

Bump2Baby Scans

Quality Report

Bump2Baby Limited
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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



Summary of findings

Letter from the Chief Inspector of Hospitals

We have not previously rated this service. At this inspection we rated the service as **Good** overall because:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. The premises and equipment were well maintained and fit for purpose.
- Records were clear, up-to-date and easily available to all staff providing care.
- The service provided care and treatment based on national guidance.
- The service provided a seven day service.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service treated complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

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

Amanda Stanford
Deputy Chief Inspector of Hospitals

Overall summary

Bump2Baby is operated by Bump2Baby Scans Limited. The service provides a baby scanning service which includes early pregnancy scans and gender scans. We inspected diagnostic imaging.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 16 April 2019.

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.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

Diagnostics was the only activity the service provided. We rated this service as good because it was safe, caring, responsive and well-led. We do not rate the key question of effective.

Summary of findings

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Good 

Bump2Baby

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Bump2Baby Scans

Bump2Baby is operated by Bump2Baby Scans Limited. The service opened in March 2018. It is a private clinic in Leicester, Leicestershire. The service primarily serves the communities of the Leicester and Leicestershire. It also accepts patient referrals from outside this area.

The hospital has had a registered manager in post since March 2018. The manager has remained the same since the service registered with the CQC in March 2018.

The service provides a baby scanning service which includes early pregnancy scans, reassurance scans and gender scans. This is the services first inspection since registering with the CQC.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspections.

Why we carried out this inspection

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12

months before this inspection. This was the services first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Information about Bump2Baby Scans

During our inspection we visited the reception area and the scanning room of the service. We spoke to all staff members employed by the service. This is a small service and consists of two members of staff. Both members of staff are trained ultrasound technicians and fulfil all roles including receptionist and chaperone responsibilities. Both are directors of the company and one is the registered manager. We spoke with two patients and one relative during our inspection, staff also provided us with feedback from patients who had used the service. During our inspection we reviewed five sets of records.

Activity (January 2018 – January 2019)

- In the reporting period from January 2018 to January 2019, 360 patients aged 18-35 years old used the service and 83 patients aged 35 years and over used the service.

Track record on safety

- 0 Never events
- 0 Clinical incidents
- 0 serious injuries
- 5 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?

We have not previously rated this service. At this inspection we rated it as **Good** because:

- Staff understood how to protect patients 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.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service had suitable premises and equipment and looked after them well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Good



Are services effective?

We did not rate the effectiveness of this service however:

- The service provided care and treatment based on national guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff worked together as a team to benefit patients.
- The service provided a seven day service.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Not sufficient evidence to rate



Are services caring?

We have not previously rated this service. At this inspection We rated it as **Good** because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved individuals and those close to them in decisions about their care and treatment.

Good



Summary of this inspection

Are services responsive?

We have not previously rated this service. At this inspection we rated it as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patient's individual needs.
- People could access the service when they needed it.
- Staff spoke a variety of languages spoken within the local area making the service accessible to a wider community.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

Good



Are services well-led?

We have not previously rated this service. At this inspection we rated it as **Good** because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well or wrong.

Good








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

Diagnostic imaging

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

Are diagnostic imaging services safe?

Good 

We have not previously rated this service. At this inspection we rated safe as **good**.

Mandatory training

The service provided training in key skills to all staff.

- Due to the small staffing numbers of the service, staff told us that they did not have any formal mandatory training. They did however tell us that there are policies in place such as, infection prevention and control, health and safety and equality and diversity which they adhered to. Staff also received a minimum of 12 monthly training by a sonographer which is arranged through an agency separate to the service. Staff provided us with evidence of this.
- Staff told us that they had not received training on people with additional needs such as mental health conditions, learning disability or autism. Staff also told us they have had no experience with patients who had mental health conditions, learning disabilities or autism. However, staff did tell us that they would ensure that patients with these needs would have an escort or guardian with them and make any adjustments where possible to provide the best service and outcome.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

- The service had a safeguarding policy which was reviewed by the registered manager every six months. All staff were aware of the safeguarding policy.
- The registered manager was the safeguarding lead, all staff were trained to level two in safeguarding adults. Staff had no formal training in the safeguarding of children. However, the service had access to someone within the local authority who was trained to level three and who was trained in the safe guarding of children.
- At the time of inspection, the service had not needed to implement the safeguarding process, however all staff were aware of their role and responsibility and how to refer to the local authority. There was a flow chart that staff could follow when making a safeguarding referral.
- All staff had Disclosure and Barring (DBS) checks in place.
- Staff were witnessed to use a three, point patient positive identification. Staff were seen asking the patient to verbalise their name, address and date of birth before carrying out the scan.
- There were signs displayed in the reception area offering a chaperone service. Staff were all chaperone trained. Staff we spoke to were aware of their responsibilities as a chaperone.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

Diagnostic imaging

- A cleaner was provided for all services that used the building. Staff also cleaned the clinic daily. Disinfectant wipes were used by the ultrasound technicians to clean the scanning equipment after every use.
- Staff were seen using hand sanitiser before and after contact with patients they were scanning. There were hand washing basins available with soap and hot running water.
- There was an infection prevention and control policy that all staff were aware of and knew their responsibilities.

Environment and equipment

The service had suitable premises and equipment and looked after them well.

- The environment was appropriate for the service, they had a scanning machine that had been purchased in the last 12 months. Staff were trained by the equipment manufacturer in the use of it and they provided the maintenance and servicing of the equipment.
- Staff told us that should there be a technical problem with the scanning machine there was a 24 hour telephone support service available. This would aim to be resolved within 24 hours of reporting any technical problems.
- There was first aid kit available behind the reception desk, all items that were checked inside at the time of inspection were in date and sealed. An incident book was available to record any instances where someone accessing the service may require first aid. In the event of an emergency staff told us that they would call 999 for assistance. There had been no incidents where emergency services needed to be contacted since the service's registration.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

- Staff said they followed the referral procedure set out in their 'Referral Policy'. This involved them informing the patient that they had seen something on their

scan which should be checked at the hospital for a clinical diagnosis. They called the most appropriate hospital on the patient's behalf and made sure an appointment was booked, they explained why a referral was required and provided information and images for the hospital. We were told patients would never leave the clinic without a clear plan of what to do next. We reviewed the service's referral policy. We did not see evidence of this during our inspection and the records that we checked during our inspection did not contain any referrals.

- Patients were made aware within the consent form that the service did not provide any clinical diagnostics. We staff advising patients to continue with their NHS scans as part of the maternity pathway.
- Prior to the scan staff asked the patient if they had been feeling unwell or experienced any pain or bleeding. If the patient disclosed, they had experienced any symptoms then they were referred to their midwife or hospital for further investigation and the scan would not go ahead.

Staffing

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

- The service was operated by two staff who were both trained ultrasound technicians and performed all scans at the service between them. One was also the registered manager. Both ultrasound technicians carried out the role of receptionist and administrative staff.
- Staff told us that they were registered with the British Medical Ultrasound Society (BMUS).
- Staff told us that there was no formal induction as they were involved with the start-up and the registration of the company. There was a recruitment policy in the event of more staff being recruited.
- Both members of staff were always at the building when there were scans booked. One member of staff would stay at the reception and the other would perform the ultrasound scan. Staff each had a mobile telephone to answer any calls and take bookings.

Diagnostic imaging

Records

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

- Paper records were used and were stored securely in a locked filing cabinet behind the reception desk. Of the five sets of notes checked during our inspection all had relevant patient details on as well as details about the pregnancy or any pre-existing medical conditions.
- At the time of inspection staff were seen asking patients the number of weeks pregnant that they were. There was also a pregnancy due date calculator available on the services website. We saw staff check that patients were attending or had an NHS appointment to attend. The number of weeks pregnant was documented on the patient record.

Incidents

The service had processes in place to manage patient safety incidents.

- The service had their own Emergency and Significant Events Policy which was in date and all staff were aware of. We reviewed the policy prior to the inspection and found it contained the process to follow for all staff to identify and report an incident.
- The Duty of Candour is part of the service's fundamental standards. All staff we spoke to during our inspection were aware of Duty of Candour and their role and responsibilities in relation to the Duty of Candour. Staff told us that no incidents had occurred where Duty of Candour needed to be used since their registration.

Are diagnostic imaging services effective?

Not sufficient evidence to rate 

Not sufficient evidence to rate.

Evidence-based care and treatment

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

- Local policies and protocols were in line with current legislation and national evidence-based guidance from professional organisations such as, the National Institute for Health and Care Excellence (NICE) and the British Medical Ultrasound Society (BMUS). Staff were aware of how to access this information.
- Staff told us no formal audits were carried out to audit practice against guidelines. However, staff could evidence supervised practice in the last 12 months which was completed by a qualified sonographer from an independent ultrasound training company.
- Staff work to ALARA (As Low As Reasonably Achievable) guidelines. ALARA is defined as a fundamental approach to the safe use of diagnostic ultrasound using the lowest output power and the shortest scan time possible. During our inspection staff were witnessed to be working within these guidelines when undertaking an ultrasound scan.
- Staff told us that patients were always told when they needed to seek further advice and support. Staff told us they always ensured their patient knew how to access other agencies for support before leaving the clinic.
- The service was inclusive to all pregnant women and we saw no evidence of any discrimination, including on the grounds of age, disability, pregnancy and maternity status, race, religion or belief and sexual orientation when making care and treatment decisions.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

- At the time of our inspection a variety of hot drinks, fizzy drinks and water were available for patients to have as well as biscuits and other light snacks. These were offered to the patients. Refreshments were stored in a fridge behind the main reception desk.

Patient outcomes

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

Diagnostic imaging

- Service activity and patient feedback were regularly discussed during the monthly team meetings. We looked at minutes from three meetings held over the last 12 months. Learning points were identified and actions to be taken by managers documented.
- Any reason for a referral was documented on the patients record form and clearly explained to the patient. Records of patients who had been referred were stored in a separate folder in a locked filing cabinet. This meant that managers could monitor the number of patients that had been referred to other services.
- If staff were not contacted by the patients who had been referred to other services, managers contacted the patients via telephone to check on their wellbeing and what they were told by the service they were referred to.
- Managers constantly monitored feedback through a variety of social media platforms and email. They adapted the service where necessary. These were reviewed and discussed at monthly team meetings. Following feedback from a patient the service had put a stool in the scanning room to help them on to the couch that the patient was required to lie on during the ultrasound scan.

Competent staff

The service made sure staff were competent for their roles.

- From speaking to staff, we felt that staff had the right skills and knowledge to be able to fulfil their roles. Ultrasound technicians had yearly updates and training.
- All staff actively looked for ways to learn and develop. Staff told us that they were booked on to an ultrasound practical day later in the year to help enhance their knowledge.

Multidisciplinary working

Staff worked together as a team to benefit patients.

- Staff told us the service had good relationships with local hospitals and maternity services as well as local

safeguarding specialists should they need to refer someone to them. They could contact the services by telephone and make appointments on behalf of the patients who needed them.

Seven-day services

- The service provided a seven day service. They were open Monday to Sunday 8am-8pm. This allowed all patients to access the service at a time that suited them.

Health promotion

- Pregnancy and parenting leaflets were available in the reception area. These covered a range of topics including antenatal care, information about health measures during pregnancy such as smoking, drugs and exercise.

Consent and Mental Capacity Act

- All information about the scans were included in the service's consent forms. The consent forms set out what they would and would not do. The consent form explained what a 4D scan was, if 4D scanning is safe, that the service was not looking for abnormalities and what to expect from the scan. The consent form also asked for additional information for example, did the patient want to know the gender of their baby.
- At the time of our inspection we saw staff go through consent forms with patients and ensured that they had read and understood it. Staff gave further verbal information if it was required prior to patients signing the consent form.
- Staff had minimal understanding of the mental health act. Staff told us that if they were unsure if a patient using the service had capacity then the scan would not be carried out.

Are diagnostic imaging services caring?

Good 

We have not previously rated this service. At this inspection we rated caring as **good**.

Compassionate care

Diagnostic imaging

Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

- Staff were observed treating patients with dignity, kindness, compassion, courtesy and respect before during and after their scans. During our inspection we observed one scan and one consent and payment procedure done before the scan. Staff remained professional throughout.
- The service gave 30 minute timeslots for appointments. Staff told us this was done to ensure privacy and dignity was maintained. All conversations took place in a private room. If a scan was not successful or unable to determine the gender a free second scan was offered, both directors had the authority to do this.
- Staff told us of one occasion where an abnormality had been found on a scan, they followed their policy and referred the patient on to maternity service at the NHS hospital. They offered emotional support at the time of the scan. Staff told us they sent flowers after the patient had contacted the service to inform staff what was said at the hospital.

Emotional support

Staff provided emotional support to patients to minimise their distress.

- Staff told us they gave patients as much time as they required if they became distressed and would be supported and have time to ask questions and arrange follow up appointments with their midwife or hospital if needed. There was no designated room for this, but staff told us they would ensure patients privacy was maintained by asking the next client to wait in the main reception area of the building where there was a comfortable seating area instead of in the service's reception area.
- Staff were understanding to the needs of patients and listened to any concerns that they had. The client and their families had plenty of time to ask question. These were answered appropriately, and reassurance given when needed. Patients were encouraged to contact their GP or midwife if they had any concerns and to attend their NHS scans.

Understanding and involvement of patients and those close to them.

- During our inspection staff were seen interacting with patients in a respectful way and acknowledged family members when they were there. Patients and their partners or relatives were welcomed by staff and there was enough room to accommodate up to six people in the clinic.
- The service displayed their scans and packages with pricing on their website and confirmed at the time of booking. They took payment in the reception areas while patients waited for their appointment and completed their consent form. Staff then took them to the scanning room. We saw this process being carried out at the time of inspection.

Are diagnostic imaging services responsive?

Good 

We have not previously rated this service. At this inspection we rated responsive as **good**.

Service delivery to meet the needs of local people

The service planned and provided services in a way that met the needs of local people.

- There was a comfortable seated waiting area in the main reception of the service, drinks were offered and provided to the patients. There was no play area or activity area for children. Children were allowed in the scanning room and at the time of inspection children were seen to bring their own toys.
- There was leaflets and posters in the reception area. There was also a display cabinet of other products the service offered at an extra cost such as, gender reveal packages and heart beat bears.
- The service had a small free car park at the front of the building. If this was full there was additional free parking located at the back of the building.

Diagnostic imaging

- The service was based in a shared building and the service was clearly signposted. There was secure access to the building via a buzzer system to let patients in by pressing the bell outside which was clearly labelled with the service's name.
- The service provided a seven day service between the hours of 8am and 8pm. Patients can contact the company 24 hours a day via mobile telephone. One client told us that they contacted the company at 4am and an appointment was made for 930am later the same day. Staff told us that if they needed, they could access the building at any time of the day.
- Staff told us that most of their bookings were made over the telephone. Some came via email or social media. At the time of booking the client would be asked what sort of scan they would like and when would they would like an appointment..
- Scans were arranged by appointment only. Staff told us they had the flexibility to open the clinic at a time that was convenient for the client. If there was no ultrasound technician available to perform the scan on the date requested, then staff would offer the nearest possible date. If no appointments were available staff would direct the client to other private clinics that offer the same service in the local area.

Meeting people's individual needs

The service took account of patients' individual needs.

- Staff told us that appointment slots were 30 minutes long which allowed staff enough time to perform the scan and gave the client and their families enough time ask any questions they may have.
- The building and the clinic were accessible for those with a disability. The clinic was based on the ground floor. There was lots of space within the reception area and the scanning room for a wheel-chair.
- Staff told us that they have had no experience of working with people who required additional support. However, they explained that they would make any adjustments where possible and include their partner or relatives to gain a better understanding and help them to feel more comfortable. There was an equality and diversity policy that all staff said they were aware of and adhered to.
- All staff at the clinic were fluent in Punjabi, Hindi, Urdu and English. Staff told us that these were the most widely spoken languages within the area. When staff did not speak the language of the client or their family member's they told us language line would be used to translate.
- Staff told us they left enough time in-between appointments to avoid the reception area being crowded. They allowed enough time to discuss any issues or make referrals if required. During our inspection, patients were seen on time. Staff told us if there was to be a delay staff would keep the other patients informed in the waiting room and advise them of any delays and apologise.
- Service users could contact the services 24 hours of the day to make appointments. The directors had a mobile telephone to receive bookings via phone call and text messaging. They also had access to the booking system via the mobile telephone.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

- All complaints went to the registered manager, who dealt with them in line with their own complaints policy, this had been reviewed in the last 12 months. All complaints were investigated by both directors.
- At the time of inspection there was no visible information displayed in the clinic about how patients could make a complaint. However, information about how to make a complaint was included on the consent form. All patients using the service had to sign a consent form before having a scan.
- Complaints were logged and stored electronically. Changes and improvements were made following

Access and flow

People could access the service when they needed it.

Diagnostic imaging

feedback received. For example, staff were told by sonographers that 4D scans beyond 34 weeks can be difficult, so the maximum gestational weeks has now been reduced to 32 weeks for 4D scans.

- The service has implemented a feedback monitoring form. Compliments and complaints are stored electronically, any action or learning points are identified and added to the feedback monitoring form. For example, the service had received a complaint from a client about the service identifying the wrong gender on a scan. Staff had been given the incorrect due date before performing the ultrasound scan. Staff learnt that in future if patients are unsure of their due date then to ask the client if they can see their maternity notes. This would help staff to have the due date confirmed before the ultrasound scan.

Are diagnostic imaging services well-led?

Good 

We have not previously rated this service. At this inspection we rated well-led as **good**.

Leadership

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

- Staff had positive relationships with each other and had good inclusive working relationships.
- At the time of our inspection there was no plans to recruit more staff. However, there was a recruitment policy in place should the company and demand for the service grow. It was outlined in the recruitment policy that any potential employees would have the appropriate qualifications and be able to provide references from previous employers. All staff were subject to checks through the Disclosure and Barring Service (DBS).

Vision and strategy

The service had in place measures for what it wanted to achieve but had not yet got there.

- The service had fundamental standards which staff worked to. The fundamental standards included, dignity and respect, safety and person-centred care.
- The service had a strategy and was a realistic one which was developed by the directors, which included the registered manager when the company was created. The service aimed to set the standard for 4D baby scanning, in terms of providing a quality service.

Culture

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- Staff told us they had pride in what the company had achieved so far since their registration and enjoyed coming to work. All staff strived to give the best service possible.
- The service promoted equality and diversity. Staff told us they were mindful of their service being accessible to all.
- All staff we spoke to were aware of their responsibilities around Duty of Candour. No circumstances where this needed to be used had occurred since the service's registration.
- Staff told us they worked collaboratively and could raise concerns. Staff would troubleshoot at the time if there was a concern or uncertainty. For example, ultrasound technicians would ask for assistance from another ultrasound technician if they were unable to confirm the gender on the scan.
- At the time of inspection staff were seen to take the well-being of their colleagues into account offering drinks to each other. Staff took turns to scan patients to reduce risk of back strain that could occur when repeated ultrasound scans were performed. Staff were happy to support each other when required.

Governance

The service used feedback to improve the quality of its services and safeguarding high standards of care.

Diagnostic imaging

- Staff told us that governance was discussed at the monthly meetings, however there was no specified period when governance was discussed and addressed formally. We did not see evidence of any governance meetings.
- Appraisals were held annually by an outside provider who was a trained sonographer. Appraisals included supervised practice and clear objectives to work towards. Staff could provide us with evidence of appraisals being done.
- Staff could seek further learning and attend training courses relevant to the service provided and their role. At the time of inspection staff were seen to be adhering to their scope of practice.
- Complaints and action points were discussed at monthly team meetings. Heartbeat bears, and gender reveal packages had been purchased following a discussion at a monthly meeting. Staff felt that this would enhance the client experience.
- The service held minimal data on those who used the service. However, they held most data as paper records which were kept in a locked cupboard inside the clinic. All staff could access the notes if needed.
- There were arrangements in place to ensure information used to monitor and manage quality and performance was accurate, valid, reliable and relevant. Most information was gathered through online feedback and then collated by staff. At the time of inspection, there had been no data security breaches since the service's registration.
- Appointments were booked using an electronic booking system. The computer used was password secured and to maintain confidentiality was positioned in the reception area in way that wasn't seen by others.

Engagement

The service engaged well with patients and staff. The service collaborated with partner organisations effectively.

- Views and experiences were gathered and reviewed regularly. The service mostly relied on social media and email for feedback. At the time of our inspection the service did not have their own feedback forms.
- The service had effective relationships with the local safeguarding team, midwives and hospitals. They also had a good relationship with a similar baby scanning service in the local area that they could go to for advice.

Managing risks, issues and performance

The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected

- The service had carried out risk assessments. Examples of risk assessments included, spread of infection by direct contact, fire and slips and trips.
- The registered manager was responsible for the management of policies and procedures and their compliance. We reviewed ten policies prior to the inspection and found they were all reviewed within the last 12 months.
- At the time of the inspection due to the size of the service and the staff employee numbers no internal or external audits were carried out.

Managing information

- Patients were provided with the terms and conditions of the service. These were outlined on the back of the consent form which was compulsory for all patients to sign prior to having an ultrasound scan. Patients were advised of the cost and payment was made at reception. Costs of scans were also clearly outlined on the service's website. Payment methods and processes were discussed at the time of booking.

Learning, continuous improvement and innovation

The service was committed to improving services by listening to feedback and promoting training.

- There were processes in place for learning and continuous improvement. Leaders were enthusiastic about striving to improve the service.
- Staff told us they worked together to share innovative ideas and implement changes to improve the service.
- A new ultrasound scanning machine was purchased in the last 12 months to improve the quality of images that were produced.

Diagnostic imaging

- The service had changed gender scans from 16 weeks to 15 weeks and four days. This has given patients the opportunity to know the gender sooner.

Outstanding practice and areas for improvement

Outstanding practice

- The service provided access to bookings 24 hours a day. Staff could be accessed at any time via mobile telephone. Responding and booking appointments

outside of the services usual opening hours. A client told us that they had contacted the service at 4am in the morning via txt message, staff then got the client booked in for a scan the same day at 0930am.

Areas for improvement

Action the provider SHOULD take to improve **Action the provider SHOULD take to improve**

- The provider should ensure a robust system for governance meetings and maintain accurate minutes.

- The provider should ensure that all staff undertake training for the safeguarding of children.
- The provider should ensure that all staff undertake training around sexual exploitation.