

Beau Pro Baby







Quality Report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Not sufficient evidence to rate	
Are services caring?		Outstanding	
Are services responsive?		Good	
Are services well-led?		Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

Beau Pro Baby is a private clinic in Goring, West Sussex and is operated by the provider Beau Pro Limited. The service provides a baby scanning service which includes early pregnancy scans and gender scans. Early pregnancy scans were from eight weeks. We inspected diagnostic imaging.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 27 November 2019.

To get to the heart of womens' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We have not inspected this service before. We rated it as **Good** overall.

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety and infection risk well. Staff assessed risks to women, acted on them and kept good records. The service managed safety incidents well and had process to learn from them.

- Staff provided good care and treatment, Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff went above and beyond and treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them to understand the ultrasound scan. They provided emotional support to women, families and carers.
- The service planned care to meet the needs of local people, took account of women individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

Catherine Campbell

Deputy Chief Inspector of Hospitals (South East)

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 

Beau Pro Baby

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to Beau Pro Baby

Beau Pro Baby operated by Beau Pro Limited. The clinic primarily served the communities of Worthing and surrounding areas. It also accepts patient referrals from outside this area.

The clinic has had a registered manager in post since it opened in February 2019. The manager has remained the same since the service registered with the CQC.

The service provides a baby scanning service which includes early pregnancy scans, reassurance scans and gender scans. This is the service's first inspection since it opened.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Beau Pro Baby

The clinic is registered to provide the following regulated activities:

- Diagnostic imaging.

During the inspection we visited the reception, staff areas and scan room. We spoke with one member of staff who was the registered manager, sonographer and was the only full-time staff member. We spoke with two women and one relative. We also reviewed several feedback emails and reviewed the feedback left online. During our inspection, we reviewed four sets of patient records, and a referral form.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

The service provided abdominal ultrasound scans only. From February 2019 to November 2019 the service undertook 232 scans.

There were also no complaints received in the reporting period.

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 inspected this service before. We rated safe as **Good** because:

Good



We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service had one full time member of staff and two further administration staff members who worked part-time. All staff had completed external mandatory training courses.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. All staff had undertaken safeguarding training to level three.
- The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.
- Women were made aware within terms and conditions and the consent form that the service did not provide any clinical diagnostics. We saw staff advising women to continue with their NHS scans as part of the maternity pathway.
- 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 three staff members. The sonographer was also the registered manager and was a trained ultrasound technician with the Royal College of Obstetricians and Gynaecologists. They were also registered with the British Medical Ultrasound Society (BMUS).
- Records were clear, up-to-date, stored securely 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 six 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.
- The service managed patient safety incidents well. Staff recognised and knew what to report should an incident or near miss occur.

Are services effective?

We do not rate effective for this core service.

Not sufficient evidence to rate



Summary of this inspection

We found the following areas of good practice:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff followed guidance and worked 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.
- Water was available for women and hot drinks were offered to women and their visitors.
- Staff assessed and monitored women regularly to see if they were in pain or if the ultrasound was uncomfortable.
- The service made sure staff were competent for their roles. There were process' to appraise staff's work performance and provide support and development.
- Any staff working at BeauProBaby had to undertake relevant ultrasound training as well as attending training on the specific ultrasound equipment in use. It was outlined clearly in the governance policy that all staff must attend mandatory training and we saw evidence that all staff were Disclosure and Barring Service (DBS) checked.
- Healthcare professionals worked together as a team to benefit women. They supported each other to provide good care. 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.
- Services ran on demand and included weekends. Women could access the service at a time that suited them.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. All information about the scans were included in the service's terms and conditions and consent forms. These forms set out what they would and would not do.

Are services caring?

We have not inspected this service before. We rated caring as **Outstanding** because:

We found the following areas of good practice:

- Staff went the extra mile and treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Outstanding



Summary of this inspection

- Staff were observed treating women with dignity, kindness, compassion, courtesy and respect before during and after their scans. There was a strong, visible person-centred culture observed throughout the inspection.
- The service understood the totality of people's needs and gave 45-minute timeslots for appointments to allow women and their guests to ask any questions and ensure they were comfortable and did not feel rushed.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs. Staff told us they gave women 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.
- Feedback from service users was overwhelmingly positive. We saw over 80 written feedback reviews, and all gave five out of five for the service.
- Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.
- During our inspection staff were seen interacting with women in a respectful way and acknowledged family members when they were there. We could see women and their partners and family members were actively involved in the scanning process; the sonographer went to great lengths to involve them and make them feel included in the process. This was also reflected in patient feedback which often referred to the process as inclusive.

Are services responsive?

We have not inspected this service before. We rated responsive as **Good** because:

We found the following areas of good practice:

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The clinic offered a variety of services and support for mothers and fathers throughout their pregnancy and also once they have given birth. This included pregnancy massage, pregnancy yoga, baby massage, baby yoga, baby reflexology and caesarean scar massage. The service had also started to offer a father to be treatment as well as grandparent treatment. The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services.

Good



Summary of this inspection

- The clinic ran based on demand. At present this was three-week days and a Saturday, however, the registered manager was very accommodating and has offered same day scans for women who had anxiety about their pregnancy.
- People could access the service when they needed it. 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.
- It was easy for people to give feedback and raise concerns about care received. Although the service had not received any complaints we saw from policies they would be treated seriously, investigated them and shared lessons learned with all staff. The service policy included women in the investigation of their complaint.

Are services well-led?

We have not inspected this service before. We rated Well Led as **Good** because:

We found the following areas of good practice:

- The manager had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. The registered manager was always present during scans and had oversight of the everyday running of the clinic.
- The service had a vision for what it wanted to achieve and a strategy to turn it into. The service ran with the aims and objectives to:
 - To provide high quality, safe professional ultrasound scans to our pregnant couples.
 - To provide our women and staff with an environment which is safe and friendly.
 - To take care of our staff offering them support to do their jobs and to protect them against abuse.
 - Ensure all staff have the competency to carry out their tasks to the best of their ability to deliver the required standards of care, whilst ensuring they have the right skills and training to carry out their tasks.
 - Ensure staff are registered with their professional bodies and undertake training courses for their continuing professional development.
 - To have a zero-tolerance policy for abuse on staff.
- Managers were focused on the needs of women receiving care. The service promoted equality and diversity in policies we

Good








Summary of this inspection

reviewed. The registered manager told us they had pride in what the company had achieved so far since their registration and enjoyed coming to work. They described all staff strived to give the best service possible.

- Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. The service had carried out risk assessments. Examples of risk assessments included, spread of infection by direct contact, fire and slips and trips.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff were clear about their roles and accountabilities.
- Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Women 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 women to sign prior to having an ultrasound scan.
- All staff were committed to continually learning and improving services.
- Leaders were enthusiastic about striving to improve the service. Staff strived to provide a holistic service incorporating and promoting classes such as massage, reflexology and yoga which could be accessed by both mothers and their families.

Diagnostic imaging

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

Are diagnostic imaging services safe?

Good 

We have not inspected this service before. We rated it as **good**.

Mandatory training

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

The service had one full time member of staff and two further administration staff members who worked part-time. A mandatory training programme was provided by an external provider and compliance was 100%. Mandatory training included Infection Control and Prevention, Health and Safety in the Workplace, Fire Safety Awareness, Control of Substances Hazardous to Health (COSHH) for Clinical Environments, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Safeguarding Vulnerable Adults, Workplace First Aid and Manual Handling Awareness.

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 women who had mental health conditions, learning disabilities or autism. However, staff did tell us that they would ensure that women 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 women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff had undertaken safeguarding training to level three. 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 Service (DBS) checks; we saw these in staff files.

Staff were witnessed to use a three-point patient positive identification. Staff were seen asking the patient to state their name, address and date of birth before carrying out the scan. All women attending for any scan appointment had to have seen a midwife or attended a hospital booking prior to scan. This included early pregnancy scans of eight weeks. The provider told us this

provided assurances that the woman was over the age of 18 years and was accessing antenatal care.

Cleanliness, infection control and hygiene

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

The manager completed cleaning after each patient contact which included the transducer and patient couch. We saw paper covering used between clients was stored off the floor to prevent contamination.

Diagnostic imaging

At the beginning and end of each day a cleaning checklist was completed to ensure all areas were cleaned. This included mopping the floors in all areas. We saw records showing a deep clean was undertaken once a week by the registered manager, which included skirting boards and hard to reach areas where dust could settle.

In the scan room good infection control practice was observed in line with the provider's policy. Sonographers were observed to wash their hands between each scan and apply hand sanitiser to reduce the risk of cross contamination. The probe of the scan machine was cleaned after each use, using the correct wipes provided, in line with best practice. Paper towels were used on the couch and changed between each scan.

There were suitable handwashing facilities available adjacent to the scan room. All staff were observed to wash their hands as required and were bare below elbow. Hand sanitiser was also readily available.

Personal protective equipment, for example gloves, was available to staff. We observed staff using their personal protective equipment when required to do so.

On inspection all areas were looked at were visibly clean and dust free.

Environment and equipment

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

The 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 the manufacturer 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 had been no occasions where appointments were cancelled due to the breakdown of equipment.

There were no clinical waste bins as the service did not have any regular clinical waste. The provider did have

dissolvable wash bags for the couch covers, if they required washing. The couch had a washable plastic top cover as well as a towelling cover for extra comfort for clients.

Assessing and responding to patient risk

Staff completed risk assessments for each patient. Staff were knowledgeable about how to identify and quickly act upon women at risk of deterioration.

In the event of an abnormal finding 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 a written report and scan images for the hospital. We were told women would never leave the clinic without a clear plan of what to do next. Since it had opened, the service had only made one referral. We reviewed this and saw it contained all the relevant information.

Women were made aware within terms and conditions and the consent form that the service did not provide any clinical diagnostics. We saw staff advising women to continue with their NHS scans as part of the maternity pathway. During the telephone booking, staff asked women if they had been feeling unwell or experienced any pain or bleeding. If the women 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.

At the time of inspection, staff were seen asking women 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 women were attending or had an NHS appointment to attend, as all women were requested to bring with them their maternity notes. The number of weeks pregnant was documented on the patient record.

There was first aid kit available in the staff kitchen, all items checked during the inspection were in date and sealed. An incident book was available to record any instances where someone accessing the service may

Diagnostic imaging

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.

We saw evidence of regular risk assessments being undertaken including fire safety and slips, trips and falls.

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 three staff members. The sonographer was also the registered manager and was a trained ultrasound technician with the Royal College of Obstetricians and Gynaecologists. They were also registered with the British Medical Ultrasound Society (BMUS).

When using locums, the service only accepted sonographers who held a post graduate certificate in medical ultrasound or equivalent as recommended by the Consortium for the Accreditation of Sonographic Educations (CASE).

Although the service currently ran with only one sonographer, there were clear guidelines for new staff should the service employ them. For example, new sonographers must have had one year (as a minimum) experience in obstetric ultrasounds, have had some experience in 3D/4D baby bonding scans and must also be The Health and Care Professions Council (HCPC) or Society of Radiographers (SOR) registered.

The service used locums on the rare occasion that the regular sonographer was unable to undertake the scan. These were provided by an agency who carried out appropriate checks and ensured training was up to date.

Records

Records were clear, up-to-date, stored securely 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 six 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.

Medicines

The service did not prescribe, administer, record or store medicines.

Incidents

Staff recognised and knew what to report should an incident or near miss occur. When things went wrong, staff knew what process to follow.

The service had their own Accident and Incidents policy which we reviewed. We saw an incident book was available but to date there had been no incidents recorded. Staff were aware of what they would report as an incident. The policy outlined how investigations would be conducted and learning shared.

The duty of candour is part of the service's fundamental standards and we reviewed a policy detailing staff responsibilities in relation to this. This included supporting women when things went wrong. Staff we spoke to during our inspection were aware of duty of candour and their role and responsibilities in relation to it. Staff told us that no incidents had occurred where duty of candour needed to be used since their registration. Duty of candour is a legal duty to be open and honest with patients, service users or their families when something goes wrong that appears to have caused or could lead to significant harm in the future.

Are diagnostic imaging services effective?

Not sufficient evidence to rate 

We have not inspected this service before. We do not rate the domain of effective as we do not have enough evidence to do so.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff followed guidance.

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

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Medical Ultrasound Society (BMUS). Staff were aware of how to access this information. We saw several policies and procedures including an early pregnancy protocol and privacy policy which included up to date references and followed nationally recognised guidance.

The registered manager was responsible for the management of policies and procedures and compliance. We reviewed ten policies during the inspection and found they had been implemented when the service opened in February 2019. However, they were not dated and there was not date for review printed on them. Post inspection, we were given evidence that this was now in place on all policies at the location.

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.

Staff worked 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 and were knowledgeable about the length of time scanning should take.

Staff told us that women 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. We witnessed this during both scans we observed on inspection.

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

Water was available for women and hot drinks were offered to women and their visitors.

We saw information on the terms and conditions about women having a full bladder for better picture quality during early baby scans.

Pain relief

Staff assessed and monitored women regularly to see if they were in pain or if the ultrasound was uncomfortable.

The sonographer asked women several times throughout the scan if she was comfortable and checked that the pressure applied was not causing any discomfort.

Patient outcomes

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

Any reason for a referral to another service was documented on the women record form and clearly explained to the patient. Records of women who had been referred were stored in a separate folder in a locked filing cabinet. This meant that managers could monitor the number of women that had been referred to other services. At the time of inspection only one patient had been referred on to another service for further diagnosis and care.

If staff were not contacted by the women who had been referred to other services, managers contacted the women by telephone to check on their wellbeing and what they were told by the service they were referred to.

Competent staff

The service made sure staff were competent for their roles. There were processes to appraise staff's work performance and provide support and development.

Any staff working at BeauProBaby had to undertake relevant ultrasound training as well as attending training on the specific ultrasound equipment in use. It was outlined clearly in the governance policy that all staff must attend mandatory training and we saw all staff were Disclosure and Barring Service (DBS) checked. If the service required the use of a locum sonographer, the agency gave assurance they were appropriately trained and up to date with all relevant training.

We reviewed the recruitment policy which held information on the employment process and requirements of new staff. All sonographers employed by Beau Pro Baby must hold a post-graduate certificate in Medical Ultrasound or equivalent as recommended by the consortium for the Accreditation of Sonographic

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Education (CASE). They must also have one years' experience in obstetric ultrasounds, have some experience in 3D/4D baby bonding scans and must also be Health and Care Professions Council (HCPC) or Society of Radiographers (SOR) registered.

All staff were required to complete an induction programme, during which policies and procedures (including Health and Safety) were explained. This included an overview of how the clinic ran, and customer service. Induction records we reviewed also included cleaning and hygiene responsibilities as well as staff safety.

All bank staff had a probationary period of one month. Their work performance and general suitability was assessed and, if it was satisfactory, employment continued.

We saw from policies and protocols that any new staff received training for their specific job, and, if long term employment progressed their skills could be extended to encompass new job activities within the business. It was a condition of employment that staff participated in training deemed necessary for them to reach the required standards.

Staff appraisals had not yet been undertaken as the clinic had only been running since February. We saw appraisal forms were in staff files ready to be used and included staff development and training opportunities and reflection.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit women.

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 women who needed them.

Seven-day services

Services ran on demand and included weekends.

Women could access the service at a time that suited them.

At the time of inspection, the service ran three weekdays, some evenings and on Saturdays according to demand. As the service was owned and run by the registered manager, they were able to be very flexible when arranging appointments.

Health promotion

Staff gave women advice to lead healthier lives.

Pregnancy and parenting leaflets were available in the reception area. These covered a range of topics including antenatal care, information about healthy living in pregnancy such as exercise and stopping smoking and drug use.

Consent and Mental Capacity Act

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

All information about the scans were included in the service's terms and conditions and consent forms. These forms set out what they would and would not do. The consent form explained what a 4D scan was, if 4D scanning was 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 women and ensured that they had read and understood it. Staff gave further verbal information if it was required prior to women signing the consent form.

Staff told us that if they were unsure if a patient using the service had capacity then the scan would not be carried out.

The service did not carry out scans on women who were under 18 years old. The women were advised to bring their hospital notes with them or the scan would not go ahead. This meant that women's age could be confirmed, alongside any other additional needs.

Diagnostic imaging

Are diagnostic imaging services caring?

Outstanding



We have not inspected this service before. We rated it as **outstanding**.

Compassionate care

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

The service was committed to delivering the highest level of care and customer service to women and their families. There was a positive atmosphere within the clinic, and the manager was passionate to meet the needs of women and their families, with great care observed.

Staff were observed treating women with dignity, kindness, compassion, courtesy and respect before during and after their scans. There was a strong, visible person-centred culture observed throughout the inspection. We observed two scans and two consent and payment procedures. Staff remained professional and caring throughout.

The service understood the totality of people's needs and gave 45-minute timeslots for appointments to allow women and their guests to ask any questions and ensure they are comfortable and did not feel rushed. Staff told us this was done to ensure privacy and dignity was maintained alongside making the experience as "magical as possible". All conversations took place in a private room. If a scan was not successful, or staff were unable to determine the gender, a free second scan was offered.

We reviewed over a hundred patient feedback forms. All were overwhelmingly positive about the service they received and the support that staff had offered them. Comments included "The care and passion for her work shines out of her heart." and, "After having a still birth last year to falling pregnant again so soon, she understood our worries and wanted to reassure us."

Although we did not observe an early pregnancy scan, the sonographer described how they were sensitive to the stress that women may be feeling at this time.

The sonographer continued to smile throughout the scan and inform the woman and their family about the scan. Women could speak without being overheard in a private and quiet room.

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.

Emotional support

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

Staff told us they gave women 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 women privacy was maintained by asking the next client to wait in the main reception area.

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 despite a poor outcome, the service user had contacted the sonographer to say how happy they were with the kind and caring manner they had been treated. They had also contacted the service when they fell pregnant again to ensure that they could be seen again and to let the staff know.

Staff were understanding to the needs of women and listened to any concerns that they had. The client and their families had plenty of time to ask questions. These were answered sensitively, and reassurance given when needed. Women were encouraged to contact their GP or midwife if they had any concerns and to attend their NHS scans.

Women could be referred to a local charity run business who offered counselling for pregnancy related issues. The manager also said she would refer women to a local NHS maternity counsellor, who she would contact personally.

Diagnostic imaging

Understanding and involvement of women and those close to them

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

During our inspection, staff were seen interacting with women in a respectful way and acknowledged family members when they were there. We could see that women and their partners and family members were actively involved in the scanning process; the sonographer went to great lengths to involve them in the process.

This was also reflected in patient feedback which often referred to the process as inclusive.

Comments included “I love the way she involved my friend’s little nephew to make him feel part of it” and, “goes the extra mile in every way...great evening.”

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 women 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 inspected this service before. We rated it as **good**.

Service delivery to meet the needs of local people

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

Women could have early pregnancy scans from eight weeks, but only after at least one normal NHS scan had been performed and if the patient was under appropriate antenatal care and could provide a maternity file. During

this scan women received a general overview of the growth and wellbeing of the foetus. Women were also able to hear a fetal heartbeat to give parents peace of mind and reassurance that their baby was doing well.

Women could also have a 3D/4D bonding scan. This was offered on a souvenir basis which allowed parents to see their baby in real time if their baby was in a good position.

The clinic also offered a variety of services and support for mothers and fathers throughout their pregnancy and also once they had given birth. This included pregnancy massage, pregnancy yoga, baby massage, baby yoga, baby reflexology and caesarean scar massage. The service had also started to offer a father to be treatment as well as grandparent treatment. Although these services were offered, we do not regulate them.

There was a comfortable seated waiting area in the main reception of the service, this area was large and had mood lighting to encourage a relaxed atmosphere. Water was available and a variety of children’s toys to keep younger ones entertained. Children were also welcomed in the scanning room.

We saw 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.

Women could park for free at the front of the building. The service was clearly signposted, and women were told to knock if the scan room was occupied; there was a note explaining this.

The clinic was run based on demand. At present this was three-week days and on a Saturday; however, the registered manager was very accommodating and had offered same day scans for women who had anxiety about their pregnancy.

Women could contact the company 24 hours a day via mobile telephone. Women were encouraged to call if they had any questions following the scan and to keep in touch with the manager who showed a genuine interest in the wellbeing of women and their babies.

Meeting people’s individual needs

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The service was inclusive and took account of womens' individual needs and preferences. Staff made reasonable adjustments to help women access services.

The registered manager constantly monitored feedback through a variety of social media platforms and email. They adapted the service where necessary. The registered manager had recently increased appointment times as a result of positive feedback from women about appreciating the length of time they had to fully enjoy the scan experience. Appointment slots were 45 minutes long which allowed staff enough time to perform the scan and give 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 plenty of space within the reception area and the scanning room for a wheel-chair.

The service had completed a disability access audit which included the perspective of a wheelchair user, as well as visually and hearing impaired. At the time of the inspection due to the size of the service and the staff employee numbers no regular internal or external audits were carried out. The service did not have disabled toilet facilities within the clinic. However, the provider had an agreement with the local chiropractor for women to use their disabled toilet.

Staff had experience of working with people who required additional support. 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.

At the time of inspection there was no interpreting service in use. The manager said they had not needed one to date. Since the inspection, the manager had contacted an interpreting service who offered telephone, face to face and Skype translation and incorporated sign language, through online services, with a view to making these services available.

Access and flow

People could access the service when they needed it.

Staff told us that most of their bookings were made online or telephone. Some came through email or social media. At the time of booking the client was asked what sort of scan they would like and when would they would like an appointment; they were also reminded to bring their NHS maternity notes with them.

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 sonographer 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.

Staff told us there was 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, women were seen on time. Staff told us if there was to be a delay staff would keep the other women informed in the waiting room and advise them of any delays and apologise.

Service users could contact the service at any time of the day to make appointments. The manager had a mobile telephone to receive bookings through telephone calls and text messaging. They also had access to the booking system using the mobile telephone.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. Although the service had not received any complaints we saw from policies that they would treated seriously and investigated.

All complaints would be directed to the registered manager, who would manage them in line with the service's complaints policy, which had been created within the last 12 months. Although the service had received no complaints, there was a clear process which included investigation by the registered manager within 72 hours and which would involve the patient and any staff members.

At the time of inspection there was no visible information displayed in the clinic about how women

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could make a complaint. However, information about how to make a complaint was included on the terms and conditions/consent form and on the feedback form that was given to all women as they left.

Are diagnostic imaging services well-led?

Good 

We have not inspected this service before. We rated it as **good**.

Leadership

The manager had the skills and abilities to run the service. They were visible and approachable in the service for women and staff.

The registered manager was always present during scans and had oversight of the everyday running of the clinic. We did not see any other staff member during our inspection, but the manager said that working relationships were cohesive and supportive.

At the time of our inspection there was no plans to recruit more staff. However, there was a recruitment policy 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.

Vision and strategy

The service had a vision for what it wanted to achieve.

The service ran with the aims and objectives to:

- Provide high quality, safe professional ultrasound scans to our pregnant couples.
- Provide our women and staff with an environment which is safe and friendly.
- To take care of our staff offering them support to do their jobs and to protect them against abuse.
- Ensure all staff have the competency to carry out their tasks to the best of their ability to deliver the required standards of care, whilst ensuring they have the right skills and training to carry out their tasks.

- Ensure staff are registered with their professional bodies and undertake training courses for their continuing professional development.
- Have a zero-tolerance policy for abuse on staff.

The service had fundamental standards which staff worked to. The fundamental standards included, dignity and respect, safety and person-centred care.

The service aimed to set the standard for 4D baby scanning, in terms of providing a quality service. The focus of the manager was to ensure women and their families were provided with the best experience possible.

Culture

Management were focused on the needs of women receiving care. The service promoted equality and diversity in policies we reviewed.

The registered manager told us they had pride in what the company had achieved so far since their registration and enjoyed coming to work. They described 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.

There was a passion for providing services to make women and their families feel at ease, an ask questions. We saw families engaging with the sonographer and suggesting positions to make the baby more visible during the scan.

Governance

Leaders operated effective governance processes, throughout the service. Staff were clear about their roles and accountabilities.

We only spoke with one member of staff, however, we saw detailed governance information was readily available. As there was only one full time staff member there were informal governance processes in place. Although there was no evidence of governance meetings, the manager was supported by two administration staff who she updated regularly.

There was a folder containing all relevant information relating to governance, such as policies and procedures, staff files and training. This folder also contained information on national guidance and induction

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information. There was a clear process for the introduction of new staff should the service grow to incorporate them. We saw clear information about staff roles and accountabilities and the expectations staff should be working towards. This included the introduction of new roles should the service grow.

The registered manager was also the sonographer and had external supervision annually. We saw records of this being completed when the service started running in February 2019. At the time of inspection, staff were seen to be adhering to their scope of practice.

Managing risks, issues and performance

Leaders used systems to manage performance effectively. They had plans to cope with unexpected events.

The service had carried out risk assessments. Examples of risk assessments included spread of

infection by direct contact, fire and slips and trips.

There was a business continuity plan in the governance folder which outlined what to do in the event of flooding, power failure and had numbers for the local hospitals. These were also displayed in the staff kitchen for ease of access if required.

Managing information

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Women 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 women to sign prior to having an ultrasound scan. Women 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.

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 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.

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 was not seen by others. At the time of inspection, there had been no data security breaches since the service's registration.

Engagement

Leaders and staff actively engaged with women and local organisations to manage services. They collaborated with partner organisations to help improve services for women.

Views and experiences were gathered and reviewed regularly. The service mostly relied on social media and email for feedback. The service also gave women 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.

Although the service had not had any negative feedback, they made booking times slightly longer as they felt customers were very keen to discuss their pregnancy and wanted to ensure they had the time to listen and for them to ask any questions they may have.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

Leaders were enthusiastic about striving to improve the service. Staff strived to provide a holistic service incorporating and promoting classes such as massage, reflexology and yoga which could be accessed by both mothers and their families.

A new ultrasound scanning machine was purchased in the last 12 months to improve the quality of images that were produced. The service provided access to bookings

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24 hours a day. Staff could be accessed at any time by mobile telephone, responding to women and booking appointments outside of the services usual opening hours.

Outstanding practice and areas for improvement

Outstanding practice

- The service understood the totality of people's needs and gave 45-minute timeslots for appointments to allow women and their guests to ask any questions and ensure they are comfortable and did not feel rushed.
- Leaders were enthusiastic about striving to improve the service. Staff strived to provide a holistic service incorporating and promoting classes such as massage, reflexology and yoga which could be accessed by both mothers and their families.