Perry & Williamson Limited

4Dbabyface

Inspection report

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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

Our rating of this location improved. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good records. The service knew how to manage safety incidents. The service put safety of women before profit.
- 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, supported them to make decisions about their care, and had access to good information. Staff were fully committed to working in partnership with people and making the experience special for each person. Women really felt cared for and that they and their baby mattered.
- People were respected and valued as individuals and are empowered as partners in their care. There was a strong person-centred culture and staff were highly motivated and inspired to offer care that is kind and promotes dignity. Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women and families.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. Feedback from people who use the services was consistently positive about the way staff treat women. People could access the service when they needed it and were provided with a report and images to take home with them.
- Staff demonstrated shared values in their work. The service shared a philosophy of care statement with women which was made visible in the waiting area.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women to plan their care and all staff were committed to improving services continually.

However:

- Although managers and staff were aware of the vision for the service, there was no written strategy for the service, outlining plans for the next year or longer.
- The service used refillable bottles for dispensing ultrasound scan gel but did not have a protocol to ensure best practice. The service used appropriate methods and products to clean probes but did not have a protocol to outline the correct procedure. The service amended their infection control policy immediately after our inspection. This now outlines in full, the correct process for decontamination of probes and guidelines to prevent gel standing for long periods.
- Although staff understood the role of chaperone, there was no chaperone policy or protocol to guide staff in this role. The service implemented a chaperone policy immediately after our inspection.
- The service did not have a performance management policy to support staff who were underperforming. The service implemented a performance policy immediately after our inspection.
- Although the service asked all women if they were over 18 years when booking an appointment, their ID was not formally checked.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Our rating of this location improved. We rated it as good because: • The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good records. The service knew how to manage safety incidents. The service put safety of women before profit. • 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, supported them to make decisions about their care, and had access to good information. Staff were fully committed to working in partnership with people and making the experience special for each person. Women really felt cared for and that they and their baby mattered. • People were respected and valued as individuals and are empowered as partners in their care. There was a strong person-centred culture and staff were highly motivated and inspired to offer care that is kind and promotes dignity. Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women and families. • The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. Feedback from people who use the services was consistently positive about the way staff treat women. People could access the service when they needed it and were provided with a report and images to take home with them. • Staff demonstrated shared values in their work. The service shared a philosophy of care statement with women which was made visible in the waiting area.

Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women to plan their care and all staff were committed to improving services continually.

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Summary of findings

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Summary of this inspection

Background to 4Dbabyface

4Dbabyface is a small independent private clinic based in Newport, Shropshire which is owned and operated by Perry & Williamson Limited. The service is inspected under the diagnostic imaging core service, but they undertake baby keepsake or souvenir scans as the sole activity which are not diagnostic.

There is a registered manager in place, and they are registered to provide the following registered activity;

- Diagnostic and screening procedures.

Their Statement of Purpose identifies the population groups they service as older adults, younger adults over 18 years.

The ultrasound service is provided to pregnant women who are concerned with their pregnancies and wish to have reassurance about their developing baby and to have a keepsake souvenir of the scan. Although the service is non-diagnostic, where a concern is identified by the sonographer, a referral is made to the local early pregnancy unit.

The Sonographers are practicing Midwives, qualified in ultrasound to NHS standards and work within the NHS.

The service has been inspected previously on 29 June 2013 and 16 April 2019. We rated the services as requires improvement overall in 2019 because we found breaches of regulation 12 (safe care and treatment) and regulation 17 (good governance)

- There was no safeguarding Level 3 trained staff member in the service.
- The service did not have a system for monitoring mandatory training.
- The service did not have the appropriate policies in place.

We asked the service to make improvements. At this inspection we found improvements had been made in all the areas we had identified in our April 2019 report.

- All sonographers and the registered manager were trained in safeguarding to level 3 and staff could identify the named safeguarding lead.
- There was a system for recording and monitoring mandatory training.
- The service had implemented additional policies and updated existing ones. These were easily accessible to staff.

What people who use the service say

We spoke with one patient and one relative at our visit. Both were extremely happy with the service they received and described the service as professional and welcoming. They told us staff were friendly and respectful, gave a good explanation of what to expect, and provided them with all the information they required.

Feedback provided through Google and Facebook was overwhelmingly positive about the service.

Summary of this inspection

How we carried out this inspection

We visited the service on 19 May and spoke with the registered manager, the clinical lead, two sonographers, and a receptionist. We also spoke with one patient and their friend. We observed how care was delivered and how staff interacted with one another and we checked each room and area for cleanliness.

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.

Outstanding practice

We found the following outstanding practice:

- Although the service is a leisure service only and non-diagnostic, they contacted patients 72 hours after being referred to a midwife or other health professional on detecting an anomaly with their scan. This was to check they had received follow up care and to ask about their welfare.
- Feedback about the service was overwhelmingly positive. Staff were highly motivated to provide the best possible service and it was clear they genuinely cared for the women and families. They demonstrated an ethos of going the extra mile to ensure an enjoyable experience.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that recruitment information is retained for newly appointed staff.
- The service should consider making it more explicit to potential disabled patients that there are stairs leading to the scan room.
- The service should ensure that the process for checking the ID of women using the service is embedded.

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

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Clinical staff mainly completed mandatory training modules as part of their NHS work and provided evidence of this for the registered manager who kept a record.

Non-clinical staff completed training modules online which were purchased by the service and recorded. The mandatory training was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service was in the process of implementing a new portal system where all mandatory training records were being uploaded to allow staff to access their own records online via the portal.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Clinicians were trained to level three in children's safeguarding and levels 2 and 3 in adults safeguarding. The operations manager was the safeguarding lead for adults and children and was trained to levels three in both adults and children's safeguarding.

Although no safeguarding referrals had been made during the preceding year, staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Good

Diagnostic imaging

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

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service were amending their safeguarding policy to reflect recent guidance where every individual needs to take responsibility to report a concern. The nominated safeguarding lead planned to remain in the role to support staff.

The service asked all women if they were over 18 years when booking an appointment, however, their ID was not formally checked when they arrived for their scan. The service rectified this after our inspection. They implemented a protocol outlining that all women should be asked to bring ID with them to the scan to be checked on arrival and recorded. The service also included a checkbox on their new website where women needed to confirm they are over 18 and information has been added about the need to provide valid ID.

Women were asked if they required a chaperone when they arrived, and this was recorded on the patient's disclaimer form. There was also a poster in the waiting area reminding women that a chaperone was available. Although staff who acted as chaperones had received guidance on the role from the clinical lead, there was no policy or protocol to support their practice. The service implemented a chaperone policy immediately after our inspection. This outlined the role and responsibilities of the chaperone.

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.

The scan room and all areas were clean and had suitable furnishings which were clean and well-maintained. Soft furnishings had been temporarily removed during the pandemic. This was in line with national guidance. There were suitable Covid-19 protocols in place which were monitored by managers.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were enough stocks of PPE and a suitable ordering process and stock control.

Sonographers were responsible for cleaning equipment and the scan room after every patient contact and the receptionist was responsible for general cleaning of all other areas. The service also used a contracted company to conduct a deep clean monthly.

Sonographers used a decontamination system to clean probes used for intimate scans. Although there was no protocol in place to guide staff in this process, sonographers were familiar with the system and process and followed the manufacturer's instructions. The service amended their infection control policy immediately after our inspection. The policy outlined the process for cleaning the probes.

The service used refillable bottles for gel used in ultrasound scans. However, there was no protocol in place to ensure gel was not left standing for long periods and to prevent cross contamination between old and new gel. The service rectified this immediately after our inspection by amending their infection prevention and control policy.

Environment and equipment

Good

Diagnostic imaging

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

The service carried out regular maintenance and servicing of specialist equipment. Staff checked equipment daily and reported any issues.

The service had suitable facilities to meet the needs of most patients' families. However, the premises were not suitable for wheelchair users or people who could not manage stairs, and this was not always made explicit to patients on their website or when making an appointment.

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

Staff disposed of clinical waste safely. They had arrangements with an external company to dispose of clinical waste.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on arrival and reviewed this regularly. Staff knew about and dealt with any specific risk issues. There was a Covid-19 risk assessment in operation for all patients and visitors which was monitored.

Staff shared key information to keep patients safe when handing over their care to others. Although the service provided leisure-only scans and did not offer a diagnostic service, there were occasions where an anomaly in a woman's pregnancy was found. There was a pathway in place for sonographers to refer women directly to a hospital or other health care professional to receive appropriate care. On occasions where an urgent situation presented, they referred the woman to the local emergency department or called 999 where necessary, such as in the situation where an ectopic pregnancy was identified or suspected. Staff liaised with other clinicians directly to share their findings.

Staff responded promptly to any sudden deterioration in a patient's health. The service had an emergency policy to support staff in knowing what to do in the event of an emergency or collapse of any person on the premises.

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 and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction

The service had enough clinical and support staff to keep patients safe. Substantive staff included the receptionist, operations manager, clinical lead and senior sonographer.

They had a small bank of sonographers who also worked at a local NHS hospital. This helped staff to become familiar with the policies and procedures and worked flexibly with one another to provide maximum availability.

Sonographers had different clinical backgrounds, and all were fully qualified as a sonographer.

Good

Diagnostic imaging

Records

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

Patient notes were relevant to the current pregnancy and all staff could access them easily. The service collected information from women which pertained to their pregnancy. Sufficient details were checked to ensure women could be scanned safely and to enable referral to other health care professions if required.

Records were stored securely. These were currently in paper form and acted as the signed disclaimer and consent form. Sonographers completed a scan report which was shared with women. This was also shared with relevant health professionals when making a referral. The service were planning to hold patient records in electronic format in the future.

Medicines

There were no medicines kept or used at the service.

Incidents

The service had not reported and safety incidents. Staff recognised and knew how to report incidents and near misses. Managers knew to investigate incidents and share lessons learned with the whole team if an incident occurred. When things went wrong, staff gave women honest information and suitable support.

Staff knew what incidents to report and how to report them even though they had not reported any in the last 12 months. There was an incident book to record any incident.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Where a good quality scan picture could not be obtained due to the baby's position or other problem, sonographers gave a full explanation and arranged a further scan where this was appropriate. Where any anomaly was identified, sonographers explained their findings and what steps to take.

There had never been a serious event, but managers said they would debrief and support staff if one were to occur and would investigate incidents thoroughly and provide feedback to staff.

Are Diagnostic imaging effective?

Inspected but not rated

We currently do not rate the effectiveness of diagnostic services.

Evidence-based care and treatment

The service provided care based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. The service did not provide care for women who lacked mental capacity.

Good

Diagnostic imaging

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff always had access to up-to-date, accurate and comprehensive information on ultrasound scanning for women.

Sonographers mostly kept up to date with clinical practice through their NHS work and provided evidence of this to the clinical lead.

Additional updates were provided by the service for any new equipment, which was provided by the manufacturer. The clinical lead was a trainer and held two training sessions for clinical staff each year.

The clinical lead checked the competency of sonographers and the quality of their work. The clinical lead had recently introduced a process to regularly assess the quality of sonographer's scan pictures and reports and gave feedback.

Patient outcomes

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Audits were routinely carried out to check compliance with infection prevention and control procedures, COVID-19 safety measures, and record keeping. Outcomes demonstrated staff were following policies and protocols. The service also kept records of referrals they had made about anomalies they had identified and tried to gain feedback about the outcomes and accuracy of their findings from hospital or health professional they had referred to.

The clinical lead reviewed scans produced by sonographers and gave feedback on the quality of their scan pictures. They also reviewed the quality of sonographers reports.

Managers shared and made sure staff understood information from the audits. Outcomes were discussed at governance meetings and information was shared with staff through the service's social media group and meeting minutes were made available on the recently implemented staff portal.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Qualifications were checked when recruited and evidence of continued education and clinical updates were checked by managers and recorded.

Managers gave all new staff a full induction tailored to their role before they started work. Clinical and non-clinical staff were given time to shadow a more experienced person in their role and competences were checked.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Clinical staff received much of their clinical development in the NHS setting and also received regular observational support from the clinical lead who audited sonographers scans and reports and gave feedback on quality.

Good

Diagnostic imaging

Sonographers conducted peer reviews with one another to assess the quality of their scans compared to their peers. They used the approach used in their NHS work. Managers made sure staff received any specialist training for their role. Non clinical development, such as training to support women when breaking bad news was provided and funded by the service and delivered by an external agency.

Managers made sure staff had the opportunity to attend team meetings and had access to full notes when they could not attend. All meeting notes were available in paper copy and were uploaded to the recently implemented staff portal. Staff were also informed about important changes through the social media group messaging service.

Multidisciplinary working

Staff worked together as a team to benefit women.

They worked flexibly and supported each other to provide good care. Staff held regular team meetings to discuss patients and improve their care. The service liaised with relevant health care professionals when required.

Seven-day services

Services were available to support timely care.

Clinics were not available seven days a week but arranged mostly at evenings and weekends when they were needed most. Additional clinics were scheduled according to need and demand. Women could book appointments to suit them and every effort would be made to accommodate women on the same day if they were particularly anxious.

Staff could call for support from the senior sonographer, clinical lead and the leadership team at any time.

Health promotion

Staff gave women practical support and advice

Most sonographers were also qualified midwives and were able to offer advice to assist a healthy pregnancy where needed and knew where to refer women to for care and advice about any health concern.

Staff made sure women knew to continue with their NHS planned care for their pregnancy.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Although sonographers were experienced in recognising possible mental health issues, they generally didn't encounter these at this service because women attended for a leisure scan and not a diagnostic scan. Where women appeared particularly anxious, sonographers encouraged women to speak to their midwife or other treating physician for support.

Good

Diagnostic imaging

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service did not provide a service for women who lacked mental capacity to make their own decisions.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to care based on all the information available, and clearly recorded consent in the woman's records.

Are Diagnostic imaging caring?

Good

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

Compassionate care

Staff treated all women and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs fully. All feedback from people who used the service, and those close to them was always very positive about the way staff treated people.

Staff were discreet and responsive when caring for patients. Staff took time to interact with women and those close to them in a respectful and considerate way. Women were greeted warmly and put at their ease. Staff tried hard to ensure a relaxed atmosphere for women and families.

Staff were motivated to providing the best possible and most enjoyable experience for women and their families and tried hard to produce a high quality picture of their baby to take home.

Staff treated people who use the services with dignity, kindness, compassion, courtesy and respect. We observed staff introducing themselves to people who use the services prior to the start of an intervention and provide calm clear guidance.

Families, including children were usually allowed into the scan room where a large bench seat with cushions was provided for them to view the baby on a large screen together. However, during the pandemic, the service had followed national guidance and only allowed the woman's partner to attend. Cushions and other comfort aids had been temporarily removed in accordance with infection control policy, however, the staff made an extra effort to make the experience memorable by providing additional scan pictures at no extra cost.

Patients said staff treated them well and with real kindness, and that they had an enjoyable and memorable experience which they treasured.

Staff followed policy to keep patient care and treatment confidential. All records were secure and conversations in the scan room could not be overheard.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients who were extremely anxious about their pregnancy.

Good

Diagnostic imaging

Staff always put women's safety before profit and refused scans they felt were not appropriate for an individual. For example; when a woman called because she was concerned something was wrong and could not be seen at hospital, the service provided advice on how to access NHS care quickly even though this meant a potential loss of profit for them.

Where an anomaly was identified or bad news was given, this took place in the scan room where they could not be overheard. Referrals and discussions with other health professions also took place from a confidential area so as not to be overheard by other people.

Staff truly understood and respected the personal and cultural needs of patients 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. Staff took extra care to check on the wellbeing of women they had referred due to a concern.

Staff gave patients and those close to them help, emotional support and advice when they needed it. All staff were extremely motivated to ensuring that women received the best possible experience, whether this was celebrating good news or supporting women and families to hear bad news and helping them to understand what to do next.

Because the service did not provide ongoing care or treatment for women, they ensured that women who needed it, were promptly referred to their midwife, and liaised directly with relevant health care professionals to smooth to onward journey and always made sure an NHS appointment was made for women who needed it.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. All difficult conversations took place in the scan room away from others.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. They were always extremely kind and caring and understood the effect of bad news on women and their family.

Staff understood the emotional and social impact that a person's care or condition had on their wellbeing and on those close to them. Where they had referred a woman with a potential anomaly or problem, they contacted the woman 72 hours later to check they were receiving care and to provide some emotional support.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and the options available to them. They always reminded women that they were entitled to a free scan on the NHS as part of their pregnancy journey and explored the reason for wanting a scan. Staff reminded women that the service provided leisure scans which were non-diagnostic and that these would not replace any NHS scans which were scheduled. Women were reminded and strongly encouraged to attend all NHS scans as part of their pathway. The disclaimer form included an explanation of this which women were required to sign to indicate they understood this.

Good

Diagnostic imaging

Staff talked with patients, families and carers in a way they could understand, and were happy to take extra time if needed.

Staff were considerate to women's feelings and always checked whether women wanted to know the sex of their baby before starting the scan and offered options for revealing the sex later.

The service offered;

- secret scan packages for any trimester where the gender is kept a complete secret.
- cards that announced the gender to the woman if they wished to discover the gender in a private and more intimate way.
- gender reveal party packages which included a balloon, confetti cannon, smoke bomb with confetti and gender reveal crackers.
- photos frames to commemorate the scan photo such as IVF twinkle baby, little sister or brother.
- heartbeat bears.
- heartbeat-only scans (if required) with a bear to make it more affordable for women who wanted a less costly option.

Women and their families could give feedback on the service and their treatment and staff supported them to do this. Women were asked to provide feedback about the service they had received online, either on the service's website or through social media. Reviews describe the service as professional and friendly, and staff were described as welcoming, supportive, kind, patient, calm, caring and genuine.

Feedback about the service was overwhelmingly positive. Women spoke extremely highly about their experience and the staff.

Women described their experience as amazing and would highly recommend the service to others. All sonographers and the receptionist were named in reviews and messages of thanks were left to individuals for the highly personal, positive and wonderful experience and for going the extra mile to make them feel comfortable and able to bond with their baby.

The service encouraged women to give feedback to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.

The service asked followers of their social media page what prizes they would like when draws were made. This resulted in various scans being offered as prizes.

USB sticks were suggested, and these have been provided for women as an alternative to CD to store images on.

Morning clinics have been set up in response to feedback to enable women to leave children at school and attend alone.

Colour photos were provided after feedback as well as black and white.

Are Diagnostic imaging responsive?

Good

Diagnostic imaging

Good

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served

Managers planned and organised services, so they met the changing needs of the local population. Clinics were available in the evenings and weekends as well as some daytime sessions according to demand. Staff worked flexibly to fill the shifts and fitted these in around their NHS work.

Facilities and premises were appropriate for the services being delivered. The service was a small organisation based in the town's high street. There was one scan room, a reception area and an additional waiting area. The facilities were suitable for their purpose. The provider had responded to suggestions from staff and was planning to upgrade the scanning machine to achieve a higher specification of 4D image to provide an even better service for women.

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

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.

The service had information available in languages spoken by the women and local community. They did not offer a counselling service but were able to direct women to appropriate services when needed.

The service was able to accommodate family or a friend during the scan but had limited this to one person during the pandemic. This was in line with national guidance and women were informed of this when arranging the appointment.

Access and flow

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

Managers monitored waiting times and made sure women could access services when needed and received them within agreed timeframes.

Changes were made to appointment times during the pandemic to ensure sufficient time for additional cleaning and so that women and their partners could be in the waiting areas safely. This meant that less appointments were scheduled during each clinic session.

Women received their scan report and scan pictures before they left the clinic.

Good

Diagnostic imaging

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, and shared lessons learned with all staff.

Women, and their families knew how to complain or raise concerns if they needed to.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Complaints were generally about images being unsatisfactory due to baby's position or not obtaining the view women wanted. In most circumstances, women who were not completely satisfied with their images were offered another scan at a later date if this was appropriate for the individual. Complaints were usually resolved immediately and so were not deemed as formal. These were acknowledged and discussed in meetings.

Managers knew how to investigate a complaint if one became formal and would share feedback with staff to improve the service.

Are Diagnostic imaging well-led?

Good

Our rating of well-led improved. 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 and take on more senior roles.

The provider owned this location and others and was sighted on the overall risks, issues and performance at a strategic level. They enabled the operations manager and clinical lead to maintain day to day running and management of the service and met with them regularly to discuss the business. The operations manager and clinical lead reported directly to the provider.

When another location managed by the provider was struggling during the pandemic, leaders invited all staff to contribute their views and ideas about keeping both locations open.

Leaders remained visible and approachable to staff. All staff felt able to approach either the operations manager or the clinical lead if they had a concern.

Vision and strategy

Good

Diagnostic imaging

The service had a vision for what it wanted to achieve but not a formal strategy to turn it into action. They had not discussed a long-term plan. The vision and strategy were focused on sustainability of services and aligned to the current national pandemic situation.

Leaders discussed the future of the business in relation to sustainability during the national pandemic situation. They had paused the service briefly during a national lockdown because their service was viewed as non-essential. This was in line with national guidance at the time.

Staff were kept informed the situation throughout. During periods when it was appropriate to provide the service, activity was limited to enable safe working for staff and a safe environment for women. Leaders kept staff informed of changing plans throughout.

The operations manager and clinical lead met regularly with the provider to discuss plans for the business and how to ensure a safe service, and shared information with staff.

Although there was no written five year vision or strategy shared with staff, they understood the short term vision for the service and described a set of values which they all shared. The values focussed on continuous improvement and providing the best possible experience for women.

The service outlined on their website their aim for patients as 'providing a professional service for prospective parents' and had recently implemented a philosophy of care statement which was visible in the waiting area for patients. This set out what women can expect from the service.

Culture

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

Staff described the culture as one which is professional, friendly and supportive, where each person always strived to do their best for all women and to make the experience special and fulfilling.

All staff enjoyed working at the service and had worked there for many years. Staff turnover was extremely low. Most of the clinical staff worked together in an NHS hospital and were able to work flexibly to fill the shifts that were required to meet the changing needs of the service users.

They were highly motivated to make the service 'the best in the area' and were extremely proud to work there. All staff felt part of the business which had been built up from a very small setting to a more professional organisation which was in good demand from women seeking leisure scans.

A clinical lead role had been created as part of staff development and there were plans to utilise the specific skills of a regular sonographer in a quality assurance role.

Governance

Good

Diagnostic imaging

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.

The service had improved its governance structure and processes since our last inspection in 2018. There was a suite of policies available to staff. Leaders had amended policies and created new ones to underpin all activity and provide direction to staff in all areas of their work.

The new policies and updated ones were shared with staff initially and leaders kept a record of staff having reviewed these. More recently, the service invested in a staff portal where all staff could log into using a secure password to access all policies, protocols and other relevant information to help them with their work. The portal allowed managers to monitor that staff had reviewed policy updates and newly added policies and other important information.

Minutes from team meetings and training records are also kept on the portal for staff to access.

Leaders met together weekly to discuss and plan the week ahead. This information was shared with staff via a private group App and also available on the portal.

Governance meetings took place quarterly between the senior leaders and the provider. Staff members are invited in rotation and the minutes are shared via the portal. Topics such as the future of the business, activity, staffing, risks, finance, complaints, compliments, policy changes and training updates were regularly discussed at the governance meeting.

Managing risks, issues and performance

Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Leaders discussed performance, risks and issues at governance meetings. The clinical lead had recently implemented a process to assess the quality of scans and reports produced by sonographers and the outcomes shared with senior leaders. Feedback from referrals to other providers was also used as a method for assessing performance.

Risks and issues were discussed at governance meetings and at weekly meetings when new risks arose. This was noted in meeting minutes. However, there was no formal method for identifying risks and monitoring the impact of any mitigation actions taken. The service implemented a risk register shortly after our inspection which now identifies current and ongoing risks. Leaders plan to review the new risk register regularly.

Risks mainly focussed on financial risks to the business due to the national pandemic, infection control measured required to keep staff and women safe, and the age of the scanning machine currently in use.

All staff were aware of the risks through previous discussion and sharing of meeting minutes prior to the implementation of the risk register.

Managing information

Good

Diagnostic imaging

The service collected some 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.

There was limited data available to analyse within the service due to the nature of the service. The service provided scans for leisure and keepsake purposes only and was non-diagnostic. On occasions where anomalies were identified or suspected during a leisure scan, staff informed women of their findings and referred them to an appropriate health care professional to follow up their care. Managers kept a record of all referrals made which was shared with staff.

A disclaimer form was used to collect basic information about the woman prior to their appointment. This also acted as a consent form and reminded women that the scan did not replace their NHS scan. Women were required to select yes or no to consenting to the scan, understanding the risks, agreeing to a referral if necessary, understanding that the scan did not replace their NHS scan, and to holding of relevant information. They were also asked to indicate whether they wanted a chaperone.

The service were working with an external company to update their website and improve the information for women about ultrasound scans. Their intention was to include the information, disclaimers and consent questions for women on the website as part of the appointment making process. Links to information and potential risks of frequent ultrasound scanning would also be easy to access on the new website. Women would need to read about the risks and give consent prior to being able to progress to make an appointment. The intention for the future was to change record keeping to all electronic rather than paper.

The service provided a scan report for women as well as a DVD or CD of their baby pictures. The report recorded information such as treating hospital, GP details, and due date, as well as scan findings such as fetal heart beat, liquor, gender (if wanted), position of baby, plus any other relevant comments. The scan report also served as a referral report when anomalies were found.

The clinical lead had recently implemented an audit process to assess the quality of the scans produced by sonographers. Records of assessments were kept and feedback provided to individuals. The service were planning to include audit and assessment information on their new portal for ease of access for staff.

The service were in the process of implementing a new manager and staff portal where all staff could access their own individual training and performance records as well as shared files and information about the service, such as meeting minutes, policies, protocols and updates.

Managers also had their own access area to share management information.

Engagement

Leaders and staff actively and openly engaged with women and staff to plan and manage services. They used media platforms to help improve services for women.

The service encouraged staff to share ideas about improving the service for women and their families. Staff shared ideas at staff meetings, via WhatsApp group and by approaching the managers individually. All ideas were listened to and implemented. For example;

Good

Diagnostic imaging

- When a sonographer identified an area for improvement regarding timings of appointments, managers immediately reviewed the situation and amended appointment times to enable more time for cleaning between women. Time for breaks between scans was also ensured.
- Managers are considering a rental agreement for a higher specification scanning machine following feedback from staff.
- Earliest scan dates are under review based on staff feedback about women being unsure of their dates when requesting a 6-week scan.

The service mainly engaged with women via social media platforms and reviews were collected via online review platforms because the population group using the service preferred this method of engagement.

The service encouraged women to provide feedback and suggest ways to improve the service. All ideas are taken seriously. For example;

- a free scan as a prize for providing feedback and improvement ideas.
- a USB device as an alternative to a CD or DVD for their scan photos.
- colour photos of their baby.
- morning appointments.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had an understanding of quality improvement methods and the skills to use them.

Managers were committed to improving the service and were proud of how they had transformed a small unregulated scanning service in their early days to a more professional and successful business which had an increasing number of followers on social media platforms and customers who returned with each pregnancy.

Although there were limited opportunities to analyse performance and outcomes, managers were able to demonstrate commitment to improvement by assessing the quality of sonographers work, conducted audits, and regularly reviewed and acted on client feedback and suggestions.

The service had engaged positively with the Care Quality Commission and acted on feedback from previous inspections, engagement calls and monitoring activity. They had implemented systems and processes to monitor and manage mandatory training, developed policies, and implemented a system to ensure policy updates and changes were reviewed and managed.