

BABYVUE LTD

BABYVUE Private Baby Scan Clinic

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

We carried out an inspection of BabyVue Private Baby Scan Clinic using our comprehensive methodology on 28th July 2022. This was the first time we inspected the service. We rated it as good because it was safe, effective, caring, responsive, and well led:

- 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 clinic controlled risks of infection well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- The registered manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women and their immediate families.
- The service took account of women's individual needs and made it easy for people to give feedback. People could access the service when they needed it.
- The clinic leadership ran the service well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women to plan and manage services and all staff were committed to improving services.

However:

- The service record for the sonography couch was incomplete.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	

Summary of findings

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Summary of this inspection

Background to BABYVUE Private Baby Scan Clinic

BabyVue Ltd, trading as BabyVue Private Baby Scan Clinic, is an independent provider based in Orpington that offers 2D and 4D pregnancy ultrasound scans, early pregnancy scans, gender scans, pregnancy and fertility blood tests to mothers in the local community.

The clinic employed sonographers and receptionists on a part time basis, some of whom were trained as phlebotomists to perform blood tests.

The registered manager was co-director of the company and lead sonographer. This will be their first CQC inspection since registration in 2019.

The service is registered with the CQC to provide the regulated activity:

- Diagnostic and screening procedures

How we carried out this inspection

This was an unannounced inspection, although the visit date was altered to match modified clinic opening hours. 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>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **SHOULD** take to improve:

- The service should ensure that an equipment inventory is completed to provide oversight that clinic equipment is serviced in accordance with manufacturer recommendation.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good 

We have not previously rated this service. We rated it as good because:

Mandatory training

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

The mandatory training was comprehensive and met the needs of patients. We saw training management records which indicated staff completed training modules tailored to their roles.

Training modules were provided by a specialist company and topics completed included equality and diversity, infection prevention control, basic life support, safeguarding adults and children and handling information.

Staff we spoke with were up to date with their mandatory training and said they had been given time at work to complete the topics.

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 roles on how to recognise and report abuse. The staff member we spoke with knew to raise any concerns initially with their sonographer, who escalated it to the registered manager. The registered manager acted as the safeguarding lead for the service.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. All staff were trained to level one and two for safeguarding adults and children in accordance with national guidance. Staff were aware of policies and procedures in identifying female genital mutilation (FGM). None of the staff could recall the need to raise a safeguarding concern in the last year.

Diagnostic and screening services

The business had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check prior to appointment along with work and personal references.

Cleanliness, infection control and hygiene

The service controlled infection risks well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and premises visibly clean.

All staff had received mandatory training in infection prevention and control (IPC) and we saw an IPC policy that complied with national guidance.

All areas we inspected were visibly clean, tidy and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and indicated that areas were cleaned regularly. We noted that flooring and chairs were made from easy clean materials.

We observed hand washing posters displayed near sinks in the kitchenette and rest room. Antimicrobial hand-rub dispensers were sited at strategic points and these all contained gel.

Staff were wearing either scrubs or short sleeved uniform, which indicated the service followed 'bare below the elbows' guidance.

We saw a spill kit located in the clinic, to assist staff safely clean any fluids from floors or work tops.

The service disposed of clinical waste safely. Clinical waste was segregated from general waste and handled, stored and removed in a safe way. We saw that the external bulk clinical waste bin was locked and secured, which reduced the risk of tampering or pilferage. The practitioner had contracted with a local service for waste collection and disposal.

Environment and equipment

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

The scanning room was spacious and had lighting which dimmed to allow ultrasound scans to be clearly seen on a wall mounted visual display unit.

Fire safety equipment and evacuation signs were sited at strategic points throughout the clinic and we saw smoke and fire alarms fitted. We saw that external contractors had completed fire equipment safety checks.

We checked a selection of electrical devices and saw they were labelled with the dates of the most recent electrical safety test, which provided a visual check that they had been examined to ensure they were safe to use.

The sonography couch was electrically adjustable and had an electrical safety test label affixed. However, the service record label was missing. Staff explained they were preparing an equipment inventory to help track maintenance and servicing.

Diagnostic and screening services

All other items such as the scanner had completed records of calibration and servicing, which were undertaken by the manufacturer under a maintenance contract

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.

The registered manager described how the service assessed clients and we saw examples of completed risk assessments in the patient records we reviewed.

The service had a deteriorating patient protocol that followed national guidance. Staff knew what to do in an emergency and we saw that all staff had completed training in basic life support. We saw an in-date first aid kit located on the reception area.

Staff explained that the service used latex-free gloves and scanner probe covers to reduce the risk allergic reaction in clients or staff.

We saw the policy for any occasion when the sonographer saw an unexpected result on the ultrasound scan. We observed this occur during the inspection and staff gave additional examples of women who were redirected to local NHS services. We saw referral letters that had been completed in these circumstances.

The service advised women about the importance of attending their NHS antenatal scans and appointments.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to run the service.

The registered manager of the company was also the lead sonographer, who explained that the service was operated on an appointment only basis.

A small team of part-time receptionists alongside a supervisor to support each session. The work roster was organised by the supervisor to ensure two staff were working on each session. The service did not use locum or agency workers.

The lead sonographer and supervising receptionist had undertaken phlebotomy training provided by the pathology laboratory, along with workplace experience.

Records

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

Patient notes were comprehensive and could be accessed easily. The business had purchased an electronic patient recording system which enabled the service to securely manage hold all records including client details, relevant medical history, consent and images.

Diagnostic and screening services

With the client's consent, electronic records and images could be shared with other healthcare providers.

We observed staff maintaining the confidentiality of women as computer screens were not kept open or left unattended. Staff had completed record keeping and information governance awareness as part of induction and mandatory training.

Records were stored and archived securely. The registered manager was the data controller registered with the Information Commissioner's Office (ICO) and had processes to ensure records remained safe and complied with regulations in the event the business ceased trading.

Medicines

The service did not use medicines. The service did not prescribe, administer or store any medicines.

Incidents

The service had systems to report and learn from incidents, although staff had not reported any incidents or near misses in the last year. The registered manager ensured that actions from relevant safety alerts were implemented and monitored.

The registered manager understood the types of incidents that were required to be reported to the Care Quality Commission (CQC).

The registered manager also understood the obligations under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support.

Are Diagnostic and screening services effective?

Inspected but not rated 

We do not rate the effective domain in diagnostic and screening services.

Evidence-based care and treatment

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

The service followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We saw a comprehensive range of policies, protocols and standard operating procedures to support the delivery of services. These had been commissioned from a specialist third-party provider.

The policies and protocols we checked were version-controlled and contained appropriate references to national guidance and best practice documents.

Diagnostic and screening services

Sources of national guidance included the NHS and National Institute for Health and Care Excellence (NICE). The registered manager explained that the service received automatic alerts and notifications from organisations such as the CQC and NICE as well as newsletters from the British Medical Ultrasound Society (BMUS).

Nutrition & hydration

Staff considered women's individual needs where drink was necessary for the procedure.

Staff gave women appropriate information about drinking water before trans-abdominal ultrasound scans to ensure they attended with a moderately full bladder. The service provided water to women who needed to refill their bladder prior to a scan. This enabled the sonographer to gain effective ultrasound images.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain during trans-abdominal and trans-vaginal scans.

The service did not undertake pain assessments. However, staff described how women were made to feel comfortable and monitored for any discomfort during their appointment.

Patient outcomes

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

The registered manager explained how the quality of service provision was monitored through a peer review process and comparison against guidance set out by professional bodies such as the BMUS.

Competent staff

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

Sonographers were listed on the Voluntary Register of Sonographers administered by the College of Radiographers and the registered manager described being a member of the British Medical Ultrasound Society (BMUS)

Staff we spoke with described how they received a full induction tailored to their role and we saw competency logs supporting additional skills such as phlebotomy.

Staff participated in annual reviews with the registered manager and were supported to develop their skills and knowledge.

The registered manager made sure staff received any specialist training required for the role and the staff member we spoke with gave us examples of computer software and phlebotomy training they had attended.

Multidisciplinary working

Diagnostic and screening services

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

Staff explained how they communicated within the team using emails and a secure instant messaging service.

The service supported women if any concerns were identified from a scan and staff would write a referral letter for them to take to their GP or NHS early pregnancy service.

The GP report letters we saw were of good quality.

Seven-day services

The service was available seven days a week, by appointment, to meet client needs.

Services were available to support timely care and was open evenings and weekends. The service did not provide emergency care or treatment.

Appointment times were flexible to accommodate women and a call centre service was used to enable clients to contact the business as times to suit them.

Health Promotion

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

The sonographer was keen to provide a service that was sensitive to the demographics of the local population and we saw a variety of health information leaflets on display in reception and the scanning room.

Staff explained they would continue to distribute information unless full pandemic restrictions returned.

Consent, 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. They knew how to support women who were experiencing mental ill health.

The registered manager 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 knew who to contact for advice.

Staff gained and recorded consent from women for their care and treatment in line with legislation and guidance. They asked women to complete additional consent for transvaginal scans and for the use of the live streaming service.

Staff received consent training as part of induction received mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We reviewed completed consent forms and found these were completed fully.

Diagnostic and screening services

Are Diagnostic and screening services caring?

Good 

We have not previously rated this service. We rated it as good because:

Compassionate care

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

We observed three scanning sessions and spoke with the women and their partners afterwards.

Without exception, all described a positive experience and all staff present took the time to interact with the service users in a respectful and considerate way.

In addition, we reviewed similar comments made about the service in social media sites linked to the company website.

The service was able to maintain the privacy and dignity of women during scans. The clients we spoke with confirmed that the scan room door was always closed, they were provided with suitable coverings and a privacy screen while they adjusted their clothing.

Emotional support

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

Staff we spoke with understood the emotional and social impact that a woman's condition had on their wellbeing and on those close to them. The service provided women with information about support following a miscarriage and we observed a supportive and caring interaction between the sonographer and a patient when this occurred during our inspection.

The service users we spoke with told us that appointments felt unhurried and they were encouraged to ask questions. We received positive comments about the use of a large wall-mounted display screen which was linked to the scanner, and the way this was used by the sonographer to explain what they were seeing.

Understanding and involvement of patients and those close to them

Staff supported and involved women to understand their condition and make decisions about their care and treatment.

The service made sure women understood their treatment by providing clear information about scan packages and costs on the website and during the appointment booking process.

Diagnostic and screening services

Women were able to request a chaperone, who was a trained member of staff, in advance of the scan appointment. We saw this aspect was included in the information sent to women at the time of booking and service users we spoke with were aware of this. None had felt the need to request a chaperone.

Service users we spoke with confirmed that they had been given clear advice on pricing as part of the booking process and we saw these listed on the company website.

Service users also told us that staff took their time to explain the scan procedures and answered any questions.

Women could give feedback on the service and their treatment and were supported to do this.

Are Diagnostic and screening services responsive?

Good 

We have not previously rated this service. We rated it as good because:

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. Facilities and premises were appropriate for the services being delivered.

Staff described how the service responded to enquiries and appointment requests by email or telephone and how the sonographer provided women with appropriate information about scan options and pricing.

The service allowed women to attend with members of their families or friends for support. The service was available during the week and on weekends by arrangement. Appointment times were flexible.

Images from the scan were provided the same day. Service users we spoke with confirmed they were able to book appointments on a date convenient for them.

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 made reasonable adjustments to women's additional needs which were identified from the health declaration form at the booking stage. For example, the couch in the scanning room could be height adjusted as required and we saw portable steps provided for ease of access.

The entrance door to the service was on ground level and wide enough for wheelchair and pushchair access.

Staff asked if women had any special needs or requirements during the booking process. Staff explained they could adjust for women with visual and hearing impairments and women who required translation services.

Diagnostic and screening services

Translation services were planned in advance of a women's attendance and staff knew how to obtain translation support.

Access and flow

Clients self-referred and could access the service when they needed it. They received the right care and their results promptly.

Women were able to book appointments online, by email or telephone. Staff explained that appointment times were flexible to allow for rescans if the baby was not in the best scanning position.

Women had same day access to their scan images.

Learning from complaints and concerns

It was easy for women to give feedback and raise concerns about care received. The service had a policy describing how concerns or complaints were investigated and any lessons learned were shared with all staff.

Staff described their process for handling and investigating formal complaints, which followed their policy. The complaints policy included timescales of when the complainant would get a final response. There had been no complaints in the last 12 months.

Service users knew how to complain or raise concerns. The service's complaint policy was published on the website along with contact details and links to social media feedback platforms. We saw examples of positive feedback on the clinic website.

Staff received mandatory training on complaints handling, customer service and duty of candour.

Are Diagnostic and screening services well-led?

We have not previously rated this service. We rated it as good because:

Leadership of the service

The registered manager 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.

The registered manager and receptionist supervisor were responsible for the leadership of the service and line management of staff.

The staff member we spoke with said they had been supported and encouraged to develop skills required for the post.

Diagnostic and screening services

Vision and Strategy

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

The vision and strategy were focused on customer care and quality of services. Staff understood the service's primary focus on care and comfort.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of women receiving care.

The service an open culture where women and staff could ask questions and make suggestions. Service users we spoke with praised the care and attention they received, and staff reported a positive culture within the service and said it was a friendly working environment.

Staff informed us they felt confident to raise any concerns with the leadership and felt valued.

Governance

The registered manager and staff were clear about their roles and accountabilities and had regular opportunities to discuss and learn from the performance of the service.

The registered manager discussed quality and safety performance issues at review meetings. The manager and staff described how they shared learning from alerts or incidents. There were 146 policies which had been developed for the safe and effective running of the service.

The business had agreements with third party organisations for the delivery of activities that supported the sonography, such as cleaning, waste disposal and information technology.

Management of risks, issues, and performance

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

The registered manager had oversight of the service's risks and understood the challenge of risks in terms of quality, improvements, and performance.

The service had updated their general and COVID-19 risk assessments and identified actions which had been completed to mitigate risks.

The service had a business continuity plan and valid insurance covering both public and employer liability, including professional indemnity insurance for registered professional staff.

Information management

The service collected data to help understand performance, make decisions and improvements.

Diagnostic and screening services

The information systems were integrated and secure. Patient information held by the clinic was stored in electronic form, using a secure software package provided by a third-party organisation.

The service had a data protection policy and had implemented a data retention policy which outlined the purpose for processing personal data and retention periods and disposal methods.

Engagement

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

Staff had regular engagement with the registered manager at team meetings and via email or instant messaging. Staff told us they were involved in the day-to-day running of the service.

The service encouraged women to provide feedback using survey forms provided as well as social media reviews or directly by phone or email.

We saw positive examples of feedback that was consistent with comments made by clients to us.

Learning, continuous improvement and innovation

The registered manager was committed to continual learning and to improving their service.

The registered manager encouraged feedback to help ensure the service was meeting the needs of their patients.

The registered manager practitioner had oversight of the service's risks and understood the challenge of risks in terms of quality, improvements, and performance.