PAMS 3D & 4D Baby Imaging

Quality Report

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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?	Good

Overall summary

PAMS 3D & 4D Baby Imaging is operated by Mrs Punam Kapur . The service provides ultrasound baby imaging for pregnant women from the gestation of six weeks. This includes, four dimensional (4D), three dimensional (3D) and two dimensional (2D) scans starting from six weeks as reassurance, gender scans from 16 weeks, baby growth scan from 16 weeks, “baby bonding” scans from 34 weeks and keepsake scans. The service also carries out fertility scans to assess reproductive capacity and pelvic scans to examine female reproduction organs and help monitor ongoing gynaecological problems.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced part of the inspection on 18 December 2018.

Summary of findings

On the day we visited the service, there were no women booked for a scan and we did not observe any scans. However, following the inspection we spoke on the telephone with four women who had used the service.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

The only service provided at this location was ultrasound scanning.

Services we rate

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

We found areas of good practice:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service controlled infection risk well and they had suitable premises and equipment and looked after them well.
- Staff assessed risks to women, they kept clear records and asked for support when necessary.
- Staff kept detailed records of appointments, referrals to NHS and other services and completed informed consent documents.
- 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.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service checked to make sure staff followed guidance through the process of local audit.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff worked closely with other healthcare professionals in the NHS, including early pregnancy assessment units, foetal medicine and GPs to provide a seamless treatment pathway for women.
- Staff treated women with compassion and kindness. Women who used the service told us that staff respected their privacy and dignity, and supported their individual needs.
- Women who used the service told us that staff provided them with emotional support to minimise their distress
- Staff involved women and those close to them in decisions about their care and treatment. This was confirmed by the women who used the service.
- The service planned and provided services in a way that met the needs of local people.
- The service had suitable premises and facilities to meet the needs of the women who use the service.
- The service took account of women's individual needs.
- People could access the service when they needed it.
- The registered manager of the service had the right skills and abilities to run the service providing high-quality sustainable care.
- The service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

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

- Complaints were not being reported in line with the service's complaints policy.

Summary of findings

- The service lacked systems and processes to ensure that policies and procedures were reviewed and implemented accordingly.
- The service had limited systems in place to identify, monitor and regularly review risk.

  Following this inspection, we told the provider that it must make improvements, even though a regulation had not been breached, to help the service improve.

- The service should ensure that they have systems and processes place to review policies and guidelines are up-to-date and current.
- The service should ensure that complaints are recorded in line with the complaints policy.
- The service should ensure staff meetings are minuted, and action logs documented.

Amanda Stanford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	PAMS 3D & 4D Baby Imaging is operated by Mrs Punam Kapur . The service provides ultrasound baby imaging for pregnant women from the gestation of six weeks. This includes, four dimensional (4D), three dimensional (3D) and two dimensional (2D) scans starting from six weeks as reassurance, gender scans from 16 weeks, baby growth scan from 16 weeks, “baby bonding” scans from 34 weeks and keep sake scans. The service also carries out fertility scans to assess reproductive capacity and pelvic scans to examine female reproduction organs and help monitor ongoing gynaecological problems.

Summary of findings

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PAMS 3D & 4D Baby Imaging

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Summary of this inspection

Background to PAMS 3D & 4D Baby Imaging

PAMS 3D & 4D Baby Imaging is a private service operated by Mrs Punam Kapur . The service opened in 2010, in Norwich, Norfolk County. The service primarily serves the communities of Norfolk with some women attending from the surrounding counties of Suffolk and Essex.

The service provides:

- Early pregnancy scan from six to 14 weeks of pregnancy
- 2D/3D gender reveal scan from 16 to 34 weeks of pregnancy
- High definition 3D baby bonding Scan 24 to 32 weeks of pregnancy
- 2D/3D baby growth scan 14 to 40 weeks of pregnancy
- 2D/3D presentation scan 34 to 40 weeks of pregnancy
- Fertility scan, available to women of childbearing age
- Gynaecological pelvic scans, available to women over 18 years of age

All scan appointments included a full report of the scan, findings and images to be taken away for review by the woman's clinician or for keepsake. Women are given the option of also purchasing the images in DVD or on memory stick.

The service has had a registered manager in post since 2015, when the service was registered with the Care Quality Commission.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Why we carried out this inspection

We inspected this service using our comprehensive inspection methodology.

How we carried out this inspection

We carried out the short notice announced inspection on 18 December 2018. On the day we visited the service, there were no women booked for a scan and we did not observe any scans. However, following the inspection we spoke on the telephone with four women who had used the service.

Information about PAMS 3D & 4D Baby Imaging

The service is located in Norwich, close to the city centre and is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the scanning facility. We spoke with two members of staff including the lead

Summary of this inspection

sonographer who is the manager and a member of staff who acts as a chaperone to women. Following the inspection, we held telephone interviews with four women who had used the service. We reviewed 10 sets of patient 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 service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (December 2017 to December 2018)

- In the reporting period December 2017 to December 2018 there were 637 scanning procedures recorded at the services; of these 100% were privately funded.

The service had one full time sonographer and a member of staff who chaperoned, on a zero hours contract. The service also used a regular locum sonographer to cover any planned leave.

The service did not use controlled drugs (CDs).

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?

Good

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

- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service controlled infection risk well and they had suitable premises and equipment and looked after them well.
- Staff assessed risks to women, they kept clear records and asked for support when necessary.
- Staff kept detailed records of appointments, referrals to NHS and other services and completed informed consent documents.
- 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.

However, we also found:

Not all staff received an up to date safeguarding adults and children training.

Are services effective?

We do not currently rate diagnostic imaging services for effective, however we found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service checked to make sure staff followed guidance through the process of local audit.
- The manager monitored the effectiveness of care and treatment and used the findings to improve the service.
- The manager worked closely with other healthcare professionals in the NHS, including early pregnancy assessment units, foetal medicine and GPs to provide a seamless treatment pathway for women.

Are services caring?

Good

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

- Staff treated women with compassion and kindness. They respected women's privacy and dignity, and supported their individual needs.

Summary of this inspection

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

Are services responsive?

Good

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

- The service planned and provided services in a way that met the needs of local people.
- The service had suitable premises and facilities to meet the needs of the women who use the service.
- The service took account of women's individual needs.
- People could access the service when they needed it.

However, we also found:

- Complaints were not being reported in line with the complaints policy.

Are services well-led?

Good

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

- The registered manager of the service had the right skills and abilities to run the service providing high-quality sustainable care.
- The service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However, we also found:

- The service had limited systems in place to identify, monitor and regularly review risk.
- At the time of our inspection, there were ineffective systems and processes in place to ensure staff compliance with safeguarding training.
- There were no minutes of meetings to evidence oversight of governance.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

Mandatory training

- **The service ensured that staff received mandatory training in key skills, however we found there were no systems and process in place to ensure that all staff completed mandatory training.**
- The sonographer that worked for the service worked for the local NHS trust and other independent diagnostic imaging services. Staff were asked to provide evidence of mandatory training completion. Records provided by the service following our inspection showed that 100% of the staff had completed the mandatory training within their NHS or other substantive role.
- Mandatory training modules included equality & diversity, infection prevention and control, information governance, adult and paediatric basic life support, deprivation of liberty safeguards (DOLS), health & safety and mental capacity act (MCA).
- We reviewed training records of the manager which showed that they had completed their mandatory training through the local NHS trust. However, at the time of inspection the manager did not have an oversight of the training records for the locum sonographer and the chaperone. Following the inspection, we were provided with the records of mandatory training for the locum sonographer which was up-to-date.

Safeguarding

- **Staff understood how to protect women from abuse and the service worked well with other agencies, to do so. Most staff completed safeguarding adults and children to level two through the local NHS trust or their substantive posts. Staff we spoke with had training on how to recognise and report abuse and they knew how to apply it.**
- We reviewed training records of the manager and the locum sonographer which showed that they had completed safeguarding adults and children training to level two.
- The service had clear processes in place to raise concerns to the local authority safeguarding board.
- Another member of staff we spoke with told us that they completed their safeguarding adults and children training as part of their substantive role in a local secondary school. However, following our inspection, the training records that was provided showed that their training was not up to date as it had expired in January 2018.
- The manager for the service had completed safeguarding training to level two. The staff had access to the safeguarding lead at the local NHS trust who had level four safeguarding training. This was in line with the safeguarding children and young people; role and competences for health care staff intercollegiate document (March 2014), which outlines the minimum recommended safeguarding training requirements for those working in health care related services.

Good

Diagnostic imaging

- The service provided scans for patients over the age of 16. However, in the reporting period December 2017 to December 2018 the service had not provided care to anyone under the age of 18.
- The service had an up-to-date safeguarding vulnerable adult's policy which set out responsibilities of staff and contact details of local authority referral contact details. The policy also provided referral contact details for neighbouring counties.
- Staff we spoke with during the inspection could describe how they would make a safeguarding referral and were aware of the situations when they would be required to do so.
- The service did not have a chaperone policy, however the patient dignity and respect policy incorporated and defined the role of the chaperone.

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.**
- All the areas the service used were visibly clean and free from clutter.
- Staff completed cleaning of all areas of the unit before the day's appointments started and at the end of the appointment list, this was recorded on a daily check sheet. We reviewed records which demonstrated that cleaning had taken place daily.
- Staff told us that they cleaned equipment and the scanning couch between scans.
- The service had an up-to-date infection prevention and control policy in place, which set out staff responsibilities in relation to infection prevention, including hand hygiene.
- There was access to a hand washing sink in the treatment room next door to the scanning room and hand sanitising gel was also available in the both rooms.
- All the women we spoke with were positive about the cleanliness of the unit.
- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort different types of waste and these were labelled appropriately.
- The chairs in the scanning room, had fabric covers which were not wipeable and therefore a risk for cross infection. We raised this with the registered manager who escalated the issue to the practice manager, who is responsible for the upkeep of the premises. Following the inspection, we were informed by both the registered manager and practice manager that the furniture had been removed and that appropriate replacement furniture ordered.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well. The environment promoted the privacy and dignity of women using the service.**
- The service was located in a purpose-built building within walking distance of Norwich city centre. It consisted of, a scanning room, a treatment room used to store clinical waste, two waiting areas and toilet. The main waiting room had an area for child pushchairs. Both areas had comfortable seating for women and their families to wait for their appointment.
- The service had toilet facilities for women and their friends and family to use.
- The scanning room was warm with seating for those accompanying the women for their appointment. The room contained a stand-alone ultrasound system and a separate monitor to which displayed the images from the scanning machine.
- The service only had a small amount of consumables which was kept in locked drawers within the scanning room These were all in date and stored as per manufacturer recommendation.
- The service maintained their equipment. We reviewed equipment such as the ultrasound scanner, imaging screen, printing equipment, which were up-to-date with safety testing and servicing in line with the manufacturers guidance. The service used an external company to ensure all equipment safety testing and servicing was maintained.

- There was a range of fire extinguishers, which were strategically placed. All fire extinguishers that we reviewed were up-to-date with servicing.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each woman.**
- The service had systems and processes in place to refer women to the local NHS trust or their GP if the scanning procedure indicated unexpected findings. The service referred women to the early pregnancy unit or the foetal medicine unit within the local NHS trust, there was a transfer of care agreement in place.
- The service provided diagnostic reports following the baby scan and staff would advise women to take the report and the images to their NHS hospital, GP or midwife appointments.
- Staff signposted women to the early pregnancy unit, GP, Midwife or other clinicians, if they reported experiencing symptoms such as vaginal bleeding or pain.
- Due to the nature of service provided, there was no emergency resuscitation trolley on site. The service performed low risk baby ultrasound scans. In the event of a medical emergency or patient collapse, staff called 999. In addition, the manager and the locum sonographer were trained in adult basic life support.
- Staff we spoke with knew the process to refer women to NHS services and kept a copy of referral letters for their records.
- The service sent women information before the scanning appointment which advised that all scans were souvenirs and keepsakes and were not a substitute for the NHS ultrasound scans or NHS pregnancy care.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- The service had one full time sonographer and a chaperone with additional administrative duties. The service offered a chaperone to all women at the time of booking their appointment.
- A regular locum sonographer covered annual leave and any unplanned absence.
- Staff worked flexibly to ensure all ultrasound scanning appointments were staffed with a sonographer and a chaperone, if needed. During busy times, the chaperone was booked to meet and greet women and their family.
- Records provided by the service showed there had been no gaps in the staffing numbers from December 2017 to December 2018. The registered manager told us that staff worked flexibly to ensure all scanning sessions were covered. The service did not use bank or agency staff.

Records

- **Staff kept detailed records of women's care and treatment.**
- The service had an up-to-date records policy in place for staff to refer to. The policy detailed staff responsibilities and documentation standards, information governance and the retention of records, in line with guidance.
- We reviewed 10 baby scan consent records and all the consent records were completed appropriately. We reviewed three referral letters to NHS services and the women's fertility clinic following detection of potential concerns. The letters contained the women's details and the potential abnormality identified during the baby scan. The women were given a copy of the report and the scan image, where appropriate, to share with a healthcare professional.
- The service kept completed records securely. Consent records and referral letters were archived and stored securely.
- The service kept images securely on the scanning machine for 12 months and could be retrieved in the event the woman lost or mislaid her images. The images were deleted after the 12-month period.

Medicines

Good

Diagnostic imaging

- The service did not administer, prescribe or use contrast media for any scanning procedures.

Incidents

- **The service managed patient safety incidents well.**
- The service had an up-to-date incident reporting policy and procedure in place to guide staff in the process of reporting incidents. Staff understood their responsibilities to raise concerns, to record safety incidents, and investigate and record near misses.
- The service had no incidents reported from December 2017 to December 2018.
- The registered manager told us that they did not have any clinical incidents from December 2017 to December 2018 reporting period. Staff recorded any issues with the scanning equipment as part of the daily machine checks. Staff told us that these issues would be recorded as formal incidents if a disruption to service occurred or a risk was identified to the women or staff.Staff recorded incidents that required first aid in the accident books, such as falls or trips. We reviewed the accident book and the equipment daily checks which confirmed this.
- Staff we spoke with knew their responsibility to report incidents or near miss events and gave examples of the types of incidents they would report.

Are diagnostic imaging services effective?

We do not currently rate diagnostic imaging services for effective, however we found:

Evidence-based care and treatment

- **The service did not have systems and processes in place to ensure policies and guidelines were reviewed, current and up-to-date.**
- The service had policies in place. We reviewed policies, including infection prevention and control, incident reporting, record keeping and consent policy, which were all up-to-date.
- The service also had ultrasound guidelines and protocols. The manager told us that the protocols were reviewed on a regular basis.However, at the time of our inspection the protocols in use did not contain documented reference to national guidance. 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.
- Following our inspection, the manager reviewed and updated all the protocols which were also peer reviewed by the locum sonographer. We reviewed the new protocols and these referred to current legislation, local and national guidelines and best practice guidance, including National Institute for Health and Care Excellence (NICE), Royal College of Radiologists (RCR), Royal College of Obstetrics and Gynaecology (RCOG), British Medical Ultrasound Society (BMUS) and Society of Radiographers (SoR).
- The service performed three-monthly audits on their scanned images. The audit was a peer review audit, where 10 random images would be selected to measure if the report quality, image quality and any risks identified were acceptable based on the audit criteria. We reviewed the audit results from November 2017 to November 2018 and found that the images reviewed were 100% acceptable.

Nutrition and hydration

- Due to the nature of service provided, food was not routinely offered. However, the service offered fresh drinking water within the waiting areas and hot drinks could be provided if required.
- Staff had access to a kitchen to offer hot drinks to women and those accompanying them.

Patient outcomes

- **The manager monitored the effectiveness of care and treatment and used the findings to improve them.**
- The service monitored the quality of women's care and treatment. They reviewed records and had referred 37 women appropriately to their GP or the local NHS trust from January 2018 to December 2018 due to the detection of potential concerns.
- The service did not participate in national audits due to the size of service.

- Feedback from women was captured via a feedback form, a book kept in the waiting area or via the service's social media account. The registered manager told us this was reviewed regularly and if there were any dissatisfied women they would try and resolve any issues.

Competent staff

- **The service made sure staff were competent for their roles**.
- The manager, who was the lead sonographer, and the regular locum sonographer received their annual appraisal at their substantive posts in the NHS and other healthcare setting.
- We reviewed the appraisal records of the registered manager, all documents demonstrated that they were fulfilling their professional roles.
- The lead sonographer was registered with the Health and Care Professions Council (HCPC) and met HCPC regulatory standards to ensure the delivery of safe and effective services to women. As a registered sonographer they maintained evidence of continuous professional development (CPD), by attending study days three times a year on topics relating to obstetrics, gynaecology and general ultrasound scanning.
- Performance was monitored through peer review audits and any issues were discussed in a supportive environment. The manager told us that if any performance issues with scanning were identified, feedback would be given to enhance learning or highlight areas of improvement in the individual's performance. Results from November 2017 to November 2018 found all the images reviewed were 100% acceptable.

Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit women.**
- The manager worked closely with healthcare professionals in the NHS, including early pregnancy assessment units, foetal medicine and GPs to provide a seamless treatment pathway.
- The service has put in place a transfer of care agreement with the local NHS trust to provide a smooth pathway for women. The agreement was put together jointly by the service and the NHS trust, and was reviewed regularly.
- The service also worked with a local organisation which comprised a group of qualified health professionals specialising in women's health, who provide support and specialistadvice during pregnancy and childbirth. The manager told us that they attended two monthly meetings to perform case study reviews and receive mentorship.

Seven-day services

- **The service provided appointments seven days a week from 8am-8pm to women so they could access the service at a time that suited them.**
- The service did not open every day, staff worked in a flexible way to accommodate the needs of women.
- The service was flexible if women requested a scan outside of their normal working hours.

Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a woman had the capacity to make decisions about their care.**
- We reviewed ten consent records which demonstrated that written documented consent was obtained prior to examination.
- All women received written information with a copy of a consent form to read prior to attending the planned scan appointment. Women we spoke with told us that prior to the scan the sonographer explained the procedure and referrals to other service if potential anomalies were found.
- The sonographer gained a written consent from all women using the service prior to their scan. Women we spoke with told us that were given opportunities to ask questions before and after the scan.
- The manager and locum sonographer completed training in relation to the Mental Capacity Act 2005 which formed part of their NHS mandatory training.

Good

Diagnostic imaging

Are diagnostic imaging services caring?

Good

Compassionate care

- **Staff told us they cared for women with compassion. Feedback from women we spoke with confirmed that staff treated them well and with kindness.**
- Women told us that staff treated them with dignity, courtesy and respect. Staff told us that they introduced themselves prior to the start of the imaging scan, interacted well with and included the women during general conversation. This was confirmed by the women we spoke with who also said that staff kept the door to the scanning room closed during procedures to maintain privacy and dignity.
- Staff demonstrated a kind and caring attitude to women. This was evident from what we heard from the registered manager and feedback provided by women. For example, when a woman contacted the service to book a scan to have a second opinion following an NHS scan where they had received bad news, the manager told us that they spoke to the woman and explained that the results that were given by the NHS scan would not change.
- Staff talked to women who were anxious and discussed the process thoroughly. Women we spoke with told us that staff explained the scanning process and what to expect in a way that was clear and easy to understand.
- Women described staff as being friendly but always professional.
- The service carried out their own feedback survey. This was available as a hard copy in the waiting room or online on the service's website or social media page. A feedback book was also available in the waiting room.
- We reviewed the feedback from women both to the service and directly to the CQC which was consistently positive. All the feedback was extremely complimentary of the care they received. One woman wrote "Our third visit to Pam's welcoming and professional as always".
- We noted the vast majority of feedback were positive about the staff, the speed of access to the scan and the person-centred service that was offered.
- The majority of the women we spoke with told us that the service was recommended to them by others and that they had used the service more than once.

Emotional support

- **Staff provided emotional support to women to minimise their distress.**
- Women told us staff were professional and supported them well. They considered their privacy and dignity had been maintained throughout their time in the unit.
- Women told us that staff provided ongoing reassurance throughout the scan, they updated them on the progress of the scan and explained what was being seen on the image.
- The service allowed family members to accompany women during their scans.
- Staff recognised that providing emotional support to women was an important part of their role. Staff told us of how they supported women who had potential concerns identified from the scan.

Understanding and involvement of patients and those close to them

- **Staff involved women and those close to them in decisions about their care and treatment.**
- Staff actively included women and those close to them to be involved in the scanning process. Women told us that staff provided care to them and involved those close to them.
- The service had enough room and chairs in the scanning room, which enabled those accompanying them to be involved in the scanning procedure, they were able to see the baby scan and could ask questions.

Good

Diagnostic imaging

- Women we spoke with told us that they had received enough information before and during the appointment. They also said staff were open and invited any questions before and after the scan.

Are diagnostic imaging services responsive?

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 had suitable premises and facilities to meet the needs of their service users.**
- The service only provided private ultrasound scans and did not complete any imaging on behalf of the NHS or other private providers.
- The service provided evening and weekend appointments to accommodate the needs of women who were unable to attend during the day time on week days.
- The service was accessible to all women. Wheelchair users had access to the building through a side entrance which had a permanent ramp.
- Staff greeted women when they entered the building. Women were able to access a comfortable waiting area, toilet facilities and hot and cold drinks.
- The service's website gave people useful information including the service it provided, what to expect when having a scan and how to book an appointment.

Meeting people's individual needs

- **The service took into account women's individual needs.**
- The service offered scan appointments to meet the needs of women. Appointments were available weekday, weekends, during the day and evening appointments. The manager provided examples of how they had taken bookings at short notice and accommodated the needs of the women.
- Information leaflets were provided for women on what the scan would entail and what was expected of them prior to a scan.
- The manager told us that they would use online language translation facilities when a women's first language was not English.
- Staff told us that they used drawings to help explain the scanning process to women who might find some of the words difficult to understand.
- Staff provided information to signpost women to other services appropriate to their needs

Access and flow

- **People could access the service when they needed it.**
- Women self-referred to the service for keepsake, gender, reassurance and gynaecological health scans. The service provided information on their website about the price of the scanning packages.
- The service performed 637 scans from December 2017 to December 2018. These scans included 45 bonding scans, 387 early pregnancy scans, 140 gender scans, 40 reassurances and 25 gynaecological scans.
- The manager told us that there were no waiting times for the service. There were very few delays and appointment times were closely adhered to. Women were often given an appointment within 48 hours and some women could be scanned on the same day. The service prided themselves on ensuring the scan was provided at the earliest convenience.

Learning from complaints and concerns

- **The service had systems in place for people to complain and to manage complaints.**
- The service had an up-to-date complaints policy for staff to refer to in the event of a complaint. The policy set out the responsibilities of staff and gave detailed directions of how a complaint should be investigated.
- The service received no written complaints from December 2017 to December 2018. However, the manager told us of an incident where a couple had requested a refund because they were unsatisfied with the scan results. The manager told us that they

considered the issue, liaised with sonographer colleagues to seek advice and addressed the issue with the couple over the phone. However, this incident was not recorded as a verbal complaint and therefore evidence of the investigation by the manager was not captured in line with the complaints policy.

- CQC did not receive any complaints about the service in the last 12 months prior to the inspection.

Are diagnostic imaging services well-led?

Good

Leadership

- **The manager, who was the lead sonographer, had the right skills and abilities to run the service providing high-quality sustainable care.**
- The manager of the service was the designated CQC registered manager and had been in post since 2015, when the service was registered with CQC. The registered manager understood their role and responsibilities.
- The manager supported staff and provided updates about the service to staff through email. Staff we spoke with also told us that they received verbal updates from the manager during the shift they worked.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action.**
- The manager developed the service with the vision of providing a flexible and responsive scanning services to pregnant women, with appointments offered to suit their convenience. Over the years the service has changed in scope from 'souvenir' scanning to include pregnancy and gynaecological scans.
- The service monitored feedback from women to ensure that they continued to meet the vision and make strategic changes to the service.

Culture

- **The manager of the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values**.
- A member of staff we spoke with praised the manager and felt supported to raise concerns. They told us that the manager was open and approachable.
- The manager and the staff we spoke with felt proud to work for the service and they strived for excellence in the quality of service women received.
- We observed that staff worked well together. The manager had close working relationships with the chaperone and locum sonographer and demonstrated a team approach to their work. Each member of staff took responsibility with the safety and quality of the service provided.

Governance

- **There were some systems and processes in place to maintain the overall governance of the service.**
- There was a local audit in place to provide assurance of the quality and safety of the scans.
- However, we found gaps in the oversight or recording training and safeguarding training completion assurance where staff completed training within the local NHS trust or other employers.
- At the time of our inspection, there was no evidence of a robust review process of the protocols in use and there was no review date on the protocols. Following our inspection, the manager reviewed and updated all the protocols accordingly.
- Following our inspection, both the issues around policies and procedures and that of mandatory training were acted upon by the registered manager and resolved. We were provided with supporting evidence.
- Informal meetings took place between the manager, locum sonographer and chaperone however, we were unable to review contents of discussions as these were not minuted.

- The registered manager requested disclosure and barring service (DBS) checks for all members of staff. We saw that all staff had received a DBS check prior to the commencement of work at the service.

Managing risks, issues and performance

- The service had limited systems in place to identify, monitor and regularly review risk. However, the manager understood their responsibilities in relation to risk identification and action required to mitigate the identified risks. The manager told us that the current service risks were financial and reputational risks. However, there was no risk register as such, detailing who was responsible for each risk, actions taken and dates for completion.
- Staff recorded any issues with the scanning equipment as part of the daily machine checks. Issues would be recorded as formal incidents if a disruption to service occurred or a risk was identified to the women or staff member. We reviewed the log of equipment incidents and any risk identified, which included who was responsible to act on the risk, actions taken and date of completion.
- Whilst the locum sonographer worked at other NHS organisations, at the time of our inspection there was no documentary evidence in place to ensure they had received mandatory training and safeguarding training at the recommended intervals. We raised our concerns with the manager at the time of inspection. Following the inspection, the manager provided us with evidence of training dates for the locum sonographer, which was all up-to -date.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- The service had clear processes for managing information. Images were kept for 12 months after the scan appointment and the service kept consent forms securely within a locked drawer, and archived the consent paperwork after 12 months in accordance with data protection guidance.
- The service had processes in place to share information with patients, GPs and the local NHS trust in the event of any concerns. They did this by providing the woman with a referral letter and the scan report to give to her healthcare professional.

Engagement

- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service invited women to feedback in many ways including a feedback book located in the waiting area, feedback form given at the end of the scan, an online form on the website or through social media. The manager told us and we saw that all the feedback was positive.
- The manager told us and most of the women we spoke with said that they were introduced to the service by friends and family who had used the service. All four women we spoke with told us that they had used the service during their previous pregnancies or fertility treatment.
- The service had a system and process in place to share information and refer women to NHS services and other health providers. The manager told us that they had a good relationship with the local NHS trust.
- The manager engaged regularly with the local NHS trust and other local health care groups to understand the service needs of the local population and how the service could be improved. There were no formal minutes from these meetings that we could review.

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.
- The service had an effective peer audit to ensure and monitor safety and quality of the service.
- The service actively sought and took account of the feedback given and implemented changes. For example, the manager told us that several women

preferred weekend appointments and were not happy that they had to be charged a premium. The service now charges the same price for appointments in the week and at weekends.

- The service works closely with a local organisation, made up of a group of qualified health professionals specialising in women's health, to enhance the service offered to women with reproductive health issues and couples suffering from infertility and recurrent miscarriages.

Outstanding practice and areas for improvement

Outstanding practice

- The service offered appointments outside of their usual opening hours for women who could not attend during this time. This meant the service provided a flexible and inclusive service.

Areas for improvement

Action the provider SHOULD take to improve

- The service should ensure that they have systems and processes place to review policies and guidelines are up-to-date and current.
- The service should ensure that complaints are recorded in line with the complaints policy.
- The service should ensure staff meetings are minuted, and action logs documented.