

Foundation for Life (Salisbury) - Pregnancy Advice Salisbury

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?	Not sufficient evidence to rate	●
Are services effective?	Not sufficient evidence to rate	●
Are services caring?	Not sufficient evidence to rate	●
Are services responsive?	Not sufficient evidence to rate	●
Are services well-led?	Not sufficient evidence to rate	●

Overall summary

Pregnancy Advice Salisbury is operated by a registered charity, Foundation for life (Salisbury). The service provides advice and pregnancy ultrasound services to women.

Summary of findings

The service provides limited non-diagnostic ultrasound two dimensional scanning as an option for women with unplanned pregnancies, the scan would show movement and image. There is no age restriction and the service will scan children under the age of 18 years.

The primary aim of the service is to allow women who wish it, to visualise their pregnancy and provide clarification of pregnancy dating. The service website states “Pregnancy Advice Salisbury values all human life equally” and describes their value as “Pregnancy Advice Service (Salisbury) has Christian convictions aiming to show love to all, especially those who are distressed and in difficult circumstances. We are committed to valuing all human life equally and believe that children are a great gift”.

The service is regulated by the Care Quality Commission for the activity of diagnostics and screening, which covers the ultrasound scanning provision of the service. Advice was also provided about pregnancy. We looked at the advice part of the service to gather a wider context and only as part of the pathway to the ultrasound procedure. If patients received advice without an ultrasound scan, this did not fall within CQC regulated activity.

The nominated individual described the service as providing support to women to enable them the space to think about their pregnancy and discuss the issues they faced. The staff were all volunteers.

The service is based in a Christian community building and has three separate rooms used only for this purpose. There is another ground floor room if any women had mobility difficulties. There is easy access via public transport and free parking available.

We inspected this service using our comprehensive inspection methodology. We carried out an announced visit to the service on 09 April 2019. We gave staff two weeks’ notice that we were coming to inspect to ensure the availability of the registered manager and service.

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.

The service was registered with CQC in 2017 but remains in its development infancy. The service had provided pregnancy advice to five women in the last quarter, with only one ultrasound scan being completed. In the previous year only one other scan had been completed. The service has plans for development and has systems and regulatory requirements ready in preparation.

Services we rate

This service had not been previously inspected or rated. We did not have sufficient evidence to rate the service at this time.

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to safeguard people from abuse and had completed training on how to recognise and report abuse.

The service controlled infection risk well. Staff kept equipment and the premises clean. Staff used control measures to prevent the spread of infection. The service had suitable premises and equipment and looked after them well. The environment promoted the privacy and dignity of women using the service.

The provider had guidance for staff around potential risks. The service worked mostly alone but had systems to refer to other services to benefit women and their families. The service had clear processes and pathways to signpost patients to local NHS providers should the sonographer note any areas of concern.

The service had enough staff with the right qualifications, skills, training and experience to provide ultrasound scans. The registered manager checked staff were competent for their roles. The managers appraised staff’s work performance and held meetings with them to provide support and monitor the effectiveness of the service.

Records were mostly clear, up-to-date and all were stored securely. The service provided information leaflets for women which gave advice on how to keep healthy during pregnancy, information was not provided on termination of pregnancy services.

Summary of findings

The service had developed policies and procedures to advise and guide staff. The service had appropriate processes for staff to raise concerns and report incidents.

The service had an office space for staff to have sensitive and potentially distressing conversations with patients. Staff told us they took time to explain the procedure before and during the scan.

The service assured women that their scan images were treated confidentially. The service planned and provided services in a way that met the needs of people accessing the service.

The service took account of women's individual needs and delivered care in a way that met these needs. Patients could access the service in a timely way.

A complaints policy was available for staff to follow if needed.

The manager was available and involved in all aspects of the service and was contacted by the advisors and sonographer if needed.

The manager promoted a positive culture creating a sense of common purpose based on shared values. Salisbury Pregnancy Advice had values of honesty, value and loyalty. Staff worked within these values and told us they tried to provide a positive patient experience.

There was a governance framework to support the delivery of quality patient care. The service had a system to identify risks and plan to reduce them.

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

The service had not been provided to sufficient numbers of women to enable the registered manager to monitor the effectiveness of care and treatment and use the findings to improve them. Seven-day services were not provided.

Feedback cards had been designed but had not yet been given to patients to seek their views of the service.

The service planned to engage and seek the views of patients. The infancy of the service meant that learning and improvement were an ongoing process.

However, we also found the following issues that the service provider needs to improve:

The sonographer confirmed a verbal referral process with the acute hospital early pregnancy service to ensure the transference of patients and information. A written service level agreement was required.

Records of calls and advice provided were not all fully completed.

Recruitment checks were not fully completed to ensure patient safety.

The content of staff induction was not recorded to confirm that all areas planned for induction had been completed.

Records planned for retention for ten years should be retained for 25 years.

The provider should provide translation services from an independent source.

The service did not have a female genital mutilation (FGM) policy that provided staff with clear guidance on how to identify and report FGM.

No training had been provided related to complaints management.

Dr. Nigel Acheson

Summary of findings

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Not sufficient evidence to rate



Summary of each main service

The service provides a non diagnostic ultrasound scanning services, which is classified under the diagnostic core service, was the only core service provided at Pregnancy Advice Salisbury. We did not have sufficient evidence to rate this service.

Summary of findings

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Pregnancy Advice Salisbury

Services we looked at

Diagnostic imaging;

Summary of this inspection

Background to Foundation for Life (Salisbury) - Pregnancy Advice Salisbury

Pregnancy Advice Salisbury is operated by a registered charity, this is a Christian charity, Foundation for life (Salisbury). The service provides non diagnostic pregnancy ultrasound services free of charge.

The service registered with CQC in 2017 and primarily serves the community of Salisbury though it also accepts women from outside this area.

The service has had a registered manager in post since April 2017. The service provides a limited ultrasound scanning service as an option for women with unplanned pregnancies. All patients seen would be NHS registered. While scans were anticipated to be carried out for women

up to seven weeks pregnant, the provider was prepared to scan up to 20 weeks of pregnancy. All policies were clear that scans at any time were for date of pregnancy and hearing the heartbeat.

The service has a primary aim to allow women who wish it, to visualise their pregnancy and clarification of pregnancy dating could be provided. Advice and support is available and patients are signposted to other services as needed.

We conducted an announced inspection on the 09 April 2019. We have not previously inspected this service.

Our inspection team

The team that inspected the service comprised two CQC inspectors. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

Information about Foundation for Life (Salisbury) - Pregnancy Advice Salisbury

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures

All women accessing the service self-refer to the clinic and are all seen free of charge.

The clinic works on an appointment only basis.

At the time of our inspection there was one registered manager, one registered sonographer (with the Health and Care Professions Council (HCPC)) and two pregnancy advisors working within the service. All staff were unpaid volunteers. The service did not employ any medical staff. The service did not use controlled drugs.

During the inspection, we visited all areas of the service including the consultation room, the waiting room and the scan room. We spoke with two staff, the registered

manager and the sonographer. The numbers of patients seen was low and we were not able to meet with any people using the service. During our inspection, we reviewed four sets of patient records and one scan record.

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 our first inspection of this provider and clinic.

Activity (January 2017 to December 2018)

- The service scanned one women in the reporting period.

Track record on safety

- The clinic had no serious incidents or never events in the reporting period.
- There have been no Ionising Radiation Medical Exposure Regulations (IRMER)/ Ionising Radiation Regulations (IRR) reportable incidents in the reporting period.

Summary of this inspection

- There have been no incidences of clinic acquired infections.
- The did not transfer any woman to another healthcare provider due to a suspected complication.
- The clinic had received no complaints between January and December 2018.
- The clinic does not have any services accredited by a national body.
- The clinic does not provide any services under a service level agreement.

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 did not have sufficient evidence to rate safe.

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to safeguard people from abuse and had completed training on how to recognise and report abuse.
- The service controlled infection risk well. Staff kept equipment and the premises clean. Staff used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well. The environment promoted the privacy and dignity of women using the service.
- The provider had guidance for staff around potential risks. The service had clear processes and pathways to signpost patients to local NHS providers should the sonographer note any areas of concern.
- The service had enough staff with the right qualifications, skills, training and experience to provide ultra sound scans.
- Recruitment checks were not fully completed to ensure patient safety.
- Records were mostly clear, up-to-date and all were stored securely.
- The service had appropriate processes for staff to raise concerns and report incidents.

However, we also found the following issues that the service provider needs to improve:

- Records of calls and advice provided were not all fully completed.
- Recruitment checks were not fully completed to ensure patient safety.
- Records were not all fully completed.
- The content of staff induction was not recorded to confirm that all areas planned for induction had been completed.
- The service did not have a female genital mutilation (FGM) policy that provided staff with clear guidance on how to identify and report FGM.

Not sufficient evidence to rate



Summary of this inspection

Are services effective?

Are services effective?

We do not have sufficient evidence to rate effective.

- The service had developed policies and procedures to advise and guide staff.
- The registered manager did not have sufficient numbers to monitor the effectiveness of care and treatment and use the findings to improve them.
- The service made sure staff were competent for their roles.
- The manager appraised staff's work performance and held meetings with them to provide support and monitor the effectiveness of the service.
- The service worked mostly alone but had systems to refer to other services to benefit women and their families.
- Seven-day services were not provided.
- The service provided information leaflets for women which gave advice on how to keep healthy during pregnancy, information was not provided on termination of pregnancy services.
- The provider had policies and guidance in relation to mental capacity and consent.

Not sufficient evidence to rate



Are services caring?

We do not have sufficient evidence to rate caring.

- Feedback cards had been designed but had not yet been given to patients to seek their views of the service.
- The service had an office space for staff to have sensitive and potentially distressing conversations with patients.
- Staff told us they took time to explain the procedure before and during the scan.
- The service assured women that their scan images were treated confidentially.

Not sufficient evidence to rate



Are services responsive?

We do not have sufficient evidence to rate responsive.

- The service planned and provided services in a way that met the needs of people accessing the service.
- The service took account of women's individual needs and delivered care in a way that met these needs.
- Patients could access the service in a timely way.
- A complaints policy was available for staff to follow if needed.

However :

No training had been provided related to complaints management.

Not sufficient evidence to rate



Summary of this inspection

Are services well-led?

We do not have sufficient evidence to rate well led.

- The manager was available and involved in all aspects of the service and was contacted by the advisors and sonographer if needed.
- Salisbury Pregnancy Advice had values of honesty, value and loyalty. Staff worked within these values and told us they tried to provide a positive patient experience.
- The manager promoted a positive culture creating a sense of common purpose based on shared values.
- There was a governance framework to support the delivery of quality patient care.
- The service had a system to identify risks and plan to reduce them.
- The service managed and used information to support its activities, using secure electronic systems with security safeguards
- The service planned to engage and seek the views of patients. The infancy of the service meant that learning and improvement were an ongoing process.

Not sufficient evidence to rate



Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall	Not rated	Not rated	Not rated	Not rated	Not rated	N/A

Diagnostic imaging

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

Are diagnostic imaging services safe?

Not sufficient evidence to rate 

We did not have sufficient evidence to rate safe.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.** The service provided mandatory training through the National Skills Academy which is an electronic learning facility. Staff accessed this through face to face online training. Training included equality and diversity training, information governance, infection control, fire training and safeguarding training. The manager and sonographer had both completed infection control and first aid training.
- We reviewed staff files for all four staff including the registered manager and sonographer and saw that most had completed the required mandatory training for their role in the last 12 months and certificates were kept as evidence. Where training had been completed in the staff's other areas of employment, evidence was provided of its' content and completion. The sonographer had completed Mental Capacity Act training which included consent training and manual handling training as part of their other working role. Some areas of training were being provided for trustees of the charity for example information governance and equality and diversity and this was in the process of completion.
- All staff completed a mandatory induction when first employed, however the content of staff induction was

not recorded to confirm that all areas planned for induction had been completed. Roles and responsibilities were provided in written format and induction to the environment was completed.

Safeguarding

- **Staff understood how to safeguard people from abuse and had completed training on how to recognise and report abuse.**
- Children and vulnerable adult's protection was the responsibility of the manager who acted as the safeguarding officer for the service. It was the responsibility of the manager to make sure that advisors and the sonographer were trained in recognising abuse and on how to respond to concerns. Any concerns would be discussed at the quality and safety committee meetings. Outcomes from these discussions were provided to the trustees, in an anonymised report, prior to the bi monthly trustees meeting.
- The registered manager and sonographer had completed level two training in safeguarding adults and children. The registered manager had completed level three safeguarding children training but not level three safeguarding adult training. The registered manager had access in their medical role to staff with level three training safeguarding adult training, should further advice be needed. Of the two advice staff, one had completed level one safeguarding training and the other staff had no safeguarding training, but it was planned but no date was available. Two staff had completed a course in "Asking women about domestic abuse".
- The sonographer had completed PREVENT training as part of their other role. PREVENT training specifically covers the exploitation of vulnerable adults who may be drawn into terrorism.

Diagnostic imaging

- The service had a safeguarding policy to advise staff of actions to take should they have any concerns about adults and children. The registered manager and sonographer understood how to recognise and report safeguarding concerns and told us all safeguarding concerns would be reported to the local authority. The service did not have a female genital mutilation (FGM) policy that provided staff with clear guidance on how to identify and report FGM. While we understood that vaginal ultrasounds were not provided as part of this service, should the subject arise from discussion, staff would need guidance and so there remains a need for a policy.
- The service had completed a Disclosure and Barring Service (DBS) check as part of the recruitment process to ensure the appropriate background checks were in place.
- All staff received equality and diversity training to ensure that staff would recognise and act on any discriminatory practice.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept equipment and the premises clean.** Staff followed a weekly cleaning schedule but there was no checklist or other method to demonstrate the cleaning schedule had been completed. All areas were seen to be clean and tidy. The registered manager and the sonographer had completed infection control training.
- **Staff used control measures to prevent the spread of infection.** The sonographer used disposable paper towel to cover the examination couch during the scan and cleaned the couch with sanitising wipes afterwards. No transvaginal ultrasound probes were used. The sonographer was responsible for the cleaning of the equipment used.
- The service had infection prevention and control policies in place, which provided staff with guidance on appropriate infection control practice. Personal protective equipment was used and there was access to handwashing facilities and alcohol hand gel. A body spillage kit was available but had not been needed for use. Latex free gloves were used to prevent the risk of allergic response.
- An infection control audit was completed in March 2019. Areas identified for improvement, for example, storage

of chemicals, provision of hand gel and development of the infection control policy were included on an action plan which showed the improvements had been made. Hand hygiene audits were not yet completed.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The service was located on the first floor of a community building. The rooms were accessible by stairs only. If needed, a room was available on the ground floor for women or visitors who had limited mobility. When an appointment was made, the staff would meet the woman at the outside door to greet them. No reception area was needed. The three rooms used included a waiting room, consultation room and scan room. Each could be accessed through two lockable doors and rooms were not overlooked from outside the building. The rooms were not accessible by other people using the building. There was access to a toilet and handwash sink near the scan room.
- **The environment promoted the privacy and dignity of women using the service.** Appointments were only made when the building was not in use so that privacy could be assured.
- The scan room was comfortable, bright and welcoming. The examination couch was height adjustable. There was one ultrasound scanner available with a movable screen so that the patient could view the scan comfortably from the couch. There was a manufacturer servicing contract for the ultra sound scanner and we were advised servicing had been completed the week before inspection. We did not see evidence of any small electrical appliance testing.
- The service had an up-to-date fire risk assessment with areas for development for example, requesting the landlord complete the portable appliance testing, recorded on an action plan for ongoing monitoring to completion. The service was secured when not in use and the community building was accessible by agreement and key pad access only.
- Staff stored substances which met the 'Control of Substances Hazardous to Health' (COSHH) regulations in a locked cupboard. A first aid kit, the contents of which were within the recommended use by dates, was available in the scan room.

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- No clinical waste or sharp instrument disposal was required and there had not been any infection risks or incidents identified.

Assessing and responding to patient risk

- **The provider had guidance for staff around potential risks.**
- **The service had clear processes and pathways to signpost patients to local NHS providers should the sonographer note any areas of concern.**
- The service did not provide ultra sound scanning to diagnose abnormalities and was only used to determine fetal age and detect fetal activity. All women scanned would be advised to attend their NHS scans as part of their maternity pathway. Any requests for multiple scans would be risk assessed.
- The sonographer completed a pre-scan checklist which included pregnancy history and any allergies. This checklist included details of any risks associated with ultra sound scanning and a declaration signed by the patient which gave consent for the ultra sound to be completed. The service ultrasound policy stated the patient must have a positive pregnancy test and be at least six weeks pregnant. If a pregnancy test was completed and had a negative result, the patient was contacted in four weeks to follow up. An ultra sound would not be offered if the women reported or had experienced any abdominal pain or bleeding in the previous seven days. The policy also provided clear guidance on the actions to take for any unusual or abnormal findings which included multiple pregnancies.
- The sonographer had agreed a verbal referral process with the acute hospital early pregnancy service to ensure the transference of patients and information. There was a plan for a written service level agreement in the future. The sonographer confirmed that if there were any urgent concerns they would refer the patient to the emergency department at the local trust. The sonographer would complete a referral form which was sent with the patient to the local acute trust. This had not yet been used but was agreed and in place.
- Any scan results were given to the patient at the time of the scan either by the sonographer or the manager and there was an opportunity for discussion of the results.

The sonographer asked the patient if they wished to look at the ultra sound screen and was guided by the patient's decision. Photographs of the scan could be provided on request.

- There was a protocol to manage telephone enquiries in a consistent, safe and auditable way. Records of calls and advice provided were not all fully completed. The advice part of the service was a listening and signposting service. However, the records seen showed that in one instance extra medical advice was given around pain relief. The advice provided by the registered manager was given in their doctor role and should not have been given, as it wasn't within the regulated activity for this service. The extra medical advice provided by the registered manager was as a doctor and not within this role. The service did not have any protocols to identify the limits of any discussion to prevent exceeded medical advice being provided.
- The service helpline advice policy identified that staff must complete a helpline advisors course, however, we did not see records of this being completed or of any supervision to establish helpline competency.
- Due to the nature of the service, there was no emergency resuscitation trolley on site. Should a patient collapse while on the premises the staff would contact the emergency services. However, staff could access a first aid box and the registered manager was a general practitioner and had up-to-date first aid training.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to provide ultra sound scans.** The service had four staff who were the registered manager, the sonographer and two advisors. There was also a cleaning staff member. There were no staff vacancies. The service was in its infancy and saw a very small number of patients. All staff were volunteers and the service did not have any paid employees. The registered manager estimated that in the previous year March 2018 to April 2019 he had completed a total of five hours work for the service.
- **Recruitment checks were not fully completed to ensure patient safety.** The service had a recruitment policy which stated the recruitment process and checks required. We viewed all four staff files and saw that

Diagnostic imaging

some records were incomplete. There were missing references and declarations for all advice staff and a member of cleaning staff had no recruitment records available.

- The registered manager was a General Medical Practitioner. Details were available to confirm GMC registration, appraisal and revalidation.
- The sonographer was registered with the Health and Care Professional Council and had recorded details of qualifications and updated training. They also had an updated appraisal from both their other employment role and from the Salisbury Pregnancy Advice service. There was only one reference available.
- The service had two advisors who patients contacted by telephone to talk through their concerns. The advisors were volunteers with no counselling qualifications, they did not provide any psychological support or advice. Their role was to listen and to signpost patients to other services as needed. They both had incomplete recruitment files with missing references.
- We saw enhanced disclosure and barring checks had been completed through external organisations for all staff.
- Chaperoning was available and a policy was in place. This had not yet been requested, however the sonographer was aware of the need to offer chaperoning.
- The service did not use bank or agency staff and had no recorded staff sickness absences.

Records

- **Records were mostly clear, up-to-date and all were stored securely.**
- The sonographer completed a paper scan report which was stored in the patients file. Consent was agreed for the sonographer to send a copy of the scan report to the patients GP or other relevant healthcare professional if a referral was made.
- The service stored completed scan reports in the patients records. We reviewed the record of the one ultrasound completed and saw it had been fully completed and clearly recorded. It contained a pre-scan questionnaire, details of the pregnancy, allergies and signed consent forms. If a referral had been made to an NHS provider the referral would have been recorded in the notes.
- Records of calls and advice provided were not all fully completed. Records were reviewed for four of the

telephone consultations undertaken. They varied in completion and some were noted to need further input to establish a clear audit trail of the conversation and advice provided.

- Records were safely stored in a locked filing cabinet in a locked room. They were accessible by staff when needed and were kept for ten years. The Guidance for Professional Ultrasound Practice, December 2015 advises that ultra sound records be stored for 25 years.
- The forms available included, a telephone consultation form, consultation information, information prior to pregnancy testing, consent for ultrasound and ultrasound report, client feedback questionnaires, consent to release information and Salisbury Pregnancy Advice client referral forms.
- No audits of records had been completed due to the limited number completed.

Medicines

- The service did not use any medicines or controlled drugs.

Incidents

- **The service had appropriate processes for staff to raise concerns and report incidents.** The service used a paper-based reporting system for staff to report an incident or accident, however, none had been recorded due to the minimal numbers of patients seen.
- Staff understood their roles and responsibilities to raise concerns and record safety incidents and could give examples of when they would do this.
- From January to December 2018 the service had no never events. A never event is a serious incident that is preventable and has the potential to cause serious patient harm or death.
- The service did not report any serious incidents from March 2018 to April 2019.
- Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. A policy was in place to inform staff of their responsibilities under the duty of candour.

Safety Thermometer (or equivalent)

- The service was not required to use the safety thermometer

Diagnostic imaging

Are diagnostic imaging services effective?

Not sufficient evidence to rate

We do not rate effective.

Evidence-based care and treatment

- The service had developed policies and procedures to advise and guide staff. Policies provided guidance for care and treatment were based on national guidance. The ultrasound policy referenced the Society of Radiographers Guidelines for Professional Working Standards Ultrasound Practice and Royal College of Obstetricians and Gynaecologists 'Ultrasound from Conception to 10+0 Weeks of Gestation' scientific-impact-papers.
- The service was developing an audit programme to assure itself of the quality and safety of the service. Audits included infection control audits, cleaning audits and fire safety audits.
- The service worked in isolation and so did not measure against other similar services. We did not see evidence of external liaison, for example, staff attending development days relevant to the specialism. However the staff worked at other health care services and so had the benefit of external and professional discussion.

Nutrition and hydration

- The service did not offer food and drink to patients or relatives.

Pain relief

- Pain relief was not provided. Staff did not monitor pain levels as the procedure is pain free.

Patient outcomes

- **The registered manager did not have sufficient numbers to monitor the effectiveness of care and treatment and use the findings to improve them.** The service saw very small numbers of patients and each patient was discussed with the registered manager to ensure that care and treatment was provided as required and appropriate.
- We saw that compliance with local audits was discussed at governance meetings.

Competent staff

- **The service made sure staff were competent for their roles.**
- There were processes in place to ensure the registered manager could assure themselves of the sonographer's competence and suitability for their role. The sonographer had an annual competency assessment from their full-time employer which included the sonographer's registration and revalidation status. We saw confirmation of the sonographer's registration with the Health and Care Professions Council (HCPC). The HCPC is a regulator, set up to protect the public. They keep a register of health and care professionals who meet HCPC standards for their training, professional skills, behaviour and health.
- The registered manager had an up to date GMC appraisal and revalidation and had medical indemnity insurance to cover their practice and the sonographers practice.
- This is not a pregnancy counselling service and staff do not have the qualifications to provide that role. The client services policy stated that "Helpline Advisors must have completed the Advisors Training Course and have been signed off as competent before starting work". We request confirmation for the training, however this was not provided and so we were not assured that staff had the training needed for the advisory role. The policy also stated that "Our advisors are trained in helping women who are considering abortion. We provide a listening ear and offer accurate information, advice and support". Training records did not show any training for advisors for women who were considering abortion.
- **The managers appraised staff's work performance and held meetings with them to provide support and monitor the effectiveness of the service.** All staff appraisals had been completed for this year.

Multidisciplinary working

- **Staff worked mostly alone but had systems to refer to other services to benefit women and their families.** Processes and recording forms were in place to refer patients to other services. We did not see evidence that any of these had been completed. Should a patient be seen who wished to process or terminate

Diagnostic imaging

their pregnancy they would be referred to their own GP or the early pregnancy unit. If social support were needed the patient would be referred to the social services helpdesk.

Seven-day services

- **Seven-day services were not provided. The service was by appointment only and was not available seven days a week. However, there was flexibility in the days and times of appointments. We saw evidence from the records maintained that women could book appointments online or by telephone at a time to suit them.**

Health promotion

- **The service provided information leaflets for women which gave advice on how to keep healthy during pregnancy, information was not provided on termination of pregnancy services.** Leaflets seen included advice on pregnancy care, adoption and nutrition and diet.

Consent and Mental Capacity Act

- **The provider had policies and guidance in relation to mental capacity and consent.**
- All women received written information to read and sign before their scan. The sonographer was aware of the importance of gaining written consent from women before conducting an ultrasound scan. Written consent was also gained at this time to share the information with the patients GP if necessary. The manager told us that the Mental Capacity Act 2005 was unlikely to have direct bearing on the advice provided by Pregnancy Advice Salisbury.. Should an advisor or the sonographer have concerns regarding the mental capacity of a client, this would be reported to the manager. The registered manager understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff would not proceed with a scan without the patients consent.
- Should a woman appear to need urgent assessment by a health care professional in respect of mental health, it would be the responsibility of the manager to contact NHS primary care or if a patient appeared to be an immediate danger to themselves or to others, the

manager would contact the police. Any such events would be discussed for learning at the Quality and Safety committee and reported to be Trustees in the bimonthly Trustee meeting.

- Policies were available to consider Gillick competence for any young person under the age of 16 years. The Gillick competence identifies children and young people under the age of 16 with the capacity to consent to their own treatment. This had not yet been needed. If there was reason for uncertainty on behalf of the advisor in the case of young people, the advisor would speak to the manager for advice. Contact details were available for the local social services helpdesk and the multi-agency safeguarding hub.

Are diagnostic imaging services caring?

Not sufficient evidence to rate

Due to low numbers of service users, we did not have sufficient evidence to rate caring.

Compassionate care

- **Feedback cards had been designed but had not yet been given to patients to seek their views of the service.**
- Staff demonstrated how they protected women's privacy and dignity by ensuring doors were closed during consultation and scanning so any conversation would not be overheard, the service also had a chaperone policy if needed. A system was in place to ensure that any patients arriving at the community building did not see other centre users.

Emotional support

- **The service had an office space for staff to have sensitive and potentially distressing conversations with patients.**
- If a scan showed results of concern the patient and her family could remain in the scan room whilst the sonographer explained the scan and arranged an appointment with a NHS provider.

Understanding and involvement of patients and those close to them

Diagnostic imaging

- **Staff told us they took time to explain the procedure before and during the scan.** The sonographer would fully explain what was happening throughout the scan.
- The service assured women that their scan images were treated confidentially.

Are diagnostic imaging services responsive?

Not sufficient evidence to rate

We do not have sufficient evidence to rate responsive.

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of people accessing the service.**
- The facilities and premises met the needs of women and families, including children, that may accompany patients to their scan.
- The service did not have links with the wider service specific community such as external ultrasound departments in the wider NHS and therefore did not refer to any other organisations. However, a verbal agreement was in place to refer women to the acute hospital early pregnancy unit if needed.
- The service offered a range of appointment times and days to meet the needs of the patients who used the service. The service was located close to public transport links and provided free parking. There was no cost for this service.

Meeting people's individual needs

- **The service took account of women's individual needs and delivered care in a way that met these needs.** Women who used the service could book an appointment at a time to suit them and staff would endeavour to accommodate this. There was no specific timescale for appointments which enabled the patient to have enough time for their needs.
- Patients received written information to read and sign prior to their scan. Patients could not access this information in different languages if needed and no translation service, except for Polish, which was available through one of the advisors and not through an independent translation service..

- The manager stated the service provided was to signpost to other services. However, they did not recommend, refer women to or provide information regarding termination of pregnancy services. The service website stated that "We provide information about parenting, pregnancy, abortion and adoption". There was no information available at the service about termination of pregnancy or termination services, however, the website explained the abortion process. The service website stated that "Pregnancy Advice Salisbury is not an abortion provider and does not make referrals to abortion providers". The registered manager advised us that should a patient wish to terminate the pregnancy, the service would not discuss or refer to a termination of pregnancy service and would direct the patient to their GP.

Access and flow

- **Women could access the service in a timely way.** All women self-referred to the service. They could book an appointment in person, by telephone. The service code of practice states that all callers can speak to an advisor with 24 hours.
- At the time of our inspection, there was no waiting list or back log for appointments. Between January and December 2018, the service had performed one scan and had spoken with five women.
- Any scans completed provided immediate access to results.

Learning from complaints and concerns

- **A complaints policy was available for staff to follow if needed.** No complaints had been received by the service. The manager told us they would treat concerns and complaints seriously, and would ensure they were investigated and lessons learned would be shared with all staff. **No training had been provided related to complaints management.**

Are diagnostic imaging services well-led?

Not sufficient evidence to rate

We did not have sufficient evidence to rate well led.

Leadership

Diagnostic imaging

- **The manager was available and involved in all aspects of the service and was contacted by the advisors and sonographer if needed.** The manager was registered with CQC as the nominated individual for all contact with CQC.
- Pregnancy Advice Salisbury was a small service with little development since its registration with CQC in 2017. The manager explained this was because the providers had wanted to ensure the policies, procedures and regulatory requirements were in place before they promoted the service. The manager could not demonstrate the sustainability of the service but had plans to develop the service to see more women. Letters had been sent to local GP practices advising them of the service that Pregnancy Advice Salisbury provided.
- Pregnancy Advice Salisbury (PAS) is a service provided by the charity Foundation for Life (Salisbury). There was a board of trustees with a secretary and an accountant. There are four trustees including the registered manager. The board of trustees was responsible for charity governance and annual reporting, financial governance and annual reporting and the appointment of the Director (who is the Registered Manager and Nominated Individual).

Vision and strategy

- **Salisbury Pregnancy Advice had values of honesty, value and loyalty. Staff worked within these values and told us they tried to provide a positive patient experience.**
- These values were planned to be met by following the provider quality plan. The objectives were to improve access to the service by means of publicity and word of mouth, ensure the capture of client feedback to improving the service, increase financial contributions as a means of maintaining and enhancing the service and maintain client-focused and professional care particularly towards any clients who are young, vulnerable or have poor mental health. There were further objectives, to ensure that the service was safe, effective, caring, responsive and well-led and complied with relevant standards and legislation and train and maintain a skilled and sustainable workforce.
- The strategy to meet the plan was not yet fully in place and while the service had started by the

implementation of policies, procedures and governance, some aspects of the practice for example, patient feedback and increased financial contributions had not been started.

Culture

- **The manager promoted a positive culture creating a sense of common purpose based on shared values.**
- Records seen stated, “The trustees affirm without reservation that all individuals irrespective of any factor that distinguish individuals are created in the image of God and therefore are to be treated with respect and love” and “The service provided by PAS will continue to be open to all who need us without distinction”.
- Due to the small size of the service there was no appointed freedom to speak up guardian. The freedom to speak up guardian role ensures staff could speak up and be supported appropriately if they had concerns regarding patient care.
- The provider had policies in relation to equality and diversity, training had been provided to all staff for equity and diversity and we were told that all women were able to use the services.
- There was a duty of candour policy in place, but this was yet to be used.

Governance

- **There was a governance framework to support the delivery of quality patient care.** The registered manager had overall responsibility for clinical governance and quality monitoring and reported to the trustee board every two months. Information was shared at governance meetings and minutes showed they took place in May 2018 and December 2018. There was a board assurance framework which together with the risk register recorded medium risks around finance, accommodation and loss of personnel.
- The quality review of the service was the role of the Quality and Safety Committee, headed by the registered manager which reported to the trustees prior to the bimonthly trustees meeting. There had been one meeting on the 29 January 2019, attended by the registered manager and one trustee.
- The Quality and Safety Committee worked as a formal sub-group of the board of trustees and had no executive

Diagnostic imaging

powers. The committee was made up of the registered manager, a trustee and one other PAS advisor. This process was currently being managed by the registered manager and a trustee.

- All staff were covered by indemnity and medical liability insurance, which was in date until 2020. The registered manager had medical indemnity insurance which covered both them and the sonographer.
- The registered manager had a recruitment process which included Disclosure and Barring Service checks. However, not all checks including references for all staff had been completed.
- The service had policies and procedures for the operation of the service and these were available to staff in a folder in the service. Review and update of policies was part of the standing agenda of trustee meetings.
- Due to the infancy and size of the service, annual compliance audits were not yet in place so checks for example health and safety, accuracy and completion of scan reports, completion of pre-scan questionnaires, professional registration and staff records had not been audited.
- No complaints or feedback has been received. Any feedback, from the website, client questionnaire or verbal feedback would be discussed at the quality and safety committee which reported to the trustees prior to the bimonthly trustees meeting. The manager had responsibility for ensuring that the website gave clear instructions on how to make a complaint, that a poster was visible in their premises, that client questionnaires were distributed and that complaints were appropriately dealt with.

Managing risks, issues and performance

- **The service had a system to identify risks and plan to reduce them.** The registered manager had started to complete risk assessments for identified risks. We saw risk assessments were completed for fire and health and safety.
- There was a risk register in place with associated action plan. As of January 2019, the greatest risks related to leadership, finance, accommodation, and future inspection impact.

Managing information

- **The service managed and used information to support its activities, using secure electronic systems with security safeguards.** Paper records and scan reports were stored securely and readily accessible to staff. All electronic systems were password protected. Disposal of records had not yet been considered as the service was relatively new. The service could provide scan photographs if requested and a copy was kept electronically.
- Staff recorded scans electronically, only one scan had been completed in the previous 12 months including March 2018 to April 2019. The scan was kept enabling any future peer review.
- The service maintained electronic records related to the quality and governance processes of the service. The laptop used was kept by the registered manager and was password protected.

Engagement

- **The service planned to engage and seek the views of patients.** The processes were in place but had not yet commenced. The manager had written to all local GP's to promote introduce the service to then, no feedback from that exercise had been received.
- Future feedback from patients would be shared and discussed at the staff discussion meetings and any actions for improvement agreed.
- There was no fee charged for the service provided and so terms and conditions were not issued.
- We did not see evidence of any staff meetings but staff told us they regularly discussed operational issues.

Learning, continuous improvement and innovation

- **The infancy of the service meant that learning and improvement were an ongoing process.** Innovation was not yet being considered and there was no contact with other external similar services.
- The service had a hope to increase the number of patients contacting the service and increase the number of scans being provided.
- The registered manager had developed the policies and procedures in use. Some had already been improved, for example, the scan consent form had been improved to include the risks associated with ultra sound scanning.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The sonographer confirmed a verbal referral process with the acute hospital early pregnancy service to ensure the transference of patients and information. A written service level agreement must be completed.

Action the provider **SHOULD** take to improve

- The provider should record all telephone enquiries in a consistent, safe and auditable way and ensure records of those calls are fully completed.
- All recruitment checks should be fully completed to ensure patient safety.

- The provider should review staff induction to ensure the content is recorded to confirm that all areas planned for induction had been completed.
- The provider should ensure that translation services are available from an independent source.
- The provider should consider that a female genital mutilation (FGM) policy is available which provides staff with clear guidance on how to identify and report FGM.
- The provider should consider that a senior member of staff is provided with training related to complaints management.
- Records planned for retention for ten years should be retained for 25 years.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
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Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

a.assessing the risks to the health and safety of service users of receiving the care or treatment;

b.doing all that is reasonably practicable to mitigate any such risks;

A written service level agreement must be completed with the acute hospital early pregnancy service to ensure the transference of patients and information.

Regulation 12 (1)(2)(a)(b)