

The Marlow Clinic (The Baby Scan Studio)

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?

Requires improvement



Are services effective?

Are services caring?

Good



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.

Summary of findings

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

Letter from the Chief Inspector of Hospitals

The Marlow Clinic (The Baby Scan Studio) is operated by CS Partners Medical Limited. The service provides diagnostic pregnancy ultrasound, gynaecological and fertility scans. The service also provides scans for small body parts (testes and thyroid) ultrasound, leg vein assessment for deep vein thrombosis and abdominal ultrasound scans. The service offers non-invasive prenatal testing (NIPTs) to self-funding women predominantly across Berkshire, Buckinghamshire and Oxfordshire but would accept women from across the UK. NIPTs can be used to assess if a woman's foetus is at a higher risk of having certain genetic and chromosomal conditions, using a venous blood sample taken from the pregnant woman. It is referred to as non-invasive because it does not involve the insertion of a needle into the woman's abdomen or cervix, as is the case with more invasive testing, where cells are taken from the amniotic sac or placenta.

The registered manager also runs an ultrasound clinic in Colchester and another clinic at an independent hospital in Oxford. They work alongside a consultant to provide consultations and ultrasound scanning. The equipment is maintained by CS Partners Medical Limited.

The Marlow clinic (The Baby Scan Studio) provides diagnostic imaging for patients aged 17 years and over. It is registered with the Care Quality Commission (CQC) to provide the regulated activity of diagnostic and screening procedures. It has one ultrasound machine with one waiting area.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 4 September 2019. We gave staff two working days' notice that we were coming to inspect to ensure the availability of the registered manager and clinics.

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

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

Services we rate

We have not previously inspected this service. At this inspection we rated it as **Good** overall.

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The environment was appropriate and met the needs of the range of patients who accessed the service, including toys for children to play with whilst waiting for parents' appointments and the service controlled infection risks well.
- Staff completed risk assessments for each patient and removed or minimised identified risks. They created records that were accurate and detailed, and staff kept these accessible and secure. The service effectively managed risks and could cope with both the expected and the unexpected.
- The service improved service quality and safeguarded high standards of care by creating an environment for good clinical care
- The service treated concerns and complaints seriously. The registered manager completed comprehensive investigations and shared lessons learnt with all staff.
- Staff were caring, compassionate, kind and engaged well with patients and their families.

Summary of findings

- Patients could access services and appointments in a way and a time that suited them. The service used technology innovatively to ensure patients had prompt access to ultrasound scans.
- Managers promoted a positive culture that supported and valued staff. Staff reported their team worked well together and staff trusted and respected each other.

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

- Although the service had policies that were current, and version controlled not all policies evidenced the latest national guidance.
- The service's safeguarding policy did not refer to children's safeguarding processes nor did it reference key children's safeguarding concerns for example, female genital mutilation and child sexual exploitation. The reception staff had not received training in children's safeguarding processes.
- Office staff did not have annual appraisals, for the discussion of performance and development.
- The service did not have the proper equipment to safely clear any blood spillages.
- The registered manager had not completed Disclosure and Barring checks on all members of staff employed that required the check.
- The ultrasound machine was not password protected and therefore patient data was at risk of unauthorised access.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notice(s) that affected diagnostic and screening services. Details are at the end of the report.

Nigel Acheson

Chief Inspector of Hospitals London and South East

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

This is a diagnostic imaging service run by CS Partners Medical Ltd. The service is based in Marlow, Buckinghamshire and serves the communities of Buckinghamshire, Oxfordshire, Berkshire and beyond.

We rated this service as good as it was good in caring, responsive and the well led domains but required improvement in the safe domains. We do not rate effective for this type of service.

Summary of findings

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Good



The Marlow Clinic (The Baby Scan Studio)

Services we looked at: Diagnostic imaging

Summary of this inspection

Background to The Marlow Clinic (The Baby Scan Studio)

The Marlow Clinic (The Baby Scan Studio) is operated by CS Partners Medical Limited.

The Marlow clinic opened in 2010 and provides diagnostic pregnancy ultrasound services to self-funding women, who are more than six weeks pregnant and aged 17 years and above. The service also provides scans of small body parts (testes and thyroid gland), abdominal and leg vein ultrasounds to self-funding patients. All ultrasound scans performed at The Marlow clinic are in addition to those provided through the NHS for women who have chosen the NHS route of care.

The service is registered with the CQC to undertake the regulated activity of diagnostic and screening procedures. The service has had a registered manager in post since August 2010.

The Marlow clinic also offers cosmetic procedures such as dermal fillers and laser hair removal. We did not inspect these services as they are not in the scope of registration.

We have not previously inspected this service

The service did not use or store any medicines.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection for the south east.

Information about The Marlow Clinic (The Baby Scan Studio)

The service provides diagnostic imaging service (ultrasound scans) to self-funding patients predominantly across Buckinghamshire, Oxfordshire and Berkshire. The service is situated on the first floor of an office building which can only be accessed by stairs. There were 12 free parking spaces for patients and visitors.

The Marlow Clinic offers many different scans and investigative tests including:

- Early pregnancy scans from six weeks gestation via the abdomen or trans-vaginal scan.
- 12 to 40-week reassurance scans which include growth measurements, fluid levels, a core doppler scan of the heart (after 26 weeks)
- 12-week nuchal scans with the blood tests to test for chromosomal abnormalities. A nuchal translucency scan is a screening test for Down's syndrome that involves measuring the fluid at the back of the foetus' neck (nuchal translucency) with an ultrasound scan.

- Gender scans at 16 weeks which include measurements of the baby, the position and general wellbeing.
- 20-week anomaly scan for women who have chosen private healthcare for their entire pregnancy or in addition to their NHS scan.
- 4D scans between 28 to 32 weeks.
- Non-invasive prenatal testing (NIPTS).
- Ultrasound of abdomen, small body parts (testes and thyroid gland), leg assessments for varicose veins and gynaecological scans.

All patients accessing the service self-refer to the clinic and are all seen as private (self-funding) patients.

We did not visit the clinic run at the independent hospital during this inspection.

Summary of this inspection

The service ran five clinics a week. These clinics took place on Monday mornings, Tuesday evenings, Wednesday mornings, Thursday evenings and Saturday mornings.

At the time of our inspection The Marlow clinic employed four sonographers on pay as you earn contracts, a part time administration assistant and two receptionists. The owner and director of CS Medical Partners limited was also a qualified sonographer and was the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage a service. Like registered providers, they are 'registered persons. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how a service is managed.

During the inspection on 4 September 2019, we visited the Marlow Clinic in Marlow. We spoke with the registered manager. We spoke with four patients. During our inspection, we reviewed 10 sets of patient records, and on 6 and 11 September 2019 we spoke with two further staff over the phone.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with the CQC in 2013.

Activity (May 2018 to June 2019)

- In the above reporting period, there were 7421 ultrasound scans completed including 1575 3D and 4D ultrasound scans. This was the total number of scans for both the Marlow clinic, the independent hospital and the Colchester clinic. We inspected the Marlow clinic only as part of this inspection.

Track record on safety

- No Never events.
- No clinical incidents .
- No serious injuries.
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

Meticillin-sensitive staphylococcus aureus (MSSA)

hospital acquired Clostridium difficile (c.diff) or incidences of hospital acquired E-Coli

- One complaint.

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 rated it as **Requires improvement** because:

- Not all staff had had training on how to recognise and report abuse and knew how to apply it for both adults and children.
- Staff had completed mandatory training in key skills; but the service did not have an effective system in place to identify training needs.
- The service did not have the right equipment to clean blood spillages.
- Staff kept detailed records of patients' care and treatment. Not all records were stored securely as the ultrasound machine was not password protected.

However, we also found the following issues that were good:

- The service mostly controlled infection risk well and the equipment and the premises appeared visibly clean. Staff mostly used equipment and control measures to protect patients and their families, themselves and others from infection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

Requires improvement



Are services effective?

We do not rate effective for this type of service:

Summary of this inspection

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- The provider offered some advice on healthy pregnancy to patients if they requested it, but this was not part of the service offered by the clinic.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

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

- The service mostly provided care and treatment based on national guidance and evidence-based practice. Not all policies referenced up to date national guidance.
- The service made sure staff were competent for their roles for the most part. However, the registered manager did not appraise staff's work performance or hold formal meetings with them to provide support and development opportunities

Are services caring?

We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Good



Are services responsive?

We rated it as **Good** because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Good



Summary of this inspection

- The service was inclusive and took account of patients' individual needs and preferences. The service coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Are services well-led?

We rated it as **Good** because:

- Leaders had the integrity, 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 patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service had governance processes, however recruitment processes needed strengthening. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and staff identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, and the public to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. The registered manager actively participated in research.

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

Good



Summary of this inspection

- The service's recruitment processes needed strengthening. The registered manager had not completed Disclosure and Barring checks on all staff who required one.





Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Requires improvement	N/A	Good	Good	Good	Good
Overall	Requires improvement	N/A	Good	Good	Good	Good

Diagnostic imaging

Safe	Requires improvement 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Requires improvement 

We rated safe as requires improvement.

Mandatory training

Staff had completed mandatory training in key skills; but the service did not have an effective system in place to identify training needs.

- The service did not have a formal policy in place to outline the mandatory training requirements for staff working within the service. There was no system in place that defined the type of training required for staff roles and the frequency of this training.
- Mandatory training for the reception staff included safeguarding adults' level 1 and 2 and chaperone training. We saw evidence both staff had completed the training and it was up to date. The registered manager told us they had considered the training requirements for the reception staff and felt this was sufficient for their roles.
- The sonographers who worked for the service completed all their statutory and mandatory training in their substantial posts within the NHS. The registered manager told us at the beginning of each year, sonographers were expected to provide their NHS mandatory training record. We saw evidence of this in the staff files which included infection prevention and control, fire safety, equality diversity and human rights, conflict resolution, safeguarding adults and children, basic life support and the mental capacity act.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff had had training on how to recognise and report abuse and knew how to apply it for both adults and children.

- There were clear safeguarding processes and procedures in place for safeguarding adults but not for children. A safeguarding adult's policy was available for staff in a paper format, but it was unclear if all staff had read it.
- At the time of our inspection, 100% of sonography and reception staff were compliant with adult safeguarding training. Staff records showed all sonographers had completed the appropriate level of training in children and adults safeguarding training; however, the reception staff had not received any children's safeguarding training. The intercollegiate guidance 'Safeguarding child and young people: roles and competencies for health care staff (January 2019)' states that all staff who have contact with children should complete levels 1 and 2 children's safeguarding training.
- We noted the service's safeguarding policy did not reference safeguarding information for children and did not cover child sexual exploitation (CSE) or female genital mutilation (FGM). Therefore, staff did not have access to a safeguarding policy with relevant and clear guidance around children's safeguarding concerns.
- Staff were able to describe the correct pathways as per the providers safeguarding policy to take in the event

Diagnostic imaging

a safeguarding concern was identified, and we saw one safeguarding referral had been made between May 2018 and June 2019. The referral was appropriate and followed the provider's safeguarding procedures.

- Informal safeguarding advice was also available from the GP's on the floor below the ultrasound clinic who were trained to children's safeguarding level 3. The intercollegiate guidance says the service should have access to professionals trained to level 3 in safeguarding children.

Cleanliness, infection control and hygiene

The service mostly controlled infection risk well and the equipment and the premises appeared visibly clean. Staff mostly used equipment and control measures to protect patients and their families, themselves and others from infection, however they did not have the right equipment to clean blood spillages.

- There had been no incidences of healthcare acquired infections at the service in the last 12 months.
- We observed well-presented staff who kept the equipment and premises visibly clean. They used control measures to prevent the spread of infection.
- The ultrasound room had washable flooring and wipe-clean furnishings. The service used fresh paper towelling on the couch for each patient.
- The registered manager reported they washed linens such as pillow cases at 60 degrees which followed appropriate washing guidelines to prevent cross infection.
- The scanning room did not include a hand washing basin, but the kitchen and toilet were accessible next door which included appropriate hand washing facilities. The Department of Health's Health building note 00-003 clinical and clinical support spaces recommends an area where patients are having tests should have a clinical hand washing basin installed.
- We saw hand sanitiser gel dispensers placed in prominent positions in the scanning room. We observed staff used the hand sanitiser appropriately.

- The service had a cleaning policy and checklist and we saw staff completed daily checks to ensure the service remained clean which included cleaning surfaces, the wipe clean toys and floors. We reviewed the checklists and found they were complete.
- Staff correctly cleaned and stored equipment such as probes used for intimate ultrasound investigations (for example, trans vaginal investigations). Staff covered the probes with an appropriate sheath during investigations and cleaned them with the recommended sporicidal wipes post ultrasound scan. This eliminated the risk of cross infection between patients.
- Personal protective equipment such as gloves were available when staff were taking blood samples for the non-invasive prenatal tests (NIPTs) tests.
- We observed staff were compliant with hand hygiene and 'bare below the elbow' guidance, however they did not complete hand hygiene audits which would assure the service that staff were following the World Health's Organisations "five moments for hand hygiene" recommendations.
- The service did not have a blood spillage kit which posed a risk that blood spillages would not be cleaned correctly and there could be a potential risk to patients from blood borne viruses. After the inspection the registered manager sent evidence of the purchase of an appropriate blood spillage kit.

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 Marlow clinic was situated on the first floor of a purpose-built unit. It was only accessible by stairs and this was clearly detailed on the service's website.
- Patients arrived in the reception area downstairs and staff directed them upstairs to a waiting area with plenty of seating and a water-cooling machine. There was a toilet and staff kitchen on the same floor as well as an office for confidential conversations and two further consulting rooms.

Diagnostic imaging

- The scanning room could comfortably accommodate up to six people and included a scanning couch, chairs and a large screen for patients to view the images.
- Staff disposed of clinical waste safely into orange bags and the service had correctly assembled sharps boxes to dispose of needles used for the NIPTs. An external company collected clinical waste bags and sharps boxes under contract.
- The service used one company for NIPTs which had their own packs and processes for labelling and sending the blood samples to the laboratory for analysis. The service tracked when these were sent.
- The ultrasound machine's manufacturer maintained and serviced both machines annually. We reviewed service records for the equipment, which detailed the maintenance history and service due dates. The last date of service for both machines was May 2019 which meant it had been serviced within the last year.
- Due to the nature of the service they did not need a resuscitation trolley however, they did have a first aid box. Upon review of the contents we discovered five expired items. We notified the registered manager who reported they would replace the first aid box immediately, and after inspection sent evidence of a purchase of a new first aid kit. There was always a member of staff on duty who had adult and children basic life support qualifications and in the case of an emergency the service would call 999.
- Fire extinguishers were accessible, stored appropriately, and were all up to date with their services. There were suitable arrangements in place for fire safety, including a fire risk assessment and clear instructions for staff to follow in the event of a fire.
- The service completed formal environmental risk assessments monthly in areas such as water quality (legionnaire's disease).
- The service did not use any cleaning products required by Control of Substances Hazardous to Health (COSHH) regulations 2002 to be stored in a locked cupboard. Staff stored all cleaning products out of sight in the ultrasound room or kitchen.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

- We observed how staff explored patients' medical and obstetric history, where relevant, as part of their risk assessment. For example, women who requested a pregnancy date scan had their estimated date of delivery, previous obstetric history and their own specific concerns checked/reviewed.
- To safeguard people against experiencing incorrect ultrasound scans we observed staff asking patients to confirm their identity and date of birth. This evidenced staff followed best practice and used the British medical ultrasound society's (BMUS) 'Have you paused and checked' checklist.
- There were clear processes and pathways in place to guide staff on what actions to take if the sonographer found unusual findings on the ultrasound scan. When asked, staff were clear on what these actions were, which matched the pathways we saw.
- The registered manager reported they had not had any incidences where a patient requested frequent scans, but they did advise patients their scanning time was restricted to 10 -15 minutes as per the British medical ultrasound societies (BMUS) guidelines.
- The service followed the 'as low as reasonably achievable' (ALARA) principles, outlined in the 'Guidelines for Professional Ultrasound Practice 2017' by the Society and College of Radiographers (SCOR) and BMUS. Details of this guidance was available for patients to read on the back of the registration form.
- We saw the sonographer remind women on the NHS maternity care pathway about the importance of still attending their NHS scans and appointments. The sonographer made sure women understood the ultrasound scans they performed were in addition to the routine care they received as part of their NHS maternity pathway.
- The service included current guidance on their website about the potential risks associated with all types of scans that were carried out at the clinic. Their website and terms and conditions stated clearly the 4D scans were in addition to the 12-week anomaly scans.
- There was always one member of staff on duty with basic life support training, and the service's policy was to call 999 in the case of emergency.

Diagnostic imaging

Sonographer and Scan assistant staffing

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

- The service employed four sonographers on zero hours contract, two receptionists on part time contracts and one administration assistant on a 10 hour a week contract. The registered manager was also a qualified sonographer and worked at the clinic.
- The registered manager owned the clinic with two further directors that were not involved in the running of the business.
- The service did not use bank or agency staff, since the five trained sonographers could cover each other's sickness or leave between them and there were no staff vacancies at the time of inspection.
- The registered manager communicated updates and shift cover requirements using an online application. All staff we spoke with reported this worked very well.
- The service did not allow lone working and there were never less than two staff on duty.

Records

Staff kept detailed records of patients' care and treatment, reports were clear and up to date and easily available to all staff providing care. However, not all records were stored securely as the ultrasound machine was not password protected.

- Patients having ultrasound scans would receive a written report by the sonographer at the time of the scan. All NIPTs results were communicated to the patients via email or a phone call by the registered manager if the results were abnormal.
- Staff saved the images on to a compact disc which they passed on to the patients for the obstetric scans. Images for other scans could be emailed to the patient to share with their GP's or consultants.
- We reviewed 10 scan reports and 10 registration forms. Staff recorded information in a clear and correct way. This included the reason for the scan, the findings, and any recommendations if relevant.

- All records were either stored securely on a laptop or were locked in a filing cabinet in the registered managers office. However, the ultrasound machine was not password protected. This resulted in the possibility of unauthorised access to patients' ultrasound pictures. We raised this with the registered manager who immediately contacted the ultrasound machine's manufacturer and programmed in a password.
- Staff removed records in the filing cabinet and shredded the records once a year. The reports on the laptop remained indefinitely to enable staff access to previous scan reports and use as a comparison with new ones. Article 5 (e) of the General Data Protection Regulation (GDPR) states personal data shall be kept for no longer than is necessary for the purposes for which it is being processed.

Medicines

The service did not store or administer any medicines

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. The registered manager investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

- The service used a paper-based incident reporting system and had an accident book available in the clinic for staff to access. The registered manager was responsible for handling investigations into all incidents. The registered manager used the incidents log to identify any themes and learning, and shared with staff through the electronic app.
- The adverse incident forms included a risk score on the impact and likelihood of the incident occurring again. However, from May 2018 to June 2019 the service had not reported on any adverse or serious incidents, therefore we were unable to review the completeness of the incident forms.
- Staff we spoke with knew how to report incidents and could give examples of when they would do this. The registered manager was responsible for investigating

Diagnostic imaging

incidents and would share lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

- Never events are serious patient safety incidents which should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. From May 2018 to June 2019, the service did not report any incidents classified as a never event taking place in their diagnostics services.
- The registered manager was aware of the requirements for reporting incidents and sending notifications to the CQC and documented these in the service's risk management policy. However, at the time of inspection the registered manager had not been required to submit any notifications.

Are diagnostic imaging services effective?

We do not rate effective for this type of service.

Evidence-based care and treatment

The service mostly provided care and treatment based on national guidance and evidence-based practice. The registered manager did not check to make sure staff followed guidance.

- Sonographers followed national guidelines such as from the British Medical Ultrasound Society (BMUS) and the Society of Radiographers (SCoR). Staff also followed NHS foetal anomaly screening programme (FASP) guidelines when completing diagnostic ultrasound scan procedures.
- The service had protocols to ensure they offered patients the right ultrasound scans or diagnostic tests to meet their specific needs. We reviewed the protocols which all referenced national guidance such as the Royal College of Radiographers (RCR) and British Medical Ultrasound Society (BMUS).
- We reviewed 12 policies, procedures and protocols which were version controlled and current. Most

policies followed national guidance for example from the Royal College and Society of Radiographers, the foetal abnormality screening programme (FASP) standards and British Medical Ultrasound Society (BMUS). For example, the procedure to follow, following detection of abnormalities on the scan followed the FASP guidelines.

- However, we found two policies did not reference national guidance. The safeguarding policy did not refer to children's safeguarding nor did it refer to the 'Working together to safeguard children 2018' document nor did it include definitions of female genital mutilation (FGM) or child sexual exploitation (CSE). This meant staff did not have access to information based on current guidance.
- The registered manager did not have assurance all staff had read the policies, as staff signed an agreement at the beginning of their employment to agree they would read all policies and did not check if this was completed. However, all staff we spoke with were aware of the policies, content and where to find them.
- The service followed as low as reasonably achievable (ALARA) principles outlined by the Society and College of Radiographers. Sonographers did not scan for longer than 20 minutes and would not repeat scans within seven days of the earlier scan, which reduced any risks that prolonged scans may cause to the unborn baby.
- The registered manager updated the protocols based on those used at the local NHS trust. For example, the protocol for carrying out gastrointestinal scans. There were protocols for non-invasive prenatal tests (NIPTs) provided by the suppliers of the blood sampling packs and protocols based on best practice guidance for foetal anomaly.

Nutrition and hydration

- Staff gave women information on drinking water before a scan to ensure they attended with a full bladder which enabled the sonographer to gain a better view of the unborn baby.
- The service had a water cooler in the waiting room for patients who were required to have a fuller bladder at the time of the scan.

Diagnostic imaging

Pain relief

- Staff did not formally check pain levels as the procedure was pain free. However, we saw that staff asked patients if they were comfortable during their scan.

Patient outcomes

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

- The service had an audit programme to assure itself of the quality and safety of the clinic. For example, the registered manager reviewed 10 ultrasound scans and the reports for each sonographer on a quarterly basis. They then met with each sonographer to discuss any improvements which may be required in both the reporting and image quality.
- Staff reported this was a good process and helped them to identify areas of improvement in both the image quality and report writing. We saw the July 2019 audit, and all were of good quality.
- The registered manager had their image quality and reports reviewed by a colleague from another provider who was an expert in sonography. We saw evidence of the results in the registered managers appraisal document which were complimentary.
- The service used audits to continually improve patient services. For example, the centre completed a waiting times audit which highlighted patients did not know they needed to arrive five minutes earlier to complete a registration form. The pre-appointment information email was updated to reflect this information. Further audits completed included the length of time spent on telephone calls and the subjects discussed.
- When sonographers identified any unusual or abnormal images that needed further referral to NHS or non-NHS specialists, they followed up the outcomes to both offer support and to assess the accuracy of the diagnoses through a phone call or email communication.
- The sonographers sought feedback from patients on the outcomes of their scans, and we saw this feedback indicated patients were satisfied with the results due to the high level of positive responses.
- The registered manager told us there were no instances where patients were readmitted for repeat scan procedures due to errors following their initial scan between May 2018 and July 2019.

Competent staff

The service made sure staff were competent for their roles for the most part. However, the registered manager did not appraise staff's work performance or hold formal meetings with them to provide support and development opportunities.

- Upon review of eight recruitment records we found only two out of the eligible six staff had current disclosure and barring checks (DBS) completed. After inspection the registered manager provided us with evidence of three further enhanced current DBS checks and evidence, they had submitted checks for all staff working for the service. DBS checks search an applicant's criminal history to identify any convictions, both spent and unspent, cautions, warnings and reprimands.
- All sonographers working at the clinic were employed in substantial NHS posts and therefore received appraisals there; however, the registered manager did not ask for copies of the appraisals. The registered manager had not appraised the two-reception staff. An appraisal is an opportunity for staff to discuss areas of improvement and development within their role in a formal manner. Reception staff reported development needs discussions took place whenever required and on an informal basis.
- All staff were placed on a three-month probation period and the registered manager observed each member of staff's practice closely. We saw written documentation for one member of staff who needed a further three-month probation period to consolidate their knowledge for the role. This included areas of development to enable them to achieve competency for their role.
- There were no formal induction processes for new staff however, the registered manager would supervise

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new staff until they felt confident in their role. The receptionist roles had a list of duties they were expected to complete for each clinic session and the registered manager reported they would review these were completed each day.

- We saw evidence of the registered manager's appraisal from July 2019. It detailed a review of ultrasound scans and reports which were very positive and the personal development the registered manager had undertaken.
- All sonographers working within the service were registered with the health and care professional's council (HCPC) and on the voluntary register with the Society of radiographers.
- A sonographer and the registered manager had received training in phlebotomy (taking blood directly from a vein) and we saw evidence of their training. However, the independent training company recommended individuals should update their knowledge every 18 months. Both the registered manager and sonographer had last completed the training in 2016. The registered manager reported they both perform at least 10 blood tests a month which the registered manager believed would ensure their skills remain updated. However, after the inspection the registered manager sent evidence they had purchased an update course in phlebotomy for both members of staff.
- The registered manager ensured she remained updated with current practice through informal discussions with her sonographers and by attending yearly conferences run by the Society of Radiographers, BMUS and the foetal medicines foundation.
- Following a research project undertaken with a consultant gynaecologist, the registered manager had jointly pioneered a technique for the identification of transvaginal tape (TVT) urethral mesh using trans-labial ultrasound. The registered manager was about to present a research paper in Berlin to the International Society of Ultrasound in Obstetrics and Gynaecology (ISUOG) regarding this pioneering technique.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

- There was effective daily communication and team working between the sonographers and reception staff so scan procedures were coordinated and delivered effectively.
- Staff reported they all worked well together, and communication was positive. During inspection we observed positive communication between the registered manager and staff from the independent GP practice on the floor below.
- Due to the sonographers all holding substantial posts within the three local NHS trusts, the service had developed good links with the foetal medicine and early pregnancy units at the nearby NHS trusts, and with local GPs. The service contacted the relevant foetal medicine unit at the local NHS trust directly if they identified a patient at risk from, for example, an ectopic pregnancy.
- The service had links with the cleft lip and palate association and offered free 4D scans for women whose baby had a cleft lip. The service told us this was to help the woman emotionally adjust and come to terms with the appearance of their baby before it was born.
- The service liaised effectively with the non-invasive prenatal tests equipment providers, to ensure results were communicated within the three to five day expected window to patients.

Seven-day services

- The service ran five clinics a week. These clinics took place on Monday mornings, Tuesday evenings, Wednesday mornings, Thursday evenings and Saturday mornings. The registered manager attended eight clinics a month at the independent hospital.
- The service ran clinic sessions designed to accommodate the needs of patients and their families. For example, evening and weekend appointments enabled working mothers and siblings to attend.

Health promotion

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The provider offered some advice on healthy pregnancy to patients if they requested it, but this was not part of the services offered by the clinic.

- The service provided families with information leaflets about the non-invasive pre-natal testing (NIPTs) and nuchal scanning. The sonographer would refer the women back to their NHS or private midwife, GP or trust if they had specific questions or concerns relating to their pregnancy or ultrasound scan result.

Consent and Mental Capacity Act

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

- Neither of the reception staff at the service had received Mental Capacity Act (2005) training and the service's confidential policy which covered consent did not reference this act. However, all sonographers had received training in the mental capacity act through their NHS roles and were able to describe the act and processes required in the incidence of a patient lacking capacity to consent.
- The registered manager reported there had never been an incident where a patient attended who lacked the capacity to consent.
- All staff were aware of the importance of gaining consent from patients before conducting an ultrasound scan. The sonographer confirmed names and spellings and dates of birth prior to the scan and obtained verbal consent to begin.
- The registered manager understood their responsibility to gain consent from patients attending the clinic for ultrasound scanning services. The provider explained the procedure and patients had the opportunity to withdraw if they wished. The sonographers always confirmed with patients what they wanted from the scan, the limitations of the scan and how long the procedure would take.
- All patients received written information to read and sign before their scan. This included a consent form, terms and conditions including the 4D scan not being a replacement for the NHS anomaly scan.

- We looked at the registration forms for 10 patients. They showed staff obtained written consent from patients and that planned scans were delivered with their agreement.
- We spoke with four patients who said they had all consented for their scan and understood the procedure and any potential risks.

Are diagnostic imaging services caring?

Good 

We rated it as **good**.

Compassionate care

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

- The service received consistently positive praise. Patients we spoke with said they appreciated the extra time for the appointment and the service's friendly, caring approach. One person said they had specifically chosen to have their ultrasound scan carried out there because of the positive feedback and the reputation of the service. Another said a friend had recommended the Marlow clinic.
- The registered manager ensured patients were treated with respect and dignity. For example, the provider knew the names of the patients arriving, and had checked any previous obstetric or medical history they already had on file. During the scan, they offered patients paper towels and pre-warmed the gel to make the experience more comfortable.
- During our inspection we spoke with four patients and their families, and all described the service positively. For example, patients commented the booking process was easy, the appointment times were flexible and accommodating, and they were well informed before the appointment.
- Patients were able to give feedback through feedback forms in the clinic, an email to the service or via an

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open social media platform. Examples of feedback included: 'it was a good service and provided me with what I wanted', and 'A really nice experience and I warmed to the sonographer straight away.'

- All patients we spoke with had had the clinic recommended to them and would be happy to recommend the clinic to their friends and family.
- If patients attended the clinic alone or booked for a transvaginal scan, staff would routinely offer a chaperone and there was a sign in the reception area offering the chaperone service. We saw both receptionists had received up to date chaperone training.

Emotional support

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

- Patients we spoke with during our inspection told us they felt reassured by the information they received before their appointment and that it helped them prepare for their scan.
- During our inspection we observed three appointments. Throughout these appointments the sonographer described what they saw and explained findings in a way the patient could understand. For example, we saw the sonographer measuring each part of the baby and clarifying their findings to reassure the patient.
- Staff saw patients in the sonographer's office after the scan which meant the report and relevant pictures, or DVD's were discussed in private. This also enabled patients who had received bad news privacy to absorb the information and ask further questions.
- Staff described how they explained distressing findings, to help people understand the scan report and know what to do next. The service did not provide links to counselling services, but recommended patients speak with the health professionals involved in their care. For example, if a woman had concerns about foetal movements, staff advised to liaise with their midwife or GP for further guidance and reassurance.

- From their links with a charity, the registered manager offered to scan patients referred to them by this charity, free of charge.

Understanding and involvement of patients and those close to them

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

- During our inspection we saw patients and their families treated with kindness and respect by staff. Staff welcomed patients and their families including children to the service and there was enough room to accommodate five guests with the patient in the clinic room. This especially helped children to bond with their unborn sibling.
- Staff took time to explain the procedure before and during the scan. We saw the sonographer fully explain what was going to happen throughout the scan. They used appropriate language to explain the position of the unborn baby and the images on the monitors. They asked patients if they had any questions throughout and at the end of the scan.
- Before the scan, the provider asked parents if they wanted to know the gender of the baby. If they didn't, they advised them they would ask them to look away from the screen when the baby's genital area was scanned. By warning them in advance, this avoided any anxiety or surprises.
- During the appointment the sonographer explained the findings and if appropriate gave the patient the report from the scan, photos and a compact disc. All patients we spoke with after the appointment reported to have been very well informed of the ultrasound findings and their next steps to take.
- When patients arrived in the clinic, receptionists reviewed the prices of the scans with the patients to ensure they had booked the correct scan for their requirements and were aware of the charges.
- The service had received 12 written compliments from May 2019 to June 2019. All were very positive and would recommend the service to friends and family.

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Are diagnostic imaging services responsive?

Good 

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. It also worked with others in the wider system and local organisations to plan care.

- The clinic was a standalone two-story building that housed the ultrasound clinic on the first floor with two private consulting rooms for other providers and a private GP practice on the ground floor. There was clear signage on the premises and there was free car parking or car parking available in an adjacent pay and display car park. There was no lift access to the first floor.
- The facilities and premises met the needs of patients and their families, including children, that accompanied the patients to their scan. The large waiting area had children's toys which staff could move into the scanning room.
- The patients we spoke with said the clinic was easy to find, and provided a calm, professional environment. There was a comfortable waiting room, with magazines and toys available. The waiting room was separate from the scanning room, which helped promote privacy. Separate from the waiting room on the same floor was a toilet for patients and staff, a staff kitchen and a room for private conversations, as well as two further consulting rooms used by other providers.
- The service saw only self-funding or insured patients. They did not see any NHS patients. The service had a range of packages with different price options which were clearly displayed on the website. Patients could book appointments online, over the phone or be referred by a health care professionals. The service offered out of hours appointment times, in the evenings and on Saturdays.

- Staff discussed the ultrasound packages with the patients upon entering the clinic to ensure the package met the patient's needs. All obstetric packages included a wellbeing scan.
- The registered manager reported that some NHS and non-NHS maternity staff and GPs also suggested patients attend the clinic if they wanted to have the non-invasive prenatal test (NIPTs) or nuchal translucency scan. The nuchal translucency scan detects cardiovascular abnormalities in a foetus, but a NIPTs is a more accurate test for genetic and chromosomal conditions than the nuchal translucency scan. The clinic offered combined package of both the NIPT's and the scan together.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. The service coordinated care with other services and providers.

- The service was accessible to all individuals able to climb the stairs This information was clearly documented on the services website.
- Patients could book appointments online or by telephone at a time to suit them.
- The service's website included a range of information for patients in relation to ultrasound scan procedures and supporting information relating to pregnancy.
- The ultrasound scan room provided a calm and relaxing atmosphere. The room had dimmed lighting to enable the patient to view the images clearly on the large screen.
- All patients we spoke with reported their appointment times were long enough for them to ask questions and gain reassurance. The registered manager reported half an hour was allocated to each appointment slot to ensure patients had time to complete their questionnaires and for the sonographer to complete the report. It also allowed time for the woman undergoing obstetric scans to go for a walk to encourage the foetus to move to improve the scan image.
- The service did not have access to translation services. The registered manager reported that within the

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independent GP clinic on the floor below there was a total of nine languages spoken by staff therefore staff within the service could translate for most patients. The GP clinic ran at the same time as the ultrasound clinics.

- The registered manager was always available via telephone if there were any patient or staff concerns which meant staff were always able to contact the registered manager for advice or in the event of an adverse incident.

Access and flow

People could access the service when they needed it and received the right care promptly.

- The service did not have a waiting list for ultrasound appointments. Patients could self-refer to the service on the same day, particularly for obstetric viability appointments. On the day of inspection, we saw the service accommodated a same day appointment for an early scan. Patients could book their scans through the website, via telephone or email.
- The reception and telephone lines were managed whilst the building was open, which meant there was someone available to answer patients' questions and book appointments for most of the week, evenings and Saturdays.
- The sonographer gave the results of the ultrasound scans to the patients immediately after the scan which enabled them to discuss their results with the relevant health care professional in a timely manner.
- On the day of inspection, we saw patients arrive in the reception area and wait no longer than five minutes for their scan. The reception audit showed the longest a patient had to wait for an appointment during June 2019 to July 2019 was 15 minutes which happened three times. Because of the audit, the service had made changes to the information letter sent when patients booked their appointment which advised them to arrive five minutes early to complete the registration form.
- The booking system was flexible and allowed changes to packages to meet patients' choices. Patients paid a small deposit upon booking the scan and could change the package when they attended for their scan appointment if they wished.

- From May 2018 to June 2019 the service had not cancelled any scans.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

- The service had received two formal complaints in the period between May 2018 to June 2019. One complaint was not upheld (The service was not at fault) and the other upheld.
- The service had a policy for managing complaints, which included timescales for acknowledging a complaint (three working days) and investigated and responded within 10 working days. We reviewed another complaint response and found the registered manager had responded to the complaint within the three and 10 working day rule. The complainant received a written response to their complaint which offered an apology and a refund.
- The policy also referenced that complainants could contact the CQC for individual investigation which is the incorrect procedure as the CQC do not have the legal power to investigate individual complaints. We highlighted this to the registered manager during inspection.
- Additionally, we found the complaints policy did not make reference to external bodies such as the Independent Sector Complaints Adjudication Service. These are independent bodies that can make final decisions on complaints that have been investigated by the provider and have not been resolved to the complainant's satisfaction.
- There was information on the service's website on how to make a complaint, and there was a comments and compliments box in the waiting area for patients to give feedback on the service.
- All patients we spoke with during the inspection saw no reasons to make a complaint and could not suggest any improvements the service could make.

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- The registered manager shared complaints with staff via the electronic application or face to face and would discuss in the twice a year team meetings. However, we were unable to see evidence of the team meetings as these were not minuted.

Are diagnostic imaging services well-led?

Good



We rated it as **good**.

Leadership

Leaders had the integrity, 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 patients and staff.

- CS Medical Partners Limited was owned and run by the registered manager who took responsibility for all aspects of the service, including governance, clinical management, health and safety and quality. The service had three other directors who were sleeping partners or financial investors and were not directly involved in the daily running of the business.
- Staff told us the registered manager was accessible and approachable if they wanted advice or to make suggestions. The registered manager kept staff informed of any developments for the service.
- Staff told us the registered manager had the skills and experience to appreciate the roles they completed and offered valuable support.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

- The service's vision was to provide accurate, detailed and diagnostically correct information to patients, whatever the type of scan they have attended for.

- The registered manager believed they had reached a point where all aims had been achieved for the business and there were currently no visions to develop the service any further except to remain in line with NHS developments and scanning techniques.
- The registered manager was able to identify areas of development for the service and had a strategy in place to meet these requirements. For example, the service would need to replace the ultrasound scanning machine in the next two to three years, along with the air conditioning unit and the services website would need to be updated.
- Staff we spoke with were aware of the direction of the service and any developments or changes were communicated by the registered manager.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

- Staff told us they worked together well as a team and there was an open and honest culture. We saw a 'no blame' approach to the investigation of complaints and the registered manager addressed performance issues through open and honest, one to one feedback with staff.
- All staff spoke proudly about their roles within the service and staff felt supported in their work. Staff told us they felt valued and supported by colleagues and the registered manager.
- There was a strong emphasis on the care of patients and their families. Staff promoted openness and honesty and understood how to apply the duty of candour.
- We saw the registered manager effectively engage with staff. All staff we spoke with told us the registered manager was supportive accessible and visible.
- Throughout our inspection, the registered manager responded positively to feedback. They assured us improvements would be made at once, following our feedback. This showed a culture of openness and willingness to learn and improve.

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Governance

The service had governance processes, however recruitment processes needed strengthening. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

- The service had some systems and processes to support the delivery of a safe and caring service. However, the registered manager had not completed disclosure and barring safety (DBS) checks on all staff who required them, and the receptionists had not completed safeguarding training appropriate to their role.
- The registered manager oversaw and made sole decisions about all governance arrangements across the service. Governance information was cascaded to the staff through use of an electronic application and at the twice-yearly staff meetings as well as informally daily.
- The service improved service quality through regular audits and clinical reviews by the registered manager. Governance arrangements were clear and appropriate to the size of the service.
- The registered manager reviewed results of audits, feedback from patients and other stakeholders quarterly including any incidents or complaints and any new legislation relating to the clinic.
- Staff understood their roles and only carried out scans and procedures in line with their competencies.
- Information shared with team members via the electronic application included general service updates, incident and complaint outcomes and cover arrangements for the service. However, the twice a year team meetings were not formally minuted. This did not provide assurance team members who missed the meeting were fully informed of the service's changes and performance. However, the registered manager reported all staff attended these meetings, but was unable to provide evidence of this.

Managing risks, issues and performance

Leaders and staff identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

- The registered manager understood the risks relating to the premises, service delivery and business. There was evidence that risks had been identified and mitigated and these were formally recorded within a risk management framework. For example, a risk document included policies needing to be reviewed and this was documented on the risk register including the impact this may have on the service, dates the risks were added and dates of next review.
- The service identified, and documented risks associated with the environment and had annual health and safety audits including fire and legionnaires audits. The service had public liability insurance and staff were covered by medical indemnity.
- To mitigate the risks of lone working, there were always at least two staff on site when the service was open.
- The audit program undertaken by the registered manager helped them to identify any risks to the provision of a quality service rating to performance and adherence with policies and guidance.

Managing information

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

- The service was registered with the Information Commissioners Office (ICO) and detailed this on their website. They were also compliant with the Payment Card Industry Data Security Standard (PCIDSS) which every business taking card payments is required to have. It includes a yearly PCI DSS compliance assessment to ensure the service protects cardholder data to the highest standard.

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- Patients consented for the service to store their records. This was part of their signed agreement within the form detailing the ultrasound process. This showed the service's compliance with the General Data Protection Regulation (GDPR) 2018.
- The service had an up to date privacy notice policy which referred to all relevant legislation regarding staff responsibilities, documentation standards and the retention of records.
- There was enough information technology equipment for staff to work with across the service. This meant staff had access to the required information at the time they needed it.
- The service had not experienced any information breaches.
- The Marlow Clinic had received high levels of satisfaction ratings from their users. Feedback we reviewed (over 30 comments) were very complimentary. We also reviewed six comments from the comments box in the reception area, where each patient had spoken very highly of the service.
- Staff reported the registered manager would consistently seek feedback from all staff members with regards to improving the safety and quality of the service and all staff felt their ideas were listened to. All staff we spoke with appreciated the twice a year social events to bring the team together.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. The registered manager actively participated in research.

Engagement

Leaders and staff actively and openly engaged with patients, and the public to plan and manage services.

- The service asked patients and their families to fill in a comment card whilst they were waiting for their scan report. There were also opportunities for patients and their families to leave comments on social media pages and online review sites.
- The service had an easily accessible website where patients and their families were able to leave feedback and contact the service. This showed patients were able to engage with the service online and verbally.
- Staff took pride in their work and aimed to make improvements where possible. The registered manager said they shared learning from the sonographers working in the NHS trusts and found this useful.
- Through the registered managers research work and extensive contacts in the ultrasound field, they were able to identify new techniques introduced to NHS trusts and could implement these quickly. This ensured the service was continually up to date with local research and practice.

Outstanding practice and areas for improvement

Outstanding practice

- The service provided women referred from a local cleft palate association free 4D scans to help the women and their families see the appearance of their baby which helped the woman emotionally adjust and come to terms with the appearance of their baby before it was born.
- The registered manager had jointly with a gynaecologist pioneered a technique for the

identification of transvaginal tape (TVT) urethral mesh using trans-labial ultrasound. The registered manager was about to present a research paper in Berlin to the International Society of Ultrasound in Obstetrics and Gynaecology (ISUOG) regarding this pioneering technique.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must take appropriate actions to ensure appropriate recruitment checks are undertaken for all staff in line with the fit and proper person's requirement.
- The provider must ensure all staff who are patient facing receive children's safeguarding training to an appropriate level.

Action the provider **SHOULD** take to improve

- The provider should appraise the reception and administration staff.

- The provider should update all policies to reference and reflect up to date legislation and national guidance.
- The provider should consider formal minuted team meetings to share feedback to all staff.
- The provider should consider installing a hand wash basin within the ultrasound room.
- The provider should have an in date first aid box.
- The provider should consider having access to interpreting services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>The provider must ensure all staff who are patient facing receive children's safeguarding training to an appropriate level.</p> <p>Regulation 12 (1)(2)(c)</p>

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.</p> <p>The provider must take appropriate actions to ensure appropriate recruitment checks are undertaken for all staff in line with the fit and proper person's requirement.</p> <p>Regulation 19 (1)(2).</p>