

Scan My Baby Ltd

Scan My Baby

Inspection report

2 Oxford Road
Linthorpe
Middlesbrough
TS5 5DX
Tel: 07958107980
www.scanmybaby.co.uk

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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 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 managed safety incidents well and learned lessons from them.
- 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 people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for 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 	

Summary of findings

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Summary of this inspection

Background to Scan My Baby

Scan My Baby Ltd is an independent baby scanning studio registered with CQC since 2019. It is registered to provide the following regulated activities to adults age 18 to 65:

- Diagnostic and screening procedures

The service has a manager registered with CQC. It is a small business, comprised of two sonographers (one of which being the registered manager) and a company director. The service operates with flexible opening times, which vary in accordance to the number of bookings per week.

The service provided 2D, 3D and 4D, scans from seven to 38 weeks gestation. These included gender identification scans, reassurance scans, growth and presentation scans. All scans were completed by fully qualified sonographers.

The service had one ultrasound scan room located within the premises and shared a waiting and reception area.

We have not inspected this service before.

How we carried out this inspection

The team inspecting the service comprised of a CQC lead inspector and an inspector. The inspection was overseen by Sarah Dronsfield, Deputy Director of Operations.

Our inspection took place on 23 January 2023, using our comprehensive inspection methodology. The inspection was announced with short notice to ensure the service was operational on the day of our visit and enable us to observe routine activity.

During the inspection visit, the inspection team;

- inspected all five key questions and rated four; ('effective' key question is not rated for diagnostic imaging services)
- observed one scanning procedure
- looked at the quality of the environment and observed how staff cared for service users
- spoke with the registered manager
- looked at a range of policies, procedures and other documents relating to the running of the service
- spoke with three service users

We also reviewed performance information about the service and information provided to us by the service.

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 imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	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 

We rated it as good.

Mandatory training

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

The provider had a staff training policy and training matrix, which identified mandatory training modules for all staff groups. We inspected training records of five staff against the mandatory training matrix. Staff received and kept up-to-date with their mandatory training. Compliance was 100%. Sonographers with substantive NHS positions provided evidence of mandatory training completed in their NHS role. The mandatory training was comprehensive and met the needs of service users and staff. Training records were held in staff personnel files and compliance was monitored by the registered manager.

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.

There were adult and children safeguarding, female genital mutilation (FGM) and PREVENT policies in place, which included current guidance and legislation. PREVENT is a government led programme which aims to safeguard vulnerable people from being drawn into terrorism.

All staff received training specific for their role on how to recognise and report abuse. The registered manager was the safeguarding and PREVENT lead. The safeguarding lead received level three safeguarding training in accordance with intercollegiate guidance. All staff we spoke with described the different types of abuse, including FGM.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Local authority safeguarding contact details were located within the providers policy.

Diagnostic imaging

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.

There was an infection prevention and control policy in place. Waiting, reception and clinical areas were clean, and had suitable furnishings which were clean and well-maintained. For example, all seating was impermeable and could be wiped clean. The examination couch was impermeable and had a disposable paper cover, which was changed between each scan. Environmental cleaning was completed by the staff. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The floors were laminate tiles and in good order.

Equipment we inspected was visibly clean. We observed staff cleaning equipment between each service user interaction and staff we spoke told us how they cleaned specific pieces of equipment, for example, the ultrasound probe. The registered manager explained each appointment slot incorporated time for cleaning and each service user record had a tick box to confirm this was completed after appointments.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff complied with arms 'bare arms below the elbows' policy, in accordance with National Institute for Health and Care Excellence (NICE) guidance. There was a hand wash basin in the scan room. This had a lever tap and a hand wash technique poster was displayed. We observed staff washed their hands and used hand sanitising gel between service user interactions. This concurred with comments from all the women we spoke with. We reviewed Infection control and hand hygiene audits, which showed consistently high compliance rates.

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.

Access to the premises was via a buzzer entry system and staff at reception had a clear line of sight to the entrance door. The environment was bright, clean and spacious. All fire extinguisher appliances inspected were serviced within an appropriate timescale. Fire exits and corridors were clear of obstructions. The service had a fire evacuation plan and carried out an annual fire evacuation drill. Fire alarms were tested regularly by the premise's landlord. We saw completed and up to date environmental risk assessments.

Staff carried out daily safety checks of specialist equipment. For example, we saw completed daily checks of the scanner probe. An error message was generated in the event the unit failed any test. The first aid box was present within the scan room and we saw all items were within expiry dates. There were systems for recording the service and planned preventive maintenance of equipment, identified through a central log and equipment compliance stickers, which indicated the dates tests were due. The scan machine was maintained under contract with the supplier. All equipment we inspected was serviced and fit for use.

The service had suitable facilities to meet the needs of women's families. All seating was in good order and could be wiped clean and there was appropriate additional seating in the scan room to accommodate guests.

The service had enough suitable equipment to help them to safely care for women. The examination couch could be raised and lowered. There was a large wall mounted monitor to ensure women and their guests could see ultrasound images.

Staff disposed of waste safely.

Diagnostic imaging

Assessing and responding to patient risk

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

Booking forms were used to record individual women's risks. Women were requested to complete these prior arrival and staff reviewed women's responses, prior to scans, to ensure safety and that the facility was suitable for them.

Staff knew about and dealt with any specific risk issues. For example, women were asked to declare any problems during their pregnancy and any significant health issues. The contact details of their GP, named midwife, date of last NHS scan and estimated due date were all recorded. Women were advised to bring their hospital notes to all appointments in the event of any queries or concerns during fetal wellbeing checks.

Sonographers followed 'as low as reasonably achievable' (ALARA) recommendations for length of scans and frequency of ultrasound sound waves. The scanning machine was set in accordance with ALARA recommendations. We reviewed an operational policy for all types of scan provided by the service and this made reference to ALARA. Staff accessed process flow pathways which described the escalation process for adverse findings that required medical attention. The service linked directly with the local maternity clinical network to ensure timely referral to an early pregnancy unit when required.

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

For example, sonographers sent a formal typed report to the recipient service and women also received a copy. All staff received basic life support training and knew how to respond promptly to any sudden deterioration in a women's health. The registered manager had completed first aid training

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 had enough staff to keep women safe. There were always two staff on duty. The service had no vacant posts.

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 comprehensive and all staff could access them easily. Scan images were held digitally on the scan machine and accessed via electronic password. They were archived to an electronic back up system, retained for twelve months and then erased. Hard copy images were printed while women waited and sent electronically via an encrypted system. Women were issued a unique passcode to open the electronic file once received.

Records were stored securely in a lockable filing cabinet and retained for twelve months before being sent for confidential destruction.

Incidents

The service managed safety incidents well. Managers knew to investigate incidents and to share lessons learned with the whole team. If things went wrong, staff knew how to apologise, and gave women honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.

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Staff knew what incidents to report and how to report them. At the time of our inspection, the service had not had any incidents to date. The service had a policy in relation to incident reporting, which clearly outlined to staff steps to be taken. Staff understood the duty of candour. They were open and transparent, and explained how they would give women and families a full explanation if things went wrong.

Are Diagnostic imaging effective?

Inspected but not rated 

Inspected but not rated.

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. For example, we saw policy documents contained links to National Institute for Health and Care Excellence (NICE) guidance and British Medical Ultrasound Society (BMUS) guidance. Compliance against policy was monitored throughout the year through scheduled audits. These included, for example, scan image quality and completion of documentation. Staff we spoke with explained how they accessed the most current best practice guidance online and intranet, for example NICE guidance. The website also contained links to Society of Radiographers (SoR), Royal College of Obstetricians and Gynaecologists (RCOG) and Gov.uk guidance

Patient outcomes

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

The service conducted audits and peer reviews of image quality. Outcomes for women were positive, consistent and met expectations. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Improvement is checked and monitored.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. All sonographers were registered and regulated by the Health and Care Professions Council (HCPC). All sonographers were up to date with revalidation.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. Sonographers participated in peer review of colleagues practice regularly. Managers identified poor staff performance promptly and supported staff to improve. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

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Multidisciplinary working

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

The service linked with the local NHS maternity services with consent of service users, where there was an identified need.

Health promotion

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

Staff assessed each patient'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.

There was a consent policy in place. Staff gained consent from women for their care and treatment in line with legislation and guidance. This was recorded on a designated consent form. We saw women were asked to declare their age and date of birth on the booking form. Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. All staff had completed Mental Capacity Act (MCA) and Deprivation of Liberties (DoLs) training.

Are Diagnostic imaging caring?

Good 

We rated it as good.

Compassionate care

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

There was a privacy and dignity policy. We observed 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. Women we spoke with said staff treated them well and with kindness. For example, they told us they were "really impressed" and "staff were really nice".

This concurred with feedback we reviewed through social media comments which showed consistently high satisfaction. Staff followed policy to keep women's care and treatment confidential. Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs.

Emotional support

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

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

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

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

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. Staff talked with women, families and carers in a way they could understand. For example, at the time of booking, women were asked if they had any special needs or requirements during their appointment.

Staff involved women in decisions about their care and treatment. Women we spoke with told us they felt fully informed about their scans and arrangements for receiving images electronically.

Women and their families could give feedback on the service and their treatment and staff supported them to do this. For example, via telephone calls, email and comments on social media platforms. Women gave positive feedback about the service. All women we spoke with told us they were very satisfied. Feedback was reviewed by the registered manager and shared with all staff.

Are Diagnostic imaging responsive?

Good 

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 people and the communities served.

The service was located near the city centre with nearby major transport links and there was ample car parking. Managers planned and organised services so they met the changing needs of the local population.

Facilities and premises were appropriate for the services being delivered.

Managers monitored and took action to minimise missed appointments. Managers ensured that women who did not attend appointments were contacted. Where women contacted the service to share that they had received bad news regarding their pregnancy, women were refunded their booking deposit.

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.

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All staff completed equality, diversity and human rights training. Staff understood and applied the policy on meeting the information and communication needs of women with a disability or sensory loss.

The service was accessible for people that used mobility aids and people with pushchairs.

The toilet was spacious enough to allow assisted and wheelchair access and the couch in the scan room was height-adjustable.

Managers made sure staff, and women, their friends, families and carers could get help from interpreters or signers when needed. Staff directed women to other services where necessary. For example, GP's and local maternity services.

Access and flow

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

Appointment requests were made directly via the service's website. On arrival, women completed a booking and consent form. Women we spoke with told us they received an appointment time that was convenient for them and the appointments ran to time. Appointment duration varied depending on the chosen scan package. There was sufficient time for women to read and complete necessary documentation and women we spoke with told us they did not feel rushed.

The service had a system in place for women to have a re-scan when required. For example, if the baby was not clearly visible due to its position. No planned appointments were cancelled or delayed for a non-clinical reason such as breakdown of equipment.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously.

The service had an in date complaints policy at the time of our inspection. In addition, there was information on the provider's website signposting women to speak with or write to the registered manager and other appropriate complaints bodies if they wished to complain.

At the time of our inspection, the service had not received any complaints. Staff were able to outline how they would add these to the complaints log and how they would response to any concerns raised.

Are Diagnostic imaging well-led?

We rated it as good.

Leadership

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

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The provider met the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors are fit and proper to carry out this important role. They managed the service effectively during the COVID-19 pandemic and ensured the safety of women attending for ultrasound scans. They understood the operational challenges such as rearranging bookings to accommodate social distancing

Vision and Strategy

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

The provider's aims and objectives were described on their website and documented in the statement of purpose.

Culture

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

Staff we spoke with said they enjoyed coming to work and felt they had good relationships and worked well as a team. Women we spoke with told us they felt confident and comfortable to raise any concerns with staff.

Governance

Leaders operated effective governance processes, throughout the service. 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.

There was a recruitment policy and quality and operations policy which described governance arrangements, roles and responsibilities. All policies we reviewed were up to date.

We saw minutes of formal team meetings which evidenced discussion about policies, training, audit results and customer feedback.

Management of risk, issues and performance

Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

We reviewed the electronic risk register which described archived and ongoing risks. The risk register was treated as a live document and updated throughout the year as required.

The registered manager explained that should the scan machine fail, there was an emergency call out agreement in place. However, the equipment was purchased when the service opened and was serviced twice a year.

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 had an information security policy, which referred to requirements under General Data Protection Regulation (GDPR) 2018. All staff completed mandatory GDPR training. Important information such as policies and

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minutes of meetings were accessible to all staff.

Digital images (if included in a package) were sent to women's mobile devices via a secure system which required a unique password to access the file. Information on the website was clear about the services provided and about costs

Engagement

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

The service's website provided a wide range of information about the services offered and booking process. Managers were visible, which provided women and visitors with opportunity to express their views and opinions face to face.

The provider engaged with service users through the service's website and social media accounts, to promote its services. The provider monitored feedback from women and their families via feedback forms and social media comments.