My Baby Scan Burscough

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?	Not sufficient evidence to rate
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

My Baby Scan Burscough is operated by JAM SCANNING LTD. The service provides self-referral, privately funded ultrasound scans including 2D, 3D, 4D, reassurance, gender and growth and non-invasive prenatal testing (NIPT). The non-invasive prenatal test is a blood test that uses DNA technology to evaluate if there is a high risk of chromosomal conditions for Down syndrome, Patus and Edwards syndrome. All scans are abdominal. The service does not provide diagnostic scans. The service had a reception/waiting area, scanning room, a kitchen and storage room.

The service provides baby keepsake scans to women. It employed one full time, one part-time sonographer and a receptionist at the location.

Summary of findings

We inspected this service using our comprehensive inspection methodology. We carried out a short-announced inspection on 7 March 2019. We gave staff two working days' notice that we were coming to inspect to ensure the availability of the registered manager and clinics.

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.

Services we rate

We rated it as **Good** overall because:

- Staff completed mandatory training appropriate for their roles. Staff were knowledgeable and patient-centred in the delivery of the service.
- The service had suitable premises and equipment and looked after them well. The scanning machine was serviced and maintained as per manufacturing guidelines.
- The service provided compassionate care, emotional support and involved patients and those close to them in decisions about their care. Staff knew how to escalate concerns about women and sign posted them appropriately.
- Records were clear, completed and stored securely.
- The service had policies in place which referenced to good practice and national guidelines.

However;

- The service had a process to identify and record risks, but further actions had not been identified or reviewed.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ellen Armistead

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 	My Baby Scan Burscough provides ultrasound scans for self-referring pregnant women who pay for the scans. Diagnostic imaging was the only core service provided at this service. We rated safe, caring, responsive and well-led as good. We did not rate effective because we do not have enough information to make a judgment. Overall, we rated the service as good because: • Staff had completed mandatory training and had the skills to carry out their roles. • The service was patient centred and focused on providing a high-quality service. • The service had suitable premises and equipment and looked after them well. The scanning machine was serviced and maintained as per manufacturing guidelines. • Staff knew how to escalate concerns about women and sign posted them appropriately. • Records were clear, completed and stored securely.

Summary of findings

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Services we looked at

Diagnostic imaging

Summary of this inspection

Background to My Baby Scan Burscough

My Baby Scan Burscough is operated by JAM SCANNING LTD. The service opened in July 2017. It is a private clinic in Burscough, Ormskirk, and serves the local population and any other people willing to travel.

The clinic provides 2D, 3D, 4D, gender and growth scans and produces keepsake images. It completes approximately 270 scans per month.

The location is open seven days by an appointment booking system up to six weeks in advance.

The service is registered with the CQC to undertake the regulated activity of diagnostic and screening procedures. The service has had a registered manager in post since it opened in July 2017.

We have not previously inspected this service.

The service did not use to store any medications.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a second CQC inspector. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Why we carried out this inspection

This was the first inspection of My Baby Scan Burscough.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out a short-announced inspection on 7 March 2019. We gave staff two working days' notice that we were coming to inspect to ensure the availability of the registered manager and clinics.

Information about My Baby Scan Burscough

The service was registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the service and spoke with the registered manager and the receptionist. We spoke with two women who were using the service, two relatives and observed two ultrasound scans. During our inspection, we reviewed twenty-six sets of women's registration forms/wellbeing report forms, six early pregnancy scan reports as well as feedback from women.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the first inspection since registration with CQC in 2017.

Activity (January 2018 to December 2018)

Summary of this inspection

- In the reporting period January 2018 to December 2018 there were 3220 scans performed (2900 for 18-35 years of age and 320 for over 35 years of age).

Track record on safety

There were no never events.

There were no incidents.

There were no incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA),

There were no incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA).

There were no incidences of hospital acquired Clostridium difficile (c.diff).

There were no incidences of hospital acquired E-Coli.

There were no formal 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

We rated it as **Good** because:

- Staff had completed mandatory training appropriate for their roles.
- Staff understood how to protect women from abuse and signposted them to other healthcare professionals when a concern was identified.
- The service had suitable premises and equipment and controlled infection risk well.
- The scan machine was serviced and monitored for faults which were repaired in a timely manner.

Are services effective?

Not sufficient evidence to rate

We did not rate effective because we do not have enough information to make a judgment. We found:

- The service provided care and treatment based on national guidance and completed audits to monitor and improve the service.
- The service monitored patient outcomes and made improvements to the service following feedback received.

However:

- Staff had not had appropriate training in the Mental Capacity Act.

Are services caring?

Good

We rated it as **Good** because:

- We observed all staff supported and cared for women with compassion and respect. Feedback from women confirmed they were treated with kindness and understanding.
- Emotional support was provided during the scan and staff signposted women to other services when needed.
- Staff involved the women during the scan and gave sufficient time to answer questions.

Are services responsive?

Good

We rated it as **Good** because:

Summary of this inspection

- The service provided assurance scans and non-invasive prenatal tests for women in a relaxed and calming environment. The service was centred around providing a positive experience for the women using the service.
- Women could access the service when they needed it by self-referral. Appointment times were flexible and waiting times were minimal.
- The service encouraged women to provide feedback about the service and had reviewed no formal complaints.

However,

- Information was only available in English and there was no interpreter service. At the time of the inspection staff told us women who had used the service had not requested information in other languages or an interpreter.

Are services well-led?

Good

We rated it as **Good** because:

- The service had a vision to provide a high-quality scanning service and future plans to improve the service.
- There was a positive, supportive culture which focussed on making improvements to the service.
- The service had a clear governance framework including roles and responsibilities of staff members.
- The service had policies in place, which referenced best practice guidance.

However,

- The service had a process to identify risks, but this had not been fully completed and risks that had been identified were not reviewed.
- The service did not have a formal record of the arrangements for provision by the visiting consultant for the non-invasive prenatal test.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

Mandatory training

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

- Staff completed mandatory training e-learning modules and we saw staff training records were up to date. Training included conflict resolution, complaints handling, basic life support, fires safety, infection prevention and control, health and safety and equality, diversity and inclusion.
- The registered manager oversaw all mandatory training requirements and allocated time for staff to complete this. However, at the time of inspection Mental Capacity Act training was not provided.

Safeguarding

Staff understood the need to protect people from abuse, and had completed safeguarding training at the required level to ensure they had appropriate knowledge to do so.

- At the time of our inspection 100% of staff were compliant with safeguarding level two training for adults and safeguarding training for children, which was the level appropriate to their role. This training included child sexual exploitation and female genital mutilation.
- The service did not provide scan appointments to women under 18 years of age, but children could attend ultrasound scan appointments with their mothers.
- There was a safeguarding policy which included contact information for reporting safeguarding concerns and guidance for notification to the appropriate organisations.
- Staff we spoke with had not made any safeguarding referrals at the time of our inspection. However, staff were knowledgeable and were able to confidently tell us what action they would take.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept themselves, the equipment, and the premises clean.

- We observed the waiting area, kitchen, storage and clinic rooms were visibly clean and clutter free on the day of inspection.
- Staff completed infection prevention and control level two training and had access to hand washing facilities in the scanning room. We observed the sonographer wipe down the equipment and wash her hands between a clinic appointment.
- The service had a detailed cleaning schedule in place for the equipment and environment. Cleaning duties were divided between the receptionist and sonographer.
- Appropriate arrangements were in place for the non-invasive prenatal blood test.
- During the scan, women were given a towel to help maintain their dignity. Following the scan, the towels were used to wipe the gel from the ultrasound. The towels were placed in a laundry bin and later washed at a minimum of 60 degrees centigrade.

- There had been no incidences of healthcare acquired infections at the service since it opened.

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 on the ground floor of a commercial complex. Access from the front door led into the reception and waiting area. The reception desk was between the scanning and a spacious storage room. The scan room led to a kitchen area where staff lockers and patient records were stored. The service had access to toilet facilities, including accessible facilities within the complex.
- The scan room was dimly lit to create a relaxing and calming environment during the scan appointment. The scan room was separate to the waiting area and provided privacy and dignity, where women had the opportunity to ask questions confidentially. The kitchen area was not accessed during the patients' scan appointments.
- The service had two first aid boxes which were in the store room and kitchen. These were readily available and contained appropriate contents. Staff were trained in basic life support level two. There was a community artificial external defibrillator located near to the commercial unit.
- The ultrasound machine was serviced and maintained as required in accordance with manufacturing guidelines. We saw staff had recorded faults and issues with the equipment, which were reported and acted upon in a timely manner.
- Appointments were usually limited to ten minutes as per the British Medical Ultrasound Society (BMUS) and followed as low as reasonably achievable (ALARA) principles, outlined in the guidelines for professional ultrasound practice 2017.
- The service had a contract for clinical waste sharp disposal bins, which were emptied every six months. Non-clinical waste was managed as part of the building lease.
- The service had a process for non-invasive prenatal testing, with appropriate labelling, storage and parcel tracking for blood samples sent to the recipient laboratory.

Assessing and responding to patient risk

The service had appropriate arrangements in place to assess and manage risks to women, their babies, and families.

- Each woman on booking was asked to read a copy of the terms and conditions of the service, information about ultrasound safety and completed a registration form/wellbeing report before the scan. This identified the age of the women to ensure the scan was not performed on a woman under the age of 18 years. The form also confirmed which scan and keepsake package was being given.
- Women were advised to attend their NHS scans as part of their maternity pathway. The terms and conditions stated the scan was not a substitute for their hospital ultrasound or antenatal appointments.
- Women were asked to bring their NHS pregnancy records with them to their appointment. This meant that staff could contact the most relevant medical provider if a concern was detected. However, most scans were early reassurance scans and women did not have any medical notes.
- The service had a clear process in place to escalate any unexpected and significant findings during the scan. The foetal abnormality/breaking bad news policy detailed what actions were required to support the women and relatives. An early pregnancy scan report was completed and given to the women to share with her clinician. If the women consented, the sonographer would contact the clinician to advise them of the findings.
- We were told the non-invasive prenatal test results would be given by the consultant obstetrician to the women if there was a concern. At the time of inspection, there had been no concerns to escalate.

Staffing

The service had enough staff with the right skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

Good

Diagnostic imaging

- We were told during the clinic times a sonographer and receptionist were always on site to ensure there was no lone working. The receptionist managed scan enquires, bookings and supported the sonographer by printing scan images for the families. The sonographer performed the scans. The registered manager arranged any bookings for a non-invasive prenatal test.
- The ultrasound clinics were usually scheduled six weeks in advance around the sonographer's availability. At the time of inspection, no bank or agency staff had been used by the service since opening.
- Staff had an induction procedure that covered all aspects of the service for their job role.
- The service had a contingency plan for staff sickness, which included cover arrangements for the receptionist and sonographer.

Records

Staff kept detailed paper records of women's completed scan consent documents and scan reports.

- Records were clear, up-to-date and easily accessible to staff providing ultrasound scans.
- Information collected from the women prior to their scan included name, address, date of birth, estimated due date (if known), maternity hospital and signature to consent for the scan. These were paper records and did not include if the women had any allergies.
- The sonographer who performed the ultrasound scan completed a paper-based wellbeing scan report during the women's appointment. A copy of the report was stored by the service so the document could be referred to in the future and a copy was given to the woman to take away with her.
- If a concern or anomaly was found, the sonographer would complete an early pregnancy scan report. This was given to the women to take to her GP or other healthcare professional.
- Ultrasound images were saved onto a computer memory stick and viewed on a computer for the women to choose the scan picture. Once the picture was chosen and printed the images were deleted from the memory stick.
- The scans were not used for diagnostic purposes so the images on the ultrasound machine were kept for nine months and then deleted from the hard drive. The registered manager told us this was performed usually monthly. The registered manager told us this gave sufficient time to review the scans if needed.
- All patient records we reviewed were completed and documented appropriately. The paper records were stored securely in a filing cabinet which was accessible from the scan room. We were told the scan room was locked at night.

Incidents

The service had a process for staff to raise concerns and report incidents. Staff understood their roles and responsibilities to raise concerns and record safety incidents.

- The service used a paper-based reporting system for recording incidents such as faults with the equipment and scans of concern file. The registered manager was responsible for investigating incidents and ensuring appropriate action was taken.
- At the time of the inspection there had been no formal incidents. We reviewed the equipment fault log where themes and trends had been identified with the scanning probe. A rare fault had been identified and investigated by the manufacturer. When things went wrong, staff apologies and gave patients suitable support and honest information. We saw improvements were made to procedures following a communication concern.
- The registered manager was aware of the requirements for reporting incidents and submitting statutory notifications to CQC. At the time of our inspection there had been no incidents to report to CQC.

Are diagnostic imaging services effective?

Not sufficient evidence to rate

Evidence-based care and treatment

Good

Diagnostic imaging

The service provided care and treatment based on national guidance and evidence of its effectiveness.

- The service had an annual audit plan for 2018 which we saw had been completed on inspection. This included sonographer image and report quality, pregnancy onward referral and appointment schedule.
- The service followed the as low as reasonably achievable principles, outlined in the 'Guidelines for professional ultrasound practice 2017' by the Society and College of Radiographers. Where possible, the sonographer completed all ultrasound scans within ten minutes to help reduce ultrasound patient dose.
- The registered manager was knowledgeable about best practice guidance and demonstrated how the thermal index was recorded and stored on each scan. The ultrasound waves may cause heating in tissue and the thermal index expresses the potential rise in temperature at the ultrasound's beam focal point. We reviewed three scans showing the thermal index was below the maximum threshold.
- Staff ensured women understood that the ultrasound scan performed at the service was in addition to those provided as part of their NHS pregnancy pathway and were not designed to replace any NHS care.

Nutrition and hydration

- The service provided water bottles for the pregnant women who attended a clinic appointment if required.
- The pregnant women were advised to have a full bladder if they were having an early scan. This was to improve the quality of the ultrasound image.

Patient outcomes

Staff monitored the effectiveness of care and treatment and used the findings to improve them.

- The service asked the women who attended to complete feedback forms so it could improve the service and scanning experience.
- The service recorded the information about the number of scans performed and collated the number of concern/anomaly referrals in a dedicated file.
- We reviewed three policies which were up-to-date and had been reviewed since the service opened. The registered manager, a qualified sonographer wrote the policies and reviewed them. The policies followed national and best practice guidance, which was referenced in the policy documentation.
- The registered manager demonstrated a good understanding of national legislation and best practice guidance. For example, when a visible heartbeat was not found and the foetus measured less than 7.0mm (National Institute for Health and Care Excellence guidance for 'Ectopic pregnancy and miscarriage: diagnosis and initial management' updated November 2016).
- The service had a system in place for patients who required a rescan, but this was not recorded as a key performance indicator for the service.

Competent staff

The service made sure staff were competent for their roles. There were processes in place to assess sonographer competencies and suitability for their role.

- As part of our inspection, we reviewed the staff personnel files for the registered manager, directors, sonographer and receptionist. We found they all contained evidence of their role and responsibilities. However, there were some documentation missing such as photographic identification and references. We escalated this on inspection and this was addressed following our inspection.
- The two staff members who performed the scans were both trained sonographers and registered with the Health and Care Professions Council as qualified radiographers. We saw they had current disclosure barring checks in place in their files. We found the other staff files did not contain the disclosure barring certificates. Post inspection the disclosure and barring checks were completed for the receptionist and other director.
- The service had equipment training records and an internal audit system to assess the sonographers image and report quality.
- The non-invasive pre-natal testing was performed by a local consultant who the service had an arrangement with.

Good

Diagnostic imaging

Multidisciplinary working

Staff of different kinds worked together as a team to benefit women and their families.

- During our inspection we observed the sonographer and receptionist working well together. This professional working relationship promoted a relaxed environment for women and their families using the service.
- The service had support from a consultant when needed and would contact other clinicians at the request of the women who were scanned.
- The registered manager told us sometimes women were referred to the service by other clinicians to obtain a scan earlier than available in the NHS where there was a concern.

Seven-day services

- My Baby Scan Burscough was not an acute service, but did operate seven days a week and worked in a flexible way to accommodate the needs of the women.
- The service was open seven days a week. Appointments were dependent on the sonographer's availability six weeks in advance, covering morning, afternoon, evening and weekend times.

Consent and Mental Capacity Act

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

- There were processes to ensure women consented to having an ultra sound scan. All staff were aware of the importance for gaining consent from women before conducting any ultrasound can. All women were given written information to read and sign before their scan appointment. This information included terms and conditions and a registration/wellbeing form and verbally in the scanning room by the sonographer.
- At the time of our inspection no training was provided for Mental Capacity Act or consent. We raised this on inspection with the registered manager. The registered manager was knowledgeable and confident in identifying women who may be unable to consent to a scan. At the time of inspection, there had been no concerns in this area.
- We observed the sonographer review the registration/wellbeing form with the women and gain verbal consent to continue with the scan. The sonographer discussed the additional use of ultrasound so the women could make an informed decision to proceed with the scan.
- We were told consent for the non-invasive pre-natal testing was gained by the consultant following consultation with a sonographer present.

Are diagnostic imaging services caring?

Good

Compassionate care

Staff cared for women and their families with compassion.

- Feedback from patients confirmed staff treated them with kindness and treated them with respect.
- We observed staff treating women and their families with compassion. The receptionist and sonographer were very reassuring and interacted with the women and their families in a respectful, professional and supportive manner.
- Ultrasound scans were carried out in a separate room. This provided privacy and dignity for the women to be scanned and ask questions confidentially.
- We observed the sonographer checking that women were comfortable before and during the scan. She explained to the women what she was doing and answered questions clearly and confidently.
- All women we spoke with said they would recommend the service to friends and family. We reviewed feedback given to the service. Some comments included "we had a wonderful experience" and "the staff were very caring and professional".

Emotional support

Good

Diagnostic imaging

Staff provided emotional support to women to minimise their distress.

- Staff were aware that women attending the service could feel nervous and anxious during their scan. We saw staff provided emotional support for patients to minimise their distress and concerns around the scanning procedure by explaining the scanning procedure and answering questions.
- We observed the sonographer support a women and partner with a 4D front scan. The baby was not in the right position for the scan initially and the sonographer directed the woman how to position herself comfortably to achieve this.
- We observed staff providing kind, thoughtful and supportive care whilst choosing images
- Staff provided support to women with concerning scans and referred them to other services for appropriate support.

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.

- We saw staff took time to explain the procedure before and during the scan. We saw staff spoke with women in a respectful, friendly and thoughtful way.
- The sonographer spoke in a clear manner and used appropriate language to explain the position of the baby and what the baby was doing. They asked women and those close to them if they had any questions during and at the end of the scan.
- Women and those close to them told us they felt involved in the experience and knew what the next steps in their pregnancy journey were.
- The service asked for feedback to make improvements to the service. This could be done with comment cards or social media platforms.

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 range of needs of people accessing the clinic.

- The service was in a modern studio with a bright a spacious waiting area on the wharf complex which provided free car parking.
- The service environment was patient-centred with comfortable seating in the waiting area for women, friends and family. The service had added a computer station for the women to be able to sit and look though the scan images to choose for a keepsake.
- The sonographers offered flexibility with appointment times and although most were pre-booked, women could phone up on the day for an appointment and were accommodated at the end of the clinic times.
- The scanning room had a large wall mounted television so women and family could see the images of their baby move.
- We observed the sonographer allowed sufficient time in the ultrasound room for scanning and answering questions so the women did not feel rushed. The women we spoke to told us they had felt rushed at their antenatal scanning appointment and left out of the experience. The service provided them with the time to see the image of their baby and feel they were part of the scanning experience.

Meeting people's individual needs

The service took account of patient's individual needs.

- The service could accommodate women in wheelchair for an ultra sound appointment.
- The women we spoke with told us the time they were given allowed for questions and selecting the images they had requested. One women had booked in for a scan and had taken a walk to help move the baby so the frontal image could be seen.

Good

Diagnostic imaging

- The service provided a chaperone service for the non-invasive prenatal test. At the time of inspection, a chaperone service was not in place for scan appointments, but staff told us usually the women would bring someone with her.
- At the time of inspection the service had no need to access interpretation services.

Access and flow

Women could access the service and appointments in a way and at a time that suited them.

- Women could access the service seven days a week. Appointments were booked at set times depending on the availability of the sonographers.
- We were told women paid a deposit to book the appointment which helped ensure the women arrived for their scan. This information was provided on the website and given during a telephone booking.
- The women chose the scanned images they wanted for a keepsake and these were printed by the receptionist. The keepsakes were dependent on the package chosen and were printed out following the decision made.
- From January 2018 to December 2018 the service had cancelled three ultrasound scans due to a fault with the ultrasound machine. All three scans were rebooked and were given upgraded scanning packages.

Learning from complaints and concerns

The service had a complaints policy and treated concerns and complaints seriously. Complaints were investigated and lessons learned from the results, and shared with all staff.

- The service had not received any formal complaints at the time of the inspection. However, there had been three concerns raised. We saw the concerns had all been reviewed and changes had been made to improve the service in response to the issues identified.
- The women we spoke with during our inspection could not suggest any improvements the service could make.
- The service had a complaints policy, which included timescales for acknowledging a complaint (within three working days) but did not provide and response time. The policy stated the service would endeavour to look at the complaint and provide a speedy resolution.
- Information about making a complaint was provided on the website under "frequently asked questions" and on the premises, a poster was displayed in the reception area.

Are diagnostic imaging services well-led?

Good

Leadership

Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.

- The registered manager ran the day to day operation of the service. The registered manager was also one of the directors. The other director had responsibility for the financial management of the service and worked as a receptionist when needed.
- Staff we spoke with felt supported and were very enthusiastic about the service provided. They said the manager/directors were friendly, approachable and they were confident to discuss any concerns and suggestions with them.
- The leadership had changed within the last twelve months from three directors to two, which had impacted on the administration side of the business. The registered manager acknowledged there was improvement to be made in relation to governance policies and procedures.

Vision and strategy

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

- My Baby Scan Burscough had a clear vision to build a quality service that provides high quality ultrasound images and maintain strict compliance with practice and adherence to the British Medical Ultrasound Society and national ultrasound scanning guidelines.

- The service aimed to ensure all staff were suitably qualified and carried out their duties competently to adhere to continuing professional development.
- The service aimed to provide reassurance and a memorable experience for expectant parents regardless of gender, age, ethnicity and disability.

Culture

Managers across the service promoted a positive culture that supported and valued staff.

- Staff told us they enjoyed working at the service and were passionate about what they did. Staff felt supported, respected and valued and were proud to work at My Baby Scan Burscough.
- The service operated an open and honest culture. Staff understood the importance of been open, transparent and learning to improve the service. This was evident during our inspection.
- During and after our inspection, we informed the registered manager that there were areas of the service that required improvement. They responded positively to the feedback given and put actions in place, demonstrating an open culture of improvement.

Governance

The service improved service quality and safeguarded high standards of care by creating an environment for good.

- The registered manager had overall responsibility for governance and quality monitoring.
- While most of the governance arrangements were appropriate for the size of the service, there were not effective recruitment processes in place. Staff files were not complete with photographic information, references and disclosure barring certificates for some staff. These concerns were raised on inspection and addressed immediately following our inspection.
- The service had processes and systems in place for policies and documentation, but they needed improvement. The service followed best practice and national guidance and these were referenced in the policies and procedures.
- A visiting consultant attended the clinic to perform prenatal testing and was available when needed for any further advice or direction. However, there was no formal record of this arrangement documented by the service.
- Details of public indemnity insurance for the service was displayed at the entrance of the service.

Managing risks, issues and performance

The service had systems to identify risks, plan to eliminate or reduce them.

- The service had arrangements in place for identifying and recording risks. The service had a risk registered that was dated 2017. This identified what the risk was, who might be harmed and action taken. However, there was no review date for the risks identified, details of further action needed, who was to complete these and by when were not completed. This was escalated during our inspection.
- The registered manager told us due to the change in directors last year the improvement in the governance systems, records and audit administration had not continued as planned and needed to be reviewed.
- Staff told us they had daily and weekly update informal meetings to identify any changes needed.
- To mitigate the risks of lone working, there were always two staff members on site when the service was open.

Managing information

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

- The service was aware of the requirements in accordance with relevant legislation and regulations to manage personal information. The service had reviewed its systems to ensure the service was operating within General Data Protection Regulations (GDPR).
- The service managed information securely. The reception computer was used for storing appointments and printing scans. Personal

confidential information was not stored on the computer. The paper records were stored in a filing cabinet behind a locked door and the computer and scan machine were password protected.

- The website for the service provided detailed information about the service and cost. The service had terms and conditions of use, which all women were given when registering for their scan.

Engagement

The service engaged well with women, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.

- The service gathered women's views and experiences to improve the service provision. Feedback was gathered through comment cards and social media forums where women could make comments about their experience and provide a rating.
- The service had a website for members of the public to use. This provided information about the services offered and prices for each type of scan package available. Women could also chat via the webpage when the clinics were on.
- We were informed daily huddles were held between the sonographer and receptionist to discuss any updates and improvements required for the service. The service engaged well with the public to provide feedback for the service. This was mainly done via social media, but comment cards and email were also used.
- Staff worked well together and discussed the service provision as needed.

Learning, continuous improvement and innovation

- Staff provided examples of improvement and changes made to processes based on patient feedback, incidents and staff suggestions.
- The service had received an award from Enterprise Vision Award for best new business in 2018.
- The registered manager took immediate and effective action to address some of the concerns we raised during our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should consider displaying information about safeguarding in the public areas.
- The service should consider reviewing the induction process and procedure.
- The service should consider reviewing the environmental risk assessments and complete them appropriately.
- The service should have a formal arrangement for consultant services provided.