

My Healthy Family Ltd

# My Healthy Family Ltd

## 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 effective?		Inspected but not rated	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Overall summary

We have not previously rated this service. We rated it as good because:

- The service had enough staff to care for service users and keep them safe. Staff had training in key skills, understood how to protect service users from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to service users, acted on them and kept good care records. The service knew how to manage safety incidents well. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the quality of the service being provided and made sure staff were competent. Staff worked well together for the benefit of service users and had access to good information.
- Staff treated service users with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their treatment. They provided emotional support to service users, their families and loved ones.
- The service planned care to meet the needs of their customers. People could access the service when they needed it and did not have to wait for their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the services' vision and values and how to apply them in their work. Staff felt respected, supported and valued. The service was focused on the needs of the service users receiving care. Staff were clear about their roles and accountabilities. The service engaged well with service users to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not clearly display how to make a complaint within the service.
- Although concerns were highlighted and actions taken with the landlord the communal disabled toilet did not meet the building regulations: access to and use of buildings M, 2015.
- The service needed to improve communication options for people with disabilities.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic and screening services

### Rating

Good



### Summary of each main service

We rated this service as good overall because we rated safe, caring, responsive and well led as good. We do not currently rate effective for diagnostic and screening services.  
See the summary above for details.

# Summary of findings

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# Summary of this inspection

## Background to My Healthy Family Ltd

My Healthy Family provides screening pregnancy ultrasound services, including early pregnancy and gender scans to self funding service users, who are more than eight weeks pregnant and aged 18 years and above. All ultrasound scans performed at My Healthy Family Ltd. are in addition to those provided through the NHS and are not diagnostic scans.

The service is registered with the CQC to undertake the regulated activity of diagnostic and screening procedures.

The service carried out 1216 procedures between June 2021 and May 2022.

All scans performed are transabdominal and non-invasive. The service did not use or store any medications.

The service has a registered manager in post since the beginning of its activity in October 2020. We have not previously inspected this service.

## How we carried out this inspection

Our inspection was unannounced. We inspected this service using our comprehensive inspection methodology.

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>.

## Areas for improvement

### Action the service **SHOULD** take to improve:

- The service should use seating in the reception area that is made from easily washable material.
- The service should in partnership with their landlord continue to work to meet the standards of building regulations for the communal disabled toilets.
- The service should support sonographers by arranging recorded reviews of their scans to ensure reporting was being carried out correctly.
- The service should consider ways to improve communication options for people with disabilities.
- The service should clearly display information on how to make a complaint in the reception and clinical areas.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

# Diagnostic and screening services

Good 

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are Diagnostic and screening services safe?

Good 

We had not inspected this service before. We rated it as good.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff received and kept up to date with their mandatory training.**

The mandatory training programme was comprehensive and met the needs of service users and staff. Mandatory training requirements, including topics covered and frequency of training for each role were clearly identified in the mandatory training programme.

In addition to the mandatory training programme, staff received training in a “topic of the month” delivered in the monthly team meeting by the service manager.

The service manager monitored mandatory training and alerted staff when they needed to update their training. The service used an online training programme to deliver the mandatory training programme. This had a training matrix showing when training was completed or due to be undertaken by each staff member. We reviewed the training matrix and saw that all staff were up to date with their mandatory training and booked to do their next mandatory training sessions.

### Safeguarding

**Staff understood how to protect service users from abuse and policies supported correct referral processes. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. The service manager had received level three training in children and adult safeguarding and was identified as the service’s key contact for safeguard queries. The service manager told us that should they have questions regarding safeguard referrals they would contact the local authority safeguard team to clarify any points.

# Diagnostic and screening services

The sonographer was trained to safeguarding level three for children and level two for adults and the receptionist had completed safeguarding training level two for adults and children.

Staff could give examples of how to protect people from harassment and discrimination, including those with protected characteristics under the Equality Act 2010. Staff also told us how they would identify adults or children at risk or suffering from abuse and harm and knew who to contact to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had an easily available safeguarding policy which showed staff who to contact such as the local authority and provided the names and number of key contacts for safeguarding.

Staff told us that they had not needed to make any safeguarding referrals in the last 12 months.

## Cleanliness, infection control and hygiene

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

The reception area and waiting room was spacious, clean and welcoming. However, the sitting couches in the reception area were not made of easily washable material.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We observed staff cleaning all equipment and all clinical areas during our visit.

The service performed well for cleanliness. The service had an infection and prevention control policy and staff followed this. All staff were bare below the elbow and we observed staff carried out correct hand washing technique before and after interaction with service users.

The service carried out daily operational infection prevention control checks and an infection prevention control audit every year. During the inspection we reviewed these audits. They had achieved 100% compliance for the daily checks and no issues were highlighted in the yearly infection prevention control audit.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were adequate supplies of PPE at the service such as masks, gloves and protective visors. We observed the sonographer wear gloves whilst scanning a woman.

Staff knew how to correctly clean and disinfect the ultrasound equipment. This was cleaned using the correct equipment to reduce the risk of cross infection. We observed that staff cleaned equipment before and after contact with each service user.

During our inspection it was noted that the service was not following recent guidance from the British Medical Ultrasound Society with regards to the use of ultrasound gel, as they were decanting ultrasound gel from a container into reusable bottles. The guidance issued on 26 May 2022, Good infection prevention practice: using ultrasound gel, stated : “gel should not be decanted from a larger container into other bottles” and advised to “use single-use sachets or pre-filled, multi-patient disposable bottles”. We have since received assurances from the service that their practice has changed and saw evidence of a new order of disposable bottles to be used in their next scans.



# Diagnostic and screening services

The service had not had any incidents of a healthcare acquired infection in the past 12 months.

## 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 service had enough suitable equipment to provide a safe and caring environment for service users and their families. Staff reviewed and kept a log of their environment and equipment to ensure premises were safe. They carried out a daily 20 point safety check which included the review of specialist equipment. We reviewed records of this safety check and found it was completed every day for the last month.

The ultrasound machine was appropriately maintained and cleaned. We reviewed the service records for the ultrasound machine which showed appropriate maintenance and servicing.

The service had suitable facilities to meet the needs of service users and their families. There was a reception area where staff greeted service users, which included a large waiting area with one couch and two single seats, a scanning suite, and access to a toilet. A disabled toilet was also available as part of the communal building should this be required.

We saw the disabled toilet and found that it was not appropriate for disabled use as it was being used as a storage unit for cleaning products. Additionally, the emergency pull cord was too high to reach should anyone need it and the locking system was too high for safe use. This was not in line with the building regulation: access to and use of buildings M, 2015. We discussed our findings with the service manager who stated that they had raised some of these issues with property management and were awaiting action on their concerns. We saw evidence this matter was raised before our inspection visit. Following the inspection, we received evidence that the cleaning products had been removed from the disabled toilet but further actions were still required to meet building regulations.

The scanning room was large and spacious. There were two large television screens and the scan screen which had the scan images on them so that every person in the room could see the scan.

Staff disposed of clinical waste safely. We observed staff disposing of clinical waste correctly in appropriate receptacles and were shown where these receptacles were stored until the next monthly collection by an external company.

Fire extinguishers had been serviced in the last 12 months and there was a fire evacuation policy.

The service had a first aid kit at the premises which was easily accessible and had all items within expiry date. The service also had access to a blood and body fluid spill kit should this be required.

## Assessing and responding to service user's risk

**Staff completed and updated risk assessments for each service user and removed or minimised risks. Staff knew what to do and acted quickly when there was an emergency.**

All service users completed a pre-scan questionnaire that included pregnancy history. This included a declaration signed by the service user which gave consent to pass medical information to an NHS care provider, if needed, and a confirmation that the service user was receiving appropriate pregnancy care from the NHS.

# Diagnostic and screening services

Staff were able to articulate how they would respond promptly to any sudden deterioration in a woman's health. Both the sonographer and receptionist were trained in first aid. Staff told us they would call 999 if a woman's condition deteriorated.

The service had a policy and clear guidance for sonographers to follow if they identified any abnormality during the scan. Sonographers could tell us how they would inform the woman of their finding and how they would make a referral to the women's local early pregnancy unit and write a report to reflect their findings.

To safeguard people against experiencing incorrect ultrasound scans the service had developed a pathway that consisted of the receptionist asking patients for their details and matching them with their bookings as well as ensuring they were doing the right scan based on their gestational date. This information was shared with the sonographer who then directed the service user to the scan room and confirmed the service users' identify and date of birth. Although this assured service users' safety it did not comply with the first three steps of the British Medical Ultrasound Society's (BMUS) 'paused and check' checklist as these should all be completed by the sonographer at the point of starting the scan. We discussed this with the service manager who recognised they were not following the guidance to the letter. We have since received assurance that the scan pathway had been reviewed and the 'paused and check' guidance was now being followed by the sonographer at point of contact.

The sonographer reported they had not had a woman who requested frequent scans and they advised women who wanted longer appointments that their scanning time was restricted to 10 -15 minutes as per BMUS guidance and 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.

Staff shared key information to keep service users safe when handing over their care to others. The service user was provided with a report to take with them to the hospital or further follow up appointments.

Staff explained to service users the importance of attending all NHS scans and appointments and confirmed that the scans they carried out were supplementary to the NHS maternity pathway.

## Staffing

**The service had enough staff to keep women safe from avoidable harm and to provide the right care. Staff received a full induction and there was an induction policy in place.**

There was enough staff to cover the clinic's opening times with no current staff vacancies. The service employed a sonographer and receptionist. The service also employed a sonographer and another receptionist on a zero hours contract should any of the substantive staff be unavailable.

The service did not use bank or agency staff and if needed, the clinic would be cancelled if the sonographer was suddenly unwell and they were unable to fill the post with the zero hour contract sonographer. Clinics were planned around the sonographer's availability and to date the service had not cancelled any appointments.

## Records

**Staff kept detailed records of service user's care and diagnostic procedures. Records were clear, up to date, stored securely and easily available to all staff.**

# Diagnostic and screening services

Service user's notes were comprehensive, and all staff could access them easily. After each scan the sonographer gave a written report of their findings from the scan which could be added to their pregnancy notes. We observed a woman having a scan, in which the sonographer completed a wellbeing report.

Paper records were stored in a locked filing cabinet in the reception area. Electronic records were stored on a password protected information technology system. On the day of the inspection we saw that the filing cabinet was damaged and informed the service manager. This was fixed the next day and we received documented evidence of the repair.

Only the sonographer and service manager had access to the ultrasound machine. On the day of the inspection it was noted that the ultrasound machine was not password protected. We informed the service manager who contacted the ultrasound machine servicing team and a password was installed the following day.

Images from the scan were transferred to a memory stick and then given to the receptionist who uploaded them to a computer. Access to each scan's images was password protected including when these were shared and transferred to the service user.

## Incidents

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

Staff knew what incidents to report and how to report them. The service had an incident reporting policy and an electronic incident reporting system. Any raised incident was investigated by the service manager. Staff that we spoke with were able to articulate how they would raise concerns or report an incident or near miss in line with the service's policy.

The service had no reportable incidents or never events over the past 12 months.

Staff understood the duty of candour. They were able to articulate how to be open and transparent and told us how they would give service users and families a full explanation if and when things went wrong.

The clinic manager understood the importance of reporting incidents and told us that the incidents were taken very seriously. When incidents occurred, they were reviewed, and learning was shared with the team. This was clearly evidenced in the incident log we reviewed.

## Are Diagnostic and screening services effective?

Inspected but not rated 

We do not currently rate effective for diagnostic and screening services.

## Evidence-based care and treatment

# Diagnostic and screening services

**The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

Staff followed up to date policies to plan and deliver quality care according to best practice and national guidance. We reviewed nine services policies. Each policy had been produced in line with national guidance and had a renewal date.

Updates to policies and procedures were cascaded through monthly staff meetings and through staff annual appraisals.

Sonographers followed guidance and recommendations from the British Medical Ultrasound Society (BMUS), as low as reasonably achievable (ALARA) principle. They used the lowest possible output power while also keeping scan times as short as possible which still allowed to gain correct and required results. The clinic would not carry out scans longer than 10-15 minutes. Where a sonographer was unable to achieve the required results due to the position of the baby, the service user was asked to go for a walk and would be rescheduled for another scan later that day.

The service manager carried out audits such as an annual clinical audits which looked at staff training and documentation, policies, equipment, emergency plans and documentation. All audits showed compliance against the set standards.

## Patient outcomes

**Staff monitored the quality of care. They used the findings to make improvements and achieve good outcomes for service users. However, the sonographer did not have recorded reviews to ensure reporting on scans was being done correctly.**

The service monitored outcomes for service users and their experience, through monthly clinic audits and client satisfaction feedback and complaints. Positive feedback from service users and low numbers of complaints and incidents indicated that most had a positive experience.

The service manager carried out randomised image quality checks to assure the quality of the service. This included the type of scan performed, a rating on the quality of the scan and any challenges that could impact the quality of the scan. The service manager and sonographer used these results to discuss how they could improve the service. We saw that these audit results were discussed at monthly meetings and team meetings and suggestions for improvements were made and agreed.

We did not see evidence the sonographer carried out reviews to check that the scans had been reported on correctly.

We saw evidence the service monitored access to the service and avoided unnecessary rescans.

As well as image monitoring, the service carried out a comprehensive compliance audit every year. Areas covered in the audit included the physical clinic inspection, health and safety and infection control. All audits we saw showed compliance against the set standards

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised their work performance and held supervision meetings.**

# Diagnostic and screening services

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of service users. Both sonographers in the service were registered with the British Medical Ultrasound Society (BMUS) and had completed several courses to update and continue their continuous professional development.

The sonographer was also responsible for phlebotomy services. The substantive sonographer had not updated or undergone any further training since their training abroad. This was because they were unable to complete any United Kingdom accredited phlebotomy courses due to the COVID19 pandemic. Since the date of the inspection we have received assurances that the sonographer was booked to do their training in the upcoming month.

Newly appointed staff underwent an induction process following the commencement of employment. This ensured staff were familiar with policies and procedures in the clinic.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We reviewed the most recent team meeting and saw it covered areas such as new policies, incidents and complaints.

All staff had received an annual appraisal. These were comprehensive and met the needs of the service and staff.

Staff had the opportunity to discuss training needs with their manager and were supported to develop their skills and knowledge.

## Multidisciplinary working

**Staff worked together as a team to benefit service users. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss service users and improve their care. We observed good teamwork between colleagues during our inspection.

Staff knew processes and how to work across health care disciplines and with other agencies when required to care for service users. The service had developed a referral records electronic document to record any referrals completed, the reason for the referral and their outcomes.

## Nutrition and hydration

**Staff took into account service user's individual needs where fluids were necessary for the procedure.**

Staff gave appropriate information about drinking water before transabdominal ultrasound scans to ensure the sonographer could gain a better view of the baby. Staff provided water during the appointment if necessary or if requested.

## Seven-day services

**Services were available to support timely care.**

At the time of our inspection the service provided ultrasound scans on Tuesdays, Thursdays, Saturdays and Sundays.

The service manager told us they could amend the opening hours dependant on service users' feedback.

# Diagnostic and screening services

## Health promotion

Staff would offer women practical support and advice to lead healthier lives if this was requested.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported women to make informed decisions about their care. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions.**

Staff received and kept up to date with training in the Mental Capacity Act. Staff were able to articulate to us how to access the Mental Capacity Act policy and the processes outlined within if they had occasion to.

Staff gained consent from service users for their care and treatment in line with legislation and guidance.

We observed that service users signed a form consenting to the ultrasound procedure of their choice and the sonographer confirmed a service user's identity. Staff clearly recorded consent in service user records.

## Are Diagnostic and screening services caring?

Good 

We had not inspected this service before. We rated it as good.

## Compassionate care

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

Staff interacted with service users and their partners in a kind and caring way. Feedback forms at the service and online showed that staff treated them in a kind and respectful way.

Staff were discreet and responsive when providing care. Staff took time to interact with service users and those close to them in a respectful and considerate way.

During the visit we observed the receptionist and sonographer introducing themselves and explaining their role.

Service users said staff treated them well and with kindness. We reviewed 32 feedback forms completed by service users after their scan and everyone gave a likely or extremely likely score for all areas covered in the form. Additionally, all feedback forms gave the highest score when asked if they were treated with compassion, dignity and respect.

We saw that the clinic had also received extremely positive reviews on a search engine website. The service monitored reviews on social media and responded to all reviewers. We spoke with three service users and their partners and they described the care they had as being very good and said they felt reassured.

## Emotional support

# Diagnostic and screening services

**Staff provided emotional support to service users, families and carers to minimise their distress. Staff knew how to give service users and those close to them help, emotional support and advice when they needed it.**

Staff explained the procedure and ensured service users were well informed and knew what to expect. They made sure service users could pause the procedure at any time.

Staff were able to talk us through the procedure when abnormal results or concerns were detected. The sonographer would inform the woman what they had seen and that they were going to refer them to an NHS early pregnancy unit. The sonographer would leave the scanning room to make the referral, the woman and partner could stay in the scanning room for as long as they wanted.

## Understanding and involvement of women and those close to them

**Staff supported service users, families and carers to understand their scan and make decisions about their care and treatment. Staff made sure service users and those close to them understood their care and procedures.**

Staff talked with service users, families and carers in a way they could understand. The sonographer talked through the scan about the position of the baby and the images from the scan with the mother in a language that was easy to understand. They also asked if the mother had any question at the end and answered these quickly and confidently.

Service users and their families could give feedback on the service and their treatment and staff supported them to do this.

We reviewed feedback from both online and from feedback forms. Nearly all service users rated the service four or five stars out of five and gave positive feedback about the service.

## Are Diagnostic and screening services responsive?

We had not inspected this service before. We rated it as good.

## Service delivery to meet the needs of local people

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

The service offered a range of ultrasound scan screening procedures for private fee paying pregnant adults.

The service manager planned and organised services so they met the changing needs of service users. Clinic opening times meant that those people who were working could book an appointment in the evening or over the weekend.

Most of the facilities and premises were appropriate for the services being delivered. The service had a suitable environment for providing scan procedures.

# Diagnostic and screening services

There was enough capacity in the waiting area to allow for social distancing and privacy. The treatment room was spacious and provided a suitable and relaxed environment to undergo scan procedures whilst maintaining privacy and dignity.

The premises were easily accessible for service users.

Appointments were booked in advance, online or by telephone, and this allowed staff to plan the scan procedures before women attended their appointment.

## Meeting people's individual needs

**The service was inclusive and took account of service user's individual needs and preferences. Staff made reasonable adjustments to help service users access services. They directed them to other services where necessary. However, the service did not have immediate access to a variety of communication aids for service users with a disability.**

The service ensured that there were separate sessions for all service users who accessed the service. This ensured they felt more at ease during their appointment and should a scan not produce the desired images or concerns need to be raised there was time and a safe space to do so.

The service had an equality policy and the sonographer and receptionist had received equality and diversity training as part of their role.

The sonographer and service manager were fluent in several languages. If either was unable to translate, the service used an online translation service to communicate with women and their families whose first language they were not familiar with.

The service did not have a hearing loop for women with hearing impairments or access to information in braille for women with sight impairments.

The service was accessible for persons with limited mobility. It was located on the ground floor of a building with wide doorways and access directly from the street. The service had a ramp to support wheelchair users accessing the building's one step threshold.

Ultrasound scan prices were clearly displayed on the service's website. There was information for prospective clients about what to do before arriving at the clinic, what would happen on arrival and the scan itself. There were also frequently asked questions on the website. Service users could also telephone for additional information.

The service offered a range of baby keepsake and souvenir options, which could be purchased for an extra fee. This included additional images and soft toys.

## Access and flow

**People could access the service when they needed it. They received the right care and their results promptly.**



# Diagnostic and screening services

All service users attending the service were self-referred. Women could book their appointments in advance at a time and date of their choice. Appointment bookings were made in person, by telephone or directly through the provider's website.

Service users were given appointments based on their preference. There was no waiting list for appointments, and appointment availability could be seen promptly (including the same day in some instances). Service users who had to cancel their appointments were given an alternative date and time.

The service manager and receptionist monitored and took action to minimise missed appointments. Service users were routinely given a 15 or 30 minute appointment slot depending on their scan, but this could be extended if needed. If someone missed their appointment the service would contact them to assure that all was well and rebook the appointment at a convenient date.

Staff supported service users when they were referred to other services. Staff explained how referrals and reports on abnormal findings were shared immediately with service users and other health professionals to promote immediate action and care.

## 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. However, the service did not clearly display information on how to make a complaint.**

The service had received one formal complaint in the 12 months before our inspection. The complaint related to administrative issues. We saw evidence the complaint was resolved, and learning was applied.

The service had a complaints policy in place. Staff understood the policy on complaints and knew how to handle them. They told us that if a complaint had been raised they would always try to deal with it at the point of care. If someone wanted to make a formal complaint, this could be made in writing to the service's registered manager and staff would support the service user in doing so. An acknowledgement of the complaint would be given and a resolution to the complaint found in agreement with the complainant.

The service did not clearly display information about how to raise a concern. The complaints policy was not displayed in the clinic for all to see. However, service users, relatives and carers knew how to complain or raise concerns and said they would do so directly at the point of contact or via the online "contact us" form.

## Are Diagnostic and screening services well-led?

We have not previously rated this service. We rated it as good.

## Leadership

# Diagnostic and screening services

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for service users and staff.**

The service had the same registered manager in place since it first registered with the CQC in October 2020.

The registered manager had a management background and said they felt they had been supported to gain the skills, knowledge and experience to run and manage the clinic safely.

We heard how the manager had a clear list of priorities and action points to address the needs and sustainability of the service.

Staff we spoke with told us that the clinic was well managed and said that the manager was supportive and responsive. They also said the manager was always visible for both service users and staff.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on quality and sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.**

The manager told us that they wanted to provide service users with a safe, caring and comfortable environment. They wanted to deliver live ultrasound technology to all customers in a professional manner and that they wanted to promote excellence and ensure accuracy in all areas of scanning.

The vision and strategy of the service was shared with staff and part of their induction. It was an important part of the induction to ensure that every service users' experience was the best the service could provide.

There were systems in place for the manager to measure the service against this vision. We saw how the service manager used tools to promote good services and learning for the future.

## Culture

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

The registered manager we spoke with was highly motivated and positive about their work. They told us there was a friendly, client focused and open culture and that they regularly reviewed feedback to aid future learning.

The registered manager told us the sonographers and reception staff worked well as a team. Any issues or concerns were discussed and managed well. As a small team it was important this happened to ensure the best service possible.

Staff told us that they enjoyed working in the service. There was freedom to raise a concern and a supporting whistleblowing policy that staff could access if they wished to raise a concern.

## Governance

# Diagnostic and screening services

**Leaders operated effective governance processes, throughout the service. 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 policies and procedures for the operation of the service, and these were available to staff in a folder in the clinic as well as an online system. All policies were up to date, reviewed regularly and easily available.

The registered manager had overall responsibility for clinical governance and quality monitoring. This included investigating incidents and responding to complaints.

There were staff meetings every month. We looked at the records for the last meeting and saw that they included agenda items such as policy updates, training subject matter, complaints and learning from incidents. Staff also discussed any service changes and client feedback.

There was an audit programme in place which included monthly local audits, annual audits and quality review audits. Annual compliance audits included but were not limited to premises checks, health and safety, emergency planning, feedback questionnaires and staff records. We saw clear actions were identified and agreed within them.

The service had a fit and proper persons policy that all staff were required to comply with. We saw evidence that the registered manager underwent recruitment checks, such as enhanced disclosure and barring service (DBS) checks.

## Management of risk, issues and performance

**Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

The service had a risk register. This supported the service manager in identifying risks related to health and safety, infection prevention control, fire, scanner use and general data protection. Each risk was rated and actions identified to manage the risk.

We saw up to date risk assessments were completed. We reviewed the risk assessments for fire, health and safety, general data protection and the scanner. Risk assessments identified the risk and control measures and the member of staff responsible for monitoring and managing the risk. The risk assessments had all been carried within the last 12 months and had the risk review date present.

The service had appropriate emergency action plans in place in event of incidents such as power loss or fire. These outlined clear actions staff were to take and contact details of relevant individuals or services.

To reduce the risks of lone working there was a lone worker policy which stated that where possible, situations where lone members of staff were at the premises alone should be avoided as much as possible. We were told this had never occurred as the sonographer and receptionist were needed at the same time to operate the service effectively.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.**

# Diagnostic and screening services

There were enough computer terminals in the service that all staff were able to access data and service users' records.

Staff received training for information governance and the general data protection regulation.

Computer terminals were password protected, and the scanning machine was also password protected at the time of this report in line with what was described in the safe section of this report.

The application for the sharing of images had a unique access code for each service user to access their images.

## Engagement

### **Leaders actively and openly engaged with service users and staff.**

Staff routinely engaged with service users during their scan procedures to gain feedback about the services. The registered manager told us client feedback was regularly reviewed.

The service was mainly promoted through their website, social media platforms and through word of mouth from service users that had used the service. Staff engagement took place through daily communication and routine staff meetings.

The team said they supported each other and service users as part of their commitment to provide a great experience for everyone in the clinic.

Service users said they had enough information before coming to the clinic and that appointments had been easy to book.

## Learning, continuous improvement and innovation

### **All staff were committed to continually learning and improving services.**

There was a culture of continuous learning and development in the service. The service sought suggestions from staff at all levels to improve the customer experience.

Quality and performance data were collected and made available to staff to enable them to change or improve practice. This was also discussed as part of the team meetings.

Staff told us how the service manager promoted and encouraged learning and improvement. This was further supported by their annual appraisal and their learning action logs.