support women and their families to attend their appointments. The waiting room was spacious, with plenty of seating and room for families to come to the appointments. The scan room was also spacious and there were four chairs in the scan room for family members to be comfortable whilst the scan was taking place.

Good

Diagnostic imaging

The service had recently moved to an electronic booking system, which enabled the service to monitor the appointments.

Staff could access emergency mental health support 24 hours a day seven days a week for women with mental health problems, learning disabilities.

The service worked closely with the local trust to ensure that women got the best care appropriate, this was identified in women's individual records, and there was records of where the service had liaised with NHS trusts where mental health problems or, learning disabilities had been identified.

The service had systems to help care for women in need of additional support or specialist intervention.

Staff at the service had received chaperone training and equality, diversity, inclusion training, and the staff had a good understanding of how to identify women's individual needs and how to support these.

The service provided the women with pictures of their baby and a report for them to take away with them at the end of each appointment.

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.

Staff made sure women living with mental health problems and learning disabilities received the necessary care to meet all their needs.

One example given described how staff had supported a vulnerable woman with information that enabled her to make decision on whether or not to continue with her pregnancy'

Staff had a good understanding of the women's individual needs, and how to support them, and were able to give examples about how they met the women's individual needs.

The service had information leaflets available in languages spoken by the women and local community.

Staff assessed each women's health and every appointment and provided support for any individual needs to live a healthier lifestyle.

The service had displayed welcome information in the waiting room about their service in other languages, the service also had leaflets in five different languages, these five were chosen to reflect the diversity and needs of the local community.

Managers made sure staff, and women, loved ones and carers could get help from interpreters or signers when needed.

The service could access language line if they needed an interpreter to support the women that used the service.

Good

Diagnostic imaging

Access and flow

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

Managers worked to keep the number of cancelled appointments/treatments/operations to a minimum and ensured that women who did not attend appointments were contacted.

During the inspection we observed women arriving to their appointment on time and were shown to the waiting room by staff on reception and the appointments were on time, which ran on time.

The women were told straight away if there were any issues and were given a scan photo at the end of the appointment.

The service had introduced a new booking system and as a result, the service had noticed a drop in women who did not attend appointments. Staff contacted women if they had not arrived for their appointment to ensure there were no concerns. The service did not have a waiting list. Women could book appointment at a time and date of their choosing. The service accommodated additional appointments if these were requested outside of their four-day working week.

Learning from complaints and concerns

It was easy for women 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.

Women, relatives and carers knew how to complain or raise concerns.

The service had received one complaint in the last 12 months, this was regarding the quality of the photos the woman had received. The service dealt with this appropriately and the woman was invited back for a further scan free of charge.

The service had a complaints procedure and staff had a good understanding of this.

Information about how to raise a concern was clearly displayed in patient areas.

Staff could give examples of how they used patient feedback to improve daily practice.

The service received lots of positive compliments and these were displayed in the photo room.

Are Diagnostic imaging well-led?

Good

Our rating of well-led improved. We rated it 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 service was operated by a registered manager who was the only sonographer for the service. They managed three staff who were receptionists and sonographer assistants.

Staff told us that the registered manager was supportive and approachable and supported the staff to develop their skills and knowledge.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on the care of women using the service. The registered manager and staff understood and knew how to apply the vision.

The service had a vision and strategy in place, staff were aware of this. They followed this to ensure that larger premises had been located and they continued to deliver a good level of care to the women that used the service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work. The service had an open culture where women, their families and staff could raise concerns without fear.

During the inspection we observed positive relationships between the staff. The staff team shared their passion of meeting the individual needs of the women.

Staff had positive relationships with women and families who used the service, the service had an open relationship with the women and encouraged women to raise any concerns.

Staff told us that they felt respected and working there 'felt like a family'.

The service ensured all staff had completed equality, diversity and inclusion training to meet the individual needs of the women using the service.

Governance

The registered manager operated mostly effective governance processes. They were clear about their role and accountability for the service provided.

We reviewed four staff files. Two part time administrators did not have references in their personal files. The provider told us they did not take references for non-clinical administrative staff because they believed the risk of harm was low. The administrators did not work alone with patients, had DBS checks and both had undertaken a comprehensive three-month induction and trial period before being taken on as permanent members of the team. We raised this as a concern during our inspection and the provider told us one staff member had worked there for one year and the other one for three months and there had been no issues or concerns raised during this period.

The registered manager stated that she would be able to gain references for the staff members that were currently working at the service. During the inspection process the service gained one reference for each staff member.

The service held regular team meetings, to identify changes and what was going well and what was not and any learning that had been identified. An example of this was where the service were sending emails of scans to the trust with no response, so the service now called when every email was sent to ensure that the trust had received this.

The service had policies and procedures in place to protect the women and families that used the service and staff had a good understanding of these.

Good

Diagnostic imaging

The service had good Infection control (IPC) measures in place. The service also had good hand hygiene procedures in place.

Management of risk, issues and performance

The registered manager used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The registered manager told us what the services top three risk were, these were providing a good service, health and safety relating to the steps on site, and COVID -19 within the team.

Staff were able to discuss the three risk concerns they had with the service.

Slips trips and falls, scan rooms risk, health and safety, fire and COVID-19 were all on the service's risk register with actions identified to reduce their impact.

Information Management

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. Data or notifications were consistently submitted to external organisations as required.

The service liaised with the local NHS trusts to share information regarding the women's scans and further hospital appointments, confidentiality and consent was sought and maintained.

All records were stored either electronically or in files which were stored in a room which was locked and could only be accessed by staff.

The service kept electronic records, and the sonographer would send scans to the NHS trust via a secure email, a telephone call was also made to the NHS trust to ensure that the email had been received.

The service completed audits with regards to the number of scans they had completed and the amount of rescans that had needed to be done, the registered manager monitored audit outcomes.

The service had recently updated the booking in system to be able to receive the terms and conditions before the women attended their appointment, this enabled the service to gather this information beforehand and to identify any concerns.

The registered manager was aware of the need to notify the CQC about certain changes, events and incidents that affected the service or the people who used it. Notifications had been submitted appropriately.

Engagement

The registered manager actively and openly engaged with women, staff, the public and local organisations to plan and manage services.

The service worked closely with the women that used the service and ensured that they were aware of the procedure and had discussions relating to any concerns the women had.

Good

Diagnostic imaging

The service engaged and build positive relationships with the local NHS trusts to ensure that any concerns were raised on behalf of the women.

The service used social media to engage with the local community and this was where women could also leave their feedback.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service had a good culture and the staff worked well as a team to deliver good standards of care.

The service had developed a new booking system, which helped to reduce the number of did not attend or cancelled appointments.