

Baby Ultrasound Clinic Limited

Baby Ultrasound Clinic Limited

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

Our rating of this service improved. We rated it as good.

This was a focused, unannounced inspection. The inspection followed up a previous inspection in June 2022 which had been a focussed, unannounced inspection in response to specific areas of concern. We did not rate the service as we only inspected the key lines of enquiry within the safe and well – led domains.

Following the June 2022 inspection, we served the provider with a Warning Notice under Section 29 of the Health and Social Care Act 2008. The warning notice told the service that they needed to make significant improvements in their governance processes to ensure the quality and safety of services provided. The provider sent the CQC a report with the actions that they were taking to meet the requirements.

At this inspection, the provider had made improvements.

- The service provided mandatory training to staff and all staff were up to date with basic life support training. The service had a process that ensured staff were reminded to renew their training when required.
- The registered manager and staff had completed the relevant training in safeguarding. They had a process in place, which was in line with their policy, which kept women safe, if a safeguarding concern was identified.
- The service managed infection risk well and had implemented more measures to protect service users and staff from infection. The service had robust systems for cleaning of the scanning beds and had removed equipment that we had identified as problematic at the last inspection. The premises and the equipment was visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- The staff completed risk assessments for women using the service. Staff were confident in how they would respond to foetal abnormalities which may be identified or if a women's health was to deteriorate.
- The service had enough staff to provide a safe service. We were assured that staff had the correct qualifications, competence and experience to complete their roles.
- The records relating to the care and treatment of service users were appropriately completed. Women's records were stored securely.
- The process for reporting incidents was in place and in line with the services policies. The manager investigated the most recent incident and shared learning with the team. Staff had received training on the duty of candour, and it was evident that their knowledge of this area had improved.
- The registered manager had the skills and abilities to run the service and demonstrated a better understanding of the priorities and issues the service faced. They supported their staff to develop and take on more senior roles.
- The service did not have a specific vision or strategy, but the registered manager and staff identified the services main priority as customer experience.
- The staff felt respected, supported, and valued. The registered manager was aware of equality and diversity in daily work and provided opportunities for career development.
- Leaders operated effective governance processes. Staff were clear about their roles and accountabilities.
- Leaders and teams used systems to manage performance effectively.

However,

- Women's scan records were not always signed and dated.
- The scheme of delegation still required some work to fully embed. There was some ambiguity around who staff should contact if the registered manager was unavailable.

Summary of findings

- The services website had not been updated from the previous inspection and still stated that diagnostic scans were being offered, despite the registered manager being clear that this was not the case.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	We rated safe and well led as good.



Summary of findings

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Background to Baby Ultrasound Clinic Limited

Baby Ultrasound Clinic is privately operated by Baby Ultrasound Clinic Limited. They offer diagnostic scans from seven weeks to term. They provide pregnancy confirmation scans and gender scans from 14 weeks. They provide 2D/3D/4D baby scans, with an option of high definition (HD) live to women over the age of 18 years.

The service registered with the Care Quality Commission (CQC) in 2015 and has had the same registered manager in place since then. The service registered location is in Bolton and at the time of the inspection they had an additional five satellite clinics in Blackpool, Stockport, Chester, Wakefield, and Huddersfield.

The service is registered to provide diagnostic and screening procedures.

The service had its last comprehensive inspection in January 2019 and was rated “requires improvement” overall, with safe and well led being rated as requires improvement. We last inspected the service in June 2022. In the last report, the service breached regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

- Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
- Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
- Regulation 17 (RA) Regulations 2014 good Governance

Following the last inspection in June 2022 we issued Warning Notices for failure to comply with regulatory requirements.

This inspection reviewed the provider’s actions to improve following the breaches of regulation identified at the last inspection.

How we carried out this inspection

We carried out an unannounced focused inspection of the diagnostic and screening core service on the 25 October 2022. During our inspection we visited the Bolton clinic. The inspection team was made up of two CQC inspectors and an inspection manager offsite. Overall oversight of the inspection was provided by the head of hospital inspection.

We inspected to follow up the concerns identified with safe care and treatment, safeguarding and good governance during the last inspection, and to assess the providers compliance with the Warning Notices issued for regulations 12, 13 and 17.

We looked at parts of the safe and well led domains.

We reviewed specific documentation, completed observations, and interviewed key members of staff including two sonographers, an administrative member of staff, the registered manager, and the assistant manager.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Summary of this inspection

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure there is a clear, defined and current scheme of delegation in place so that when the registered manager is not in work, staff can access informed and adequate support.
- The service should continue to ensure that the assistant manager develops in their role by providing clear responsibilities, regular training and guidance.
- The service should ensure that staff sign and date women's scan reports.
- The service should ensure that their website reflects that they offer non-diagnostic scans.
- The service should consider minuting the meetings between the registered manager and the director of the service.
- The service should consider making some of their documentation more detailed. The risk register would benefit from a review date, a timescale for when actions would be completed, and the location associated with the risk being added. The service should also consider including a severity rating on the incident log, in line with the adverse incident reporting policy.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Not inspected	Not inspected	Not inspected	Good	Good

Diagnostic and screening services

Safe	Good 
Well-led	Good 

Are Diagnostic and screening services safe?

Good 

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

Mandatory training

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

Staff received and kept up to date with their mandatory training. Since the last inspection in June 2022, evidence of fire safety training and confidentiality was sent to the CQC. Staff had also completed basic life support training, in line with the deteriorating patient policy. All staff had received training on additional courses such as conflict resolution, duty of candour and chaperone training. The sonographers were also trained in “breaking bad news.”

Staff had received training using an electronic learning package. The registered manager told us that there was no third-party face to face training but was looking to arrange this for basic life support.

The service’s mandatory training policy had been updated. The policy clearly outlined the mandatory training and additional training modules available for staff. It provided a list of what training would be required based on their role, for example it was described as essential for administrative staff to have training in hand hygiene, duty of candour and challenging behaviour.

The mandatory training was comprehensive and met the needs of women and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. All staff completed their mandatory training in their induction phase and would be reminded annually to repeat the training by the registered manager through appraisals or by email. We saw evidence that mandatory training was reviewed in staff’s monthly appraisals and through quarterly audits that the registered manager had implemented.

Safeguarding

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

Since the last inspection in June 2022, staff had completed level three training in safeguarding adults and children. The registered manager told us they had a safeguarding role play meeting booked at the end of the month at each clinic with staff. Staff confirmed this and explained that the meeting covered the mental capacity act, consent and safeguarding.

The safeguarding lead role was provided by the registered manager. The manager was trained to level four safeguarding children and adults.

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The Bolton location displayed relevant posters and guidance around safeguarding and abuse.

We spoke with four members of staff, not including the registered manager. All staff were able to identify adults and children at risk of or suffering significant harm.

Not all staff members, including the assistant manager, were confident in knowing where they would access the safeguarding forms or which authority they would contact if they had safeguarding concerns. The registered manager explained that their understanding of this phase in the process may be limited, as they completed the safeguarding referrals to the relevant authorities, as per the safeguarding policy.

Not all staff were clear about who they should contact regarding a safeguarding concern if the registered manager was not available. The manager told us the assistant manager was going to be trained to level four safeguarding to provide additional support for staff.

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.

Clinical areas at Bolton were clean, had suitable furnishings and were well - maintained. The waiting area furniture was suitable for easy cleaning. The service had adequate supplies of appropriate cleaning materials.

We reviewed cleaning records that had been completed since the last inspection in June. They were up-to-date and demonstrated that areas were cleaned regularly. Staff in the service, including the receptionists, continued to complete infection prevention and control (IPC) cleaning checklists for different parts of the clinic.

Since the previous inspection in June 2022, the provider had implemented some infection prevention control measures. The registered manager was completing infection control audits in which they assessed hand and personal hygiene, personal protective equipment (PPE) and the decontamination and cleaning of equipment and rooms. We reviewed the most recent audit from September 2022. The registered manager had completed the audit with a sonographer and an administrative member of staff. They were found to have a good understanding of the policy and appropriate procedures that they must undertake in their roles. We also reviewed newly implemented bed cleaning and probe cleaning audits from August 2022 in which compliance rates were 100%.

The registered manager told us that the couch beds, at each location were covered in a wipeable cover which we observed at the Bolton clinic. We saw evidence that the sonographer had completed cleaning records for the scanning machine and the cleaning probes from the last two shifts. A further sonographer from the Huddersfield clinic was also able to corroborate that these cleans were completed.

The registered manager and two other members of staff told us that the pillow which was identified as “not fit for purpose” at the last inspection had been removed from the Blackpool location.

The registered manager told us in her action plan and during our discussion that the clinic now used single use ultrasound gel bottles, in line with the Code of Practice on the prevention and control of infections under section 21 of the Health and Social Care Act 2008. When we inspected the scanning room at the Bolton site, the large bottle of ultrasound gel was in the same cupboard it had been previously. We also found empty, single use bottles of ultrasound gel stored close to where the sonographer sat. The registered manager said they had forgotten to remove the large

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bottle of ultrasound gel and the empty single use bottles. These were removed during the inspection. We saw evidence of purchases for single use ultrasound gel bottles for the last three months. We also asked a sonographer and receptionist from another satellite clinic what their process was, and they provided further assurance that they were now using single use ultrasound gel bottles.

The registered manager had updated the infection control policy, removing that staff were required to wear aprons. This was in line with the British Medical Ultrasound Society (BMUS). There were posters on the wall in the scanning room which provided information on what sonographers should and should not wear including “no false nails or polish” and “no bracelets.”

There were appropriate levels of PPE at the Bolton site. The registered manager and staff we spoke to, who also worked at other clinics, reported there was an appropriate amount of PPE at all clinics, and this was replenished on a weekly basis.

The clinic had reduced their COVID-19 measures, in line with NHS guidance. The clinic had hand sanitising gel at the reception desk which we observed the assistant manager asking women and those accompanying them to use when they entered the building. The registered manager told us that if women wanted to wear a face mask due to fears of contracting COVID-19 that they would offer one and wear a face mask themselves. The registered manager said they were aware of the risk of COVID-19 and if cases were to increase, they would look at implementing procedures to keep service users safe. COVID-19 was included on the services risk register.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

The service had suitable facilities to meet the needs of women's families. The Bolton service was located on the ground floor and was accessible for people in wheelchairs or babies in prams. There was a reception area where women and their families were greeted, a waiting area with multiple single seats, a scanning suite, staff kitchen, a toilet, and a storeroom. Women and their families viewed the images in the reception area.

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

Staff carried out daily safety checks of specialist equipment. The ultrasound machine was appropriately maintained and cleaned. The service records for the ultrasound machine highlighted that appropriate maintenance and servicing was in place.

Following the last inspection, in response to the warning notice, the service had provided assurance that substances that are hazardous to health, for example bleach and toilet cleaner, had been moved to a lock top cabinet in the storeroom. We observed this on the inspection. Staff also confirmed that similar items were stored in locked cabinets in the other clinics.

We reviewed audits for the control of substances hazardous to health (COSHH) from August and September 2022 for Bolton, Blackpool and Chester. The audits were up to date for these locations and highlighted no concerns.

Following the last inspection, the registered manager sent the CQC environmental risk assessments for all the locations. The risk assessments were specific to the location. COVID – 19 was correctly identified as a potential risk on all the risk assessments.

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We saw evidence of a further health and safety audit completed in September 2022 for Bolton. The audit was comprehensive and provided assurances for the location.

The registered manager reiterated that there was no clinical waste unless a woman's water broke in which case clinical waste collection would be arranged with Bolton council. The policy for waste management had been updated, it provided more clarity regarding what was classed as clinical waste and, the procedures for its disposal.

Assessing and responding to risk

Staff completed risk assessments for each woman and in doing so minimised risks. Staff knew how to respond if abnormalities were identified or if women's health deteriorated. Women were informed that the scans did not replace routine hospital scans.

Staff completed risk assessments for each woman when they contacted the service to book their appointment. The risk assessment requested information from women such as multiple pregnancies, number of weeks pregnant, disabilities and purpose of the scan. We saw evidence that the risk assessments were documented in the booking system. The registered manager completed monthly reviews of the booking risk assessments. We saw evidence of a review from the 22 September 2022 in which a receptionist was observed by the registered manager and completed all booking tasks accurately.

Staff had a good knowledge of the exclusion criteria. Staff were aware that women had a maximum of three scans per pregnancy, that they were unable to scan women under seven weeks pregnant and those who could not provide consent. We observed staff checking women's identification on arrival to ensure they were over 18 years of age.

We had further assurances that staff had a good understanding of how they would manage a sudden deterioration in a woman's health whilst on the premises and their process for escalating concerns from scans that required urgent attention. We asked the new sonographer in the Bolton service what the process was if abnormalities were discovered, and they provided a detailed description of what they would do which was in line with the policy.

The new sonographer within the service explained how they checked women's identifiable information and consent on entering the scan room. The new standard operating procedure that the registered manager had produced referred to this and we saw evidence of an audit that was being completed monthly which reviewed whether sonographers were checking consent at every scan.

The sonographers told us; the registered manager would review any scan where they required a second opinion.

The website and the consent forms, which every woman signed prior to receiving their scan clearly stated that the scans provided did not replace routine hospital scans.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers ensured that staff had a full induction.

The service had enough staff to keep women safe. Since the last inspection, the service had lost three staff but had employed four members of staff. The service had recruited a new sonographer, who was a qualified radiologist, in addition to the sonographers already working at the locations. The registered manager told us that this appointment had reduced their clinical hours which meant they could focus more time on managing the service.

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The registered manager adjusted staffing levels across the locations to meet the needs of women accessing the service. Staff told us how the registered manager would move staff to different locations if required.

The staff files were up to date and demonstrated staffs experience, skills and competencies. New staff within the service had the appropriate qualifications and skills to work in their roles. The registered manager provided evidence of their contracts, professional accreditation with BMUS, prior experience and if appropriate, their qualifications to be a sonographer.

Staff told us they were having monthly appraisals since the last inspection. The newly appointed sonographer was having weekly one to one's, whilst they had only recently completed their induction. We reviewed appraisal forms for three members of staff from August and September 2022, the appraisals had improved since the last inspection, they were more comprehensive and had set agenda items which included "health and wellbeing" and "future training and development needs". The appraisals were all appropriately dated and signed by the registered manager and staff member. Annual appraisals were completed, this was a more detailed appraisal which considered "relationships with colleagues and patients," as well as goals for the following year.

The registered manager ensured all staff had a full induction and understood the services policies and procedures.

Records

Staff kept records of women's care and treatment. Records were stored securely and clear but were not always signed and dated. Records were easily available to all staff providing care.

The registered manager explained to us that the service offered non-diagnostic scans. The women's notes that were recorded electronically were sufficient for the scans that were being completed. We reviewed 10 records; they included women's details and comments regarding their pregnancy which were succinct but provided the relevant data for a non-diagnostic scan. However, they were not dated or signed, and the operator was noted as "admin." If this information was required by an external body, it would be difficult to establish which sonographer had completed the scan.

Following, the last inspection, the registered manager had put processes in place which ensured that consent was being monitored more thoroughly. Monthly audits to check that consent forms were being completed correctly were now in place. We reviewed 17 consent forms that had been completed on three separate days in September and found them to be fully completed.

Service user information was stored appropriately. Since the last inspection, the registered manager had implemented an electronic system which ensured that women's bookings were kept secure. The electronic system was stored on the computers which were password protected.

Paper consent forms were stored securely. We observed this at the Bolton site and staff told us that they were stored in lockable cabinets in the other locations.

Incidents

The service had incident policies. Most staff recognised what an incident was and had knowledge of how to record and report them appropriately. The manager investigated the most recent incident and shared lessons learned with the team. Staff had knowledge of the duty of candour.

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The service had two incident policies called adverse incident reporting and clinical incident reporting. Both were detailed and provided definitions of what an incident was and the procedures in place when one was to occur. In the clinical standard operational practice document, which was produced for all sonographers, it showed a visual flow chart of the incident reporting process.

Most staff could differentiate between incidents and complaints, were able to identify incidents that may arise and provided an explanation of how they would report them. Most staff were aware of how they would obtain and complete an incident log and how they would send this to their manager, in line with the incident policies.

We saw evidence of the incident form and incident log. The incident form was detailed and asked for a description of the injuries, actions and whether the incident would require investigation. The incident log had a brief description of the incident and the actions completed. The registered manager told us that the incident recorded was the only one since the last inspection. Although the incident form and log were in place, the severity and rating of the incident, was not included as outlined in the services adverse incident reporting policy.

The staff provided assurance that they were aware of the incident that had been recorded on the incident log. They said that discussions regarding incidents and complaints were discussed regularly in appraisals and team meetings which we saw evidence of.

The service had no never events reported since they opened.

Following the previous inspection, staff's understanding of the duty of candour had improved. The duty of candour is a general duty to be open and transparent with people receiving care from you. It applies to every health and social care provider that CQC regulates. The registered manager had ensured that staff completed additional training on this. All staff that we spoke to had an understanding of what the duty of candour was and when it would be used.

There was evidence that changes had been made as a result of the investigation into the incident regarding the consent forms missing a page. We saw evidence of an audit of the consent forms that the registered manager had completed since this incident had occurred.

Are Diagnostic and screening services well-led?

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

Leadership

The registered manager had the skills and abilities to run the service. They demonstrated a better understanding of the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager had been in place since the service was first registered with the CQC.

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The registered manager had the appropriate qualifications, experience and knowledge to be in the role. They demonstrated knowledge of the different locations. The registered manager and staff were able to articulate clearly what the service offered and explained that they completed non diagnostic scans. However, the website still stated that the service completed diagnostic scans. This was not an accurate reflection of the service and may be misleading for service users.

Following the previous inspection, the registered manager demonstrated an improved oversight of the main priorities and issues that the Bolton and other satellite locations faced. They felt that employing a further sonographer had provided the manager with more time to focus on managerial tasks such as the service's finances, vision and implementing systems such as an "intranet."

Staff reported the manager was visible in the different locations. The registered manager explained that although there were six locations, they did not open at the same time, so they were able to split their time well between locations. Staff told us when the manager was at a different location, they were accessible by phone and responded quickly to any requests.

Staff explained the registered manager was approachable and supported them in their development. One member of staff was currently being supported to become an assistant manager.

The registered manager had ensured that they had appropriate training in lead roles such as safeguarding and infection prevention and control.

Vision and Strategy

The service did not have a specific vision for what it wanted to achieve. However, the registered manager identified that the service users experience was the services priority. The registered manager also had action plans relating to the locations.

The service did not have a specific vision and strategy. However, the registered manager told us that good customer service was at the centre of what the service wanted to achieve. There were plans to move the Bolton location to a larger site with additional rooms and facilities.

Staff that we spoke with were not aware of a definitive vision and strategy for the service but provided a similar message as the registered manager that the focus was on customer safety and satisfaction. They told us that these priorities and values were discussed within meetings and appraisals and were a key focus for the registered manager.

Culture

Staff felt respected, supported and valued. The registered manager was aware of equality and diversity in daily work and provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.

The registered manager told us they encouraged staff to develop and helped them to do so. This was evidenced with the implementation of regular appraisals and enrolling staff on to training courses. One of the staff told us they had recently been enrolled on to a course that would help to market the business as they had shown an interest in this.

The registered manager was aware that some of the staff had come from different cultures. The registered manager had discussions with the staff about cultural differences and how this might impact on behaviour. In the standard

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operational practice document that sonographers were provided, the registered manager referred to cultural differences that staff may face and offered solutions, for example there was advice from the World Health Organisation on the use of alcohol hand gels in relation to religious considerations. All staff had completed equality and diversity training

The staff we spoke with felt supported, respected and valued. The staff reiterated the registered manager was available for them. One of the staff told us they had not experienced this amount of support from previous managers, and they were developing in the role as a result of regular supervision.

The staff told us the registered manager was approachable and they would be able to raise concerns if required.

Governance

Leaders operated effective governance processes. Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Following the services last inspection, the registered manager had ensured that the team had regular team meetings, every month. The registered manager had embedded a new system in which staff signed off the minutes from the meetings to state they had understood what had been discussed. We reviewed three monthly team meeting minutes and found there were set agenda items which included health and safety as outlined in their policy. If staff were unavailable for the meeting, the meeting agenda items would be discussed at their following appraisal.

Following the last inspection, the registered manager was now completing monthly appraisals with all staff. The new sonographer in the team was having weekly appraisals as part of their induction. The appraisals were more detailed with set agenda items such as “training,” “health and wellbeing” and “achievements and strengths.” The appraisal forms were all signed and dated by the registered manager and the member of staff to ensure the information had been discussed and agreed. The staff we spoke with, told us they received a copy of their appraisal meeting.

Staff we spoke with were clear about their roles and responsibilities, speaking confidently about how they received service performance information.

Following the last inspection, the registered manager had downloaded the policies on to Universal Serial Bus (USB) sticks at every location so that staff could easily access them. Staff we spoke with were aware of how to access the policies if they needed to.

Since the last inspection, all the policies had been reviewed. We looked at a selection of policies, including the infection and prevention control policy, the waste management policy, the service development policy and the mandatory training policy and found them to be up to date and version controlled. We saw evidence the policies and procedures were to be updated every two years by an external company and whenever required internally by the registered manager.

The registered manager had informal supervision with the director of the service. They told us this was more business related and did not cover clinical matters. These meetings were not minuted.

The registered manager had a system in place for reporting incidents. Staff knew the process involved in reporting incidents and passing the information on to the registered manager. There had only been one incident recorded since the last inspection which all staff had been made aware of through team meetings and appraisals.

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The registered manager had produced a clinical standard operating procedure (SOP) for all the sonographers within the service. This provided sonographers with the main sections from the policies and procedures specific to their role. The sonographers had easy access to this document and told us they found it helpful that all the key information was in one place.

Following the last inspection, one of the warning notices points was that the service must ensure there was appropriate cover when the registered manager was unavailable. The registered manager had employed an assistant manager who had years of experience within the service. The registered manager and assistant manager told us this appointment took place in September 2022 and so was in its infancy and needed more time to be embedded. The assistant manager had a good knowledge of some of the governance processes such as how to refer women to the early pregnancy unit and the exclusion criteria. However, the assistant manager was unsure of how to access the incidents and complaints log and was uncertain on some of the safeguarding processes. The registered manager explained that the assistant manager was still undergoing training within the role and will be given more responsibilities, in line with her job role, when deemed ready. We saw evidence of the assistant managers role being discussed in monthly appraisals that she was having.

Staff provided different responses to who they would seek support from if the registered manager was unavailable. There was some ambiguity as to whether the clinic would close on such occasions until the assistant manager was trained further or whether they would remain open, and she would be the lead contact.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified relevant risks and issues and identified actions to reduce their impact.

The service had systems in place to manage performance effectively. The registered manager had implemented regular appraisals; team meetings and audits to ensure that staff were completing their tasks appropriately. The sonographers had regular, internal peer reviews with their colleagues. They had three of their scans checked by other sonographers per month. Their clinical appraisals also covered their scan images and any performance support.

Sonographers had scan rates and image quality audits discussed in clinical appraisals.

The registered manager told us the biggest risks were ensuring that staff were up to date with training, the re-emergence of COVID – 19, and the services financial standing. All these items were listed on the risk register. The risk register had been updated since the last inspection. It included risks associated with the appointment of an assistant manager and the safe storage of COSHH items. This showed that the registered manager had considered the risks identified on the previous inspection and now had a way to monitor this risk and progress towards mitigating it.

Although all risks were allocated to the registered manager, they told us when the deputy manager was fully trained risk items would be shared. The risk register had a description of the risk, a date it had been reviewed, the mitigating actions and progress on the actions. It did not have a timescale for when actions would be completed by, nor did it have a date for the next review.

We reviewed environmental risk assessments for the individual sites. These were completed accurately and indicated individual risks that were faced by the locations.