

The Aster Baby Scan Clinic Ltd

# The Aster Baby Scan Clinic 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

This was the first inspection for The Aster Baby Clinic Ltd. We rated it as good because:

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

However:

- Ultrasound gel was decanted from large containers into smaller containers. This did not follow recent updates to national guidance and increased the risk of infection.
- The sharps container was not dated or named.
- Although the quality assurance of ultrasound equipment was completed in practice, this was not documented.
- The documentation with regards to patient consent was not clear.
- The service did not have an overall risk register at the time of our inspection.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic and screening services

### Rating

Good



### Summary of each main service

This is the first time we have rated this service. We rated it as good overall.  
We rated this service as good because it was safe, caring, responsive and well led. We do not rate the effective domain in diagnostic and screening services. Please refer to overall summary above.

# Summary of findings

## Contents

### Summary of this inspection

Background to The Aster Baby Scan Clinic Ltd

Page

5

Information about The Aster Baby Scan Clinic Ltd

5

---

### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

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# Summary of this inspection

## Background to The Aster Baby Scan Clinic Ltd

The Aster Baby Scan Clinic is an independent pregnancy scan and women's health clinic in Dunstable, Bedfordshire. They offer gender, viability, growth, reassurance, wellbeing, fertility, 3D and 4D baby scans, as well as pregnancy support scan packages for parents that have experienced a pregnancy loss or miscarriage, ectopic pregnancy, pregnancy complications or are undergoing fertility treatment. All ultrasound scans performed at the clinic are in addition to those provided through the NHS as part of a pregnancy care pathway.

The service has recently added additional regulated activities to offer gynaecology scanning and consultation, treatment plans and advice, sexual health screening, painful and heavy period consultation, miscarriage consultation and early pregnancy consultation.

The service also provides antenatal and postnatal specialist services, including antenatal blood tests, pregnancy consultations, ante-natal classes, pre-pregnancy and postnatal counselling, and postnatal check-ups.

The recently added regulated activities were due to commence from August 2022.

At the time of our inspection, the clinic employed one registered manager who was also a Consultant Obstetrician and Specialist in Fetal Medicine, one sonographer, two administration staff, and a Consultant Gynaecologist. In addition, due to the expansion of the service, an additional sonographer and two midwives were also due to join the service. The clinic did not store or administer any medicines or controlled drugs.

The service was registered to carry out the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder and injury
- Maternity and midwifery services

The Aster Baby Clinic was registered in 2018 and had not been previously inspected.

## How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties. The inspection team comprised of a lead CQC inspector, a specialist advisor and an offsite CQC inspection manager.

We inspected the service using our comprehensive methodology using the CQC Diagnostic Imaging, Baby Keepsake Scan and Maternity Frameworks. We carried out a short notice announced inspection on 27 July 2022 to ensure the service was open at the time we planned to visit.

We spoke with four members of staff including the registered manager, sonographer and members of the administration team. We observed the environment and spoke with five patients. We reviewed five patient records. We also looked at a range of performance data and documents including policies, meeting minutes, audits and action plans.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

# Summary of this inspection

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

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

- The service should ensure a risk register is kept to record all risks. (Regulation 17)

# 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 

This is the first time we have rated this service. 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 was comprehensive and met the needs of patients and staff. Training was tailored to the skill requirement of staff and was dependent on their role. Topics included, but were not limited to, infection control; safeguarding; information governance; fire safety; and conflict resolution.

At the time of our inspection, the overall mandatory training completion rate was 100%.

Mandatory training for staff on zero-hour contracts was monitored through their annual appraisal. Staff were required to provide evidence of training compliance from their substantive roles in the NHS.

Staff were appropriately trained to take blood.

Managers monitored mandatory training and alerted staff when they needed to update their training. This was monitored on a regular basis and the registered manager identified staff who were coming up for, or who had missed their training anniversary.

Staff within the service understood their responsibility to complete training and told us training allocated was relevant to their roles.

### Safeguarding

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

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. A safeguarding policy was in-date and accessible to all staff.



# Diagnostic and screening services

Staff knew how to identify women at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with demonstrated a good understanding of their responsibilities in relation to safeguarding adults in vulnerable circumstances. Staff knew how to make a safeguarding referral and who to inform if they had concerns, despite it being infrequently needed.

Staff were clear on how to identify and report female genital mutilation (FGM) and child sexual exploitation (CSE) which was covered as part of their safeguarding training.

The service had safeguarding arrangements for 16 to 18 year old women who were asked to attend with a responsible adult and required to bring identification or maternity records for staff to verify their age. However, the service did not generally see women under the age of 18.

Staff received training specific for their role on how to recognise and report abuse. All clinical staff were trained to safeguarding adults and children's level three and administration staff were trained to level one. Yearly updates to safeguarding training were mandatory and the clinic's compliance rate was 100%.

Safety was promoted through recruitment procedures and employment checks. Staff had Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

A chaperoning policy was in place and all patients were entitled to have a chaperone present for scans.

There had been no safeguarding concerns reported to the CQC in the reporting period, from August 2021 to July 2022.

## Cleanliness, infection control and hygiene

**The service mostly 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. However, ultrasound gel was decanted from a large container into small containers, increasing the risk of infection.**

Clinical areas were clean and had suitable furnishings which were of a wipeable fabric and were well-maintained. The clinic room, reception and waiting area were visibly clean.

Cleaning schedules were in place and records were up to date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly to address the additional risks presented by COVID-19. Staff deep cleaned the clinic bi-weekly following a cleaning checklist.

Staff cleaned equipment after use. For example, the couch in the treatment room used by patients was covered with a disposable cloth which was changed between patients. Staff disinfected the couch with an antibacterial wipe before laying out a new disposable cloth.

Sonography staff received training for probe cleaning. Scanning equipment was cleaned by the sonographer before and after each appointment. The sonographers used a nationally recommended decontamination process for probes to improve infection control.

# Diagnostic and screening services

Staff followed infection control principles including the use of personal protective equipment (PPE). There were appropriate hand washing facilities and sanitising hand gel was available. Staff adhered to 'bare below the elbows' principles to enable effective hand washing and reduce the risk of spreading infections. Personal and protective equipment such as latex-free gloves and antiseptic wipes were readily available for staff to use at the service.

In the twelve months before the inspection, there had been no incidences of healthcare acquired infections at the location.

Appropriate arrangements were in place to reduce the risk of exposure to blood borne viruses. Appropriate PPE and cleaning arrangements were in place for women undergoing non-invasive prenatal testing (NIPT).

During the inspection we found the sharps bin was not dated and signed. However, the registered manager took immediate action to rectify this and sent assurances following our inspection ensuring sharps bin were completed appropriately.

We found the ultrasound gel was decanted from a large container into smaller containers. This increased the risk of infection. Guidance from the UK Health Security Agency advises ultrasound gel should not be decanted from a larger container into other bottles due to the risk of infection. The National Patient Safety Alerting Committee (NPSAC) recently issued a National Patient Safety Alert (NPSA) about the safe use of ultrasound gel within healthcare settings. The NPSA advises that large containers of ultrasound gel intended for decanting should no longer be used in clinical practice. Services should only be using non-refillable bottles or sachets. Non refillable bottles should be dated once opened and disposed of when either empty, after one month or on the expiry date, whichever comes first. We raised this with the registered manager who took immediate action to discontinue this practice. Further assurances were received following the inspection.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.**

The clinic was located on the second floor of a residential and commercial development. It had a waiting area, reception room and a scan room. The rooms were accessible to all women and visitors, including those with physical disabilities.

The scan room had adequate seating for those attending the scan with the woman, including wipeable sofas and chairs. Staff had sufficient space to move around the ultrasound machine for scans to be carried out safely.

The environment was appropriate for taking blood for women requiring non-invasive prenatal testing. Arrangements were in place to label, collect, store and process bloods and we saw there was an adequate tracking system in place for samples sent to the laboratory.

The service's ultrasound machine was maintained and regularly serviced by the manufacturers. We reviewed the service level agreement and the service records for the equipment, which detailed the maintenance history and service due dates of equipment. All electrical machinery had been safety tested within the last 12 months to ensure it was safe.

# Diagnostic and screening services

Although the quality assurance of ultrasound equipment was completed in practice, this was not documented. The British Medical Ultrasound Society (BMUS) recommend three levels of testing to include infection control and inspections for scanner and probe damage, basic display checks and further tests to assess drop-out, sensitivity and noise. We raised this with the registered manager at the time of our inspection and immediate action was taken to implement a BMUS quality assurance audit tool. We were provided with evidence of this following our inspection.

Staff disposed of clinical waste safely. The service stored clinical waste correctly and an external company collected it regularly.

Staff stored substances which met the 'Control of Substances Hazardous to Health' (COSHH) regulations in a locked room.

## Assessing and responding to patient risk

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

Staff completed risk assessments for each patient before their appointment, and reviewed this regularly. Staff asked women when they arrived when their last scan was and advised them of the risks of frequent scanning. Staff also asked women of any relevant medical history before scanning, which was part of the consent process. Women were advised to bring their NHS pregnancy records with them, which meant sonographers had access to women's obstetric and medical history. Staff advised women to continue with their NHS scans as part of the maternity pathway.

Scans were carried out following 'As Low As Reasonably Achievable' (ALARA) guidance and women were given the information which allowed them to make informed decisions about the risk of scanning.

Staff knew about and dealt with any specific risk issues. The clinic had a clear pathway staff could follow in the event of anomalies seen by the sonographer on the ultrasound scan. The website informed women of potential risks during pregnancy and scan outcomes.

Staff responded promptly to any immediate risks to women's health. The service had policies that included identifying when women's conditions or any anomalies put them at risk. This meant that staff knew what to do and acted quickly when there was an emergency. Staff gave examples of redirecting women who were experiencing pain or bleeding to their local NHS clinical team. Sonographers made rapid referrals when they found concerns about a woman's health and kept records to maintain an audit trail of referrals.

The sonographer was able to contact the clinic's registered manager for advice and support during clinics. The sonographer confirmed they were able to access support in a timely way.

The registered manager told us they had referred 10 women between 1 July 2021 and 30 June 2022 to NHS services because of potential concerns found. Dedicated forms were available to document any referrals made. These included a description of the scan findings, the reason for referral, who the receiving healthcare professional was and what action they were going to take.

Due to the nature of the service, there was no emergency resuscitation trolley on site. However, staff could access a first aid box and all staff had up to date first aid training. A standard operating procedure was in place for staff to follow in case of an emergency.

# Diagnostic and screening services

## Staffing

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

The service had enough staff to keep women safe. The registered manager planned staffing levels to meet demand on the service, measured by the number of bookings made in advance. The service employed one registered manager who was also a Consultant Obstetrician and Specialist in Fetal Medicine, one sonographer, two administration staff, and a Consultant Gynaecologist. In addition, due to the expansion of the service, an additional sonographer and two midwives were also due to join the service.

All staff had an up to date DBS check. We reviewed three personnel files and all staff had proof of identification and an up-to-date curriculum vitae on file along with references. We also saw employment contracts, evidence of induction training, qualifications, and professional membership were kept on file.

Managers made sure all new staff had a full induction tailored to their role and a high level of support.

The service had low vacancy, turnover, and sickness rates and staff described the team as consistent and stable.

## Records

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

The service used electronic-based patient records. Pre-scan questionnaires and consent forms ensured sufficient information was obtained from women before their scans; for example, in relation to number of weeks pregnant, and number of previous pregnancies.

We reviewed five patient records and found they were clear, up-to-date and comprehensive which staff could access easily. All scan reports were compliant with the British Medical Ultrasound Society (BMUS) and Royal College of Radiologists guidelines.

Arrangements were in place for test results to be communicated with other healthcare professionals if required, for example, if there was a possible concern or anomaly.

Electronic records were stored securely when not in use. Electronic records were stored using passwords and access only given to authorised members of staff.

The service had a data retention policy which managed the privacy, retention period, storage, and disposal of women's personal data in line with national guidance.

## Medicines

The service did not store or administer any medicines or controlled drugs at the time of our inspection.

## 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 women honest information and suitable support.**

## Diagnostic and screening services

The service had an up-to-date incident reporting policy, which detailed staff responsibilities to report, manage and monitor incidents. A paper-based reporting system was available which all grades of staff had access to. Staff we spoke with knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so.

There had been no never events or serious incidents at the service from July 2021 to June 2022. Never events are serious patient safety incidents that 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.

The provider had a duty of candour policy which staff could easily access. The duty of candour is a regulatory duty that relates to openness and transparency which requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A notifiable safety incident includes any incident that could result in, or appears to have resulted in, the death of the person using the service or severe, moderate or prolonged psychological harm. Staff we spoke with were aware of the importance of being open and honest with patients and families when something went wrong, and of the need to offer an appropriate remedy or support to put matters right and explain the effects of what had happened.

Learning from incidents was shared through team meetings.

### 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

**The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff were aware of how to access policies, which were stored electronically as well as in paper format. Local policies and protocols were in line with current legislation and national evidence-based guidance from professional organisations, such as the National Institute for Health and Care Excellence (NICE) and the British Medical Ultrasound Society (BMUS). Staff were made aware of updates to policies through team meetings. All six policies and protocols we looked at had a next renewal date, which ensured they were reviewed by the service in a timely manner.

The service followed the 'As Low As Reasonably Achievable' (ALARA) principles. This was in line with national guidance (Society and College of Radiographers (SCoR) and British Medical Ultrasound Society, Guidelines for Professional Ultrasound Practice (December 2018). This meant sonographers used the lowest possible output power and shortest scan times possible consistent with achieving the required results.

# Diagnostic and screening services

The service had an effective audit programme that provided assurance about the quality and safety of the service. The registered manager carried out audits where they monitored women's experience, arrival to treatment times, ultrasound scan reports, cleanliness, and equipment.

The service used technology and equipment to enhance the delivery of effective care and treatment to women. The service utilised up-to-date scanning equipment to provide high-quality ultrasound images. They also had a large screen situated in the scan room which enabled women and their families to view their baby more easily.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. The service was able to direct women appropriately if they were experiencing acute anxiety or mental health crisis.

The service was inclusive to all pregnant women and supported all women regardless of their age, disability, pregnancy and maternity status, race, religion or belief, and sexual orientation to make their own care and treatment decisions.

## Nutrition and hydration

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

Due to the nature of the service, food and drink was not routinely offered to women. However, drinking water was available if required. To improve the quality of the ultrasound image, women were asked to drink extra fluids on the lead up to their appointment. Women who were having a gender scan were encouraged to attend their appointment with a full bladder. This information was given to women when they contacted the clinic to book their appointment.

## Patient outcomes

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

The service had an effective system to regularly assess the quality of its services to ensure patient outcomes were monitored and measured. This included monitoring information about the number of ultrasound scans completed, scan times, number of referrals made to other healthcare services, and complaints.

Sonographers were part of a peer review process to ensure the accuracy and quality of ultrasound scan images and reports. The registered manager reviewed the service sonographer's scans against internal targets and considered areas for improvement, such as health inaccuracies. These were shared and discussed and used for improvement.

From 1 July 2021 and 30 June 2022, the service had referred 10 women to antenatal (NHS) care providers due to the detection of potential concerns.

Managers used audit findings to make immediate improvements to the service and discussed shared outcomes with staff at team meetings.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

# Diagnostic and screening services

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. Training records confirmed staff had completed role-specific training. The registered manager was also a Consultant Obstetrician and carried out scans at the service. They were registered with the general medical council (GMC) and worked in the NHS which involved mandatory training, appraisal and revalidation. They maintained continuous professional development (CPD) and attended conferences to update their knowledge and skills.

The registered manager conducted competency assessments of sonographers when they first joined the service, which included checking their registration and indemnity insurance.

Staff were trained to be able to explain and discuss the associated benefits and limitations of the non-invasive prenatal testing screening with women. We observed a scan during our inspection which corroborated this.

Managers gave all new staff a full induction tailored to their role before they started work. All staff underwent an induction programme which included providing information about staff roles and responsibilities, and mandatory role-specific training. Inductions were tailored to each specific role and their experience.

Managers supported staff to develop through regular constructive clinical supervision of their work.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff we spoke to confirmed the provider offered update training as necessary.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers supported staff to develop through yearly, constructive appraisals of their work. As of July 2022, 100% of staff received an appraisal. Staff on zero-hour contracts were not able to work unless they had completed an annual appraisal and were required to provide evidence of an external appraisal.

## Multidisciplinary working

**Staff worked together and supported each other to provide good care.**

The team worked well together and communicated effectively for the benefit of the women and their families.

Staff worked across health care disciplines and with other agencies when required to care for women. The service had established links with the local NHS trust to ensure they had effective referral pathways for women when needed. Staff told us they had good working relationships with local trust.

Staff spoke positively of team working, effective communication and peer support. We observed constructive examples of staff working well together.

Managers held regular multidisciplinary meetings. Staff reported that they were a good method in which to communicate important information to the team.

## Seven-day services

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

# Diagnostic and screening services

Services at the location were provided on Wednesday evenings and Saturday mornings. The service was due to expand their opening times to include Tuesday and Wednesday mornings and Thursdays. This offered flexible service provision for women and their companions to attend around work and family commitments.

Booking for appointments was available seven days a week, 24 hours a day using the provider's online booking system available on their website. Telephone lines were open from 8am till 9pm daily.

## Health promotion

**Staff gave women practical support and advice to lead healthier lives.**

The service's website contained health and wellbeing in pregnancy advice, including advice at different stages of pregnancy. Women were advised to contact their maternity unit immediately if they thought their baby's movements had changed and/or reduced.

The service had relevant information to support women. We noted there were various information leaflets available to women in the main waiting area. This included, but was not limited to, information following scans suggesting a missed miscarriage; prenatal tests, and antenatal classes.

The service also worked with charities, such as the Cradle charity, to develop information packs for women with difficult pregnancies.

The service had recently expanded to include facilitating parenting classes.

## 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 or were experiencing mental ill health.**

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff received and kept up to date with mandatory training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood how and when to assess whether a woman had the capacity to make decisions about their care.

Although staff gained consent from women for their care and treatment, we found the consent form used by the service was unclear. We raised this with the registered manager who took immediate action to update their consent form. We were provided with assurances following our inspection that the action had been taken to provide clear consent processes.

Staff recorded consent in women's records. Sonographers were responsible for obtaining the informed consent of women and completing ultrasound reports during the woman's appointment.

Staff were aware of consent procedures for those aged under 18 years of age; for example, the use of the Gillick competency test. Gillick competence is when children under the age of 16 can consent to their own treatment if they're



# Diagnostic and screening services

believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. Women aged 16 to 18 years who wanted to use the service had to attend with a responsible adult (for example, someone with parental responsibility); and the responsible adult was required to countersign their consent form. Under 16-year olds were not scanned but would be advised to seek NHS support.

## Are Diagnostic and screening services caring?

Good 

This is the first time we have rated this service. We rated it as good.

### Compassionate care

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

Feedback from women who used the service and those close to them was continually positive about the way staff treat people. We spoke with five patients who told us staff were discreet and responsive when caring for them. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were friendly and spent time with women to ensure they were comfortable.

Staff were very passionate about their roles and were committed to providing personalised care. Patients said staff treated them well and with kindness. Women reported feeling well looked after and were happy with the service they received.

Staff followed policy to keep patient care and treatment confidential. There were separate areas to ensure women had privacy before and after their scans. Women we spoke to confirmed staff respected their privacy and dignity.

The service operated a chaperone policy, which staff received training on. Women's privacy and dignity was protected by ensuring another member of staff attended the ultrasound scan as a chaperone.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff held discussions in a respectful manner which showed compassion for women's circumstances.

Women and their companions were also able to leave feedback on open social media platforms, which the registered manager frequently monitored. We reviewed a selection of reviews and found the service was very highly rated (five stars), and feedback was overwhelmingly positive. For example, responses included statements such as, "Fantastic service received. Staff are amazing, would definitely recommend", and "I highly recommend The Aster Baby Clinic. Staff are friendly and professional and made the whole experience relaxing. I will definitely book more scans here for further along my pregnancy".

### Emotional support

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

# Diagnostic and screening services

Staff gave women and those close to them help, emotional support and advice when they needed it. Staff were able to support women following bad news. Staff could help women to book appointments at the local NHS hospital if needed, and signposted them to support networks.

Staff demonstrated empathy when having difficult conversations and supported women after unexpected news. Staff gave women information leaflets post-scan which had information on the diagnosis and what to expect after they had left the clinic.

Staff understood the emotional and social impact that a woman's care, treatment or condition had on their wellbeing and on those close to them. Women were signposted to bereavement counselling when this was necessary. The service had access to written patient information to give to women who had received difficult news. Staff would arrange appropriate follow-up care where necessary.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

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

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

Staff took time to explain the scan procedure to women and gave them time to understand the information. We observed a scan which corroborated this. Women and their partners felt they were fully involved in their care and had been given the opportunity to ask questions throughout their appointment.

Staff supported patients to make informed decisions about their care. Staff made sure women were told about the different scans available and the costs associated with them. They were supported to make informed decisions about their care and were guided to choose the right scan depending on the stage of their pregnancy.

Staff provided women with various leaflets signposting them to other care providers and reminded women they should attend their NHS appointments.

Staff supported onward referrals to NHS services when scan results indicated abnormalities or other unexpected results. This ensured women did not leave the clinic without fully understanding where they would receive help and support going forward. They were trained to signpost women to specialist support services and charities.

Women could give feedback on the service and their treatment and were supported to do this. Patients gave positive feedback about the service through an online feedback platform or through comment cards.

## Are Diagnostic and screening services responsive?

This is the first time we have rated this service. We rated it as good.

# Diagnostic and screening services

## Service delivery to meet the needs of local people

**Women's individual needs and preferences were central to the delivery of tailored services and were delivered in a way to ensure flexibility and choice.**

Managers planned and organised services, so they met the needs of the local population. The service provided a wide range of treatments for patients to access that were not all within the scope of CQC registration and inspection methodology.

The environment, facilities and premises were appropriate for the services being delivered and were customer centred. The scan room was sufficient with seating and additional standing room for other guests. The scanning room had a large screen which projected the scan images from the ultrasound machine which enabled women and their families to view their baby scan more easily.

Information about services offered at the location were accessible online and in the waiting area. The service offered a range of ultrasound scans for pregnant women; such as wellbeing, viability, growth, presentation, and gender scans. Staff gave women relevant information about their ultrasound scan when they booked their appointment. This included whether they needed a full bladder and when was the best gestation period for their scan.

The service offered a range of scan packages. Costs and details of deposit and full payment were clearly explained on the website, information at the clinic, and by the staff when women attended their appointment.

Staff planned and organised services so they met the changing needs of people who used the service. People could access services and appointments in a way and at a time that suited them. The service had varied opening hours and the registered manager was looking to increase these to accommodate patients. Women could book an appointment to suit them either through the website or calling the clinic directly. The telephone line was accessible everyday 8am-9pm.

## Meeting people's individual needs

**The service took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They directed women to other services where necessary.**

The service had reasonable adjustments in place for people with a disability. The premises were located on the second floor with access to a lift. In the scan room, the couch could be lowered electronically to assist women.

The service also had access to a web-based spoken interpreting service for non-English speaking women when needed.

Staff ensured women with protected characteristics received care, free from bias.

The service offered a range of baby keepsakes and souvenirs for woman to purchase after their scan, including scan movies detailing a video of the scan image.

Feedback from patients was used to help provide treatment in a person-centred way. Patients were asked to complete comment cards to address any issues as soon as possible. Any concerns were actioned promptly by staff. The registered manager cascaded any action from feedback at staff meetings.

The service could signpost women to a number of specialist pregnancy and miscarriage charities and online pregnancy support groups.

# Diagnostic and screening services

## Access and flow

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

Women could access the service when required. The clinic opened at varied times, including evenings and weekends. Women self-referred to the service and booked appointments at a time to suit them, either in person, by using the online appointment system or contacting the clinic by telephone.

Managers monitored waiting times and made sure women could access services. For example, the registered manager regularly monitored how long women waited to be seen and scan times.

Women had timely access to results, as scan images were provided during their appointment.

## 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.**

Women, relatives and carers knew how to complain or raise concerns. The service had an up-to-date complaints policy, which outlined procedures for accepting, investigating, recording and responding to informal and formal complaints about the service. The policy confirmed that all complaints should be acknowledged and responded to within 10 working days.

Staff understood the policy on complaints and knew how to handle them. The registered manager investigated any complaint received through the service's comments cards, website or social media. The registered manager attempted to deal with concerns at the time to resolve women's concerns. Staff asked women if they were happy with the service they received at the end of their appointments. This helped identify any potential dissatisfaction whilst still on-site.

Managers investigated complaints and identified themes. In the reporting period from 1 July 2021 and 30 June 2022, there had been 2 complaints. Complaints were investigated and closed in a timely manner in line with the complaints policy. Action was taken in response to complaints received to help improve customers' experience and service provision.

Managers shared feedback from complaints with staff, which was used to improve the service through additional learning. Feedback was shared at team meetings.

## Are Diagnostic and screening services well-led?

This is the first time we have rated this service. We rated it as good.

## Leadership

**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 women and staff.**

# Diagnostic and screening services

There was a clear management structure with defined lines of responsibility and accountability. The registered manager held overall responsibility for the leadership of the clinic. They had significant experience in their area of work, understood the priorities of the service and any issues that may affect it.

Staff told us that there was good leadership within the service and that the manager was well respected, visible, and approachable. Staff felt confident to discuss any concerns to the manager.

The manager was passionate about the service they led and worked well with the team of staff in their clinic. They demonstrated an awareness of the service's performance, limitations and the challenges it faced. They were also aware of the actions needed to address those challenges.

Staff told us they held regular staff meetings and that they felt that their views were heard and valued. All staff we spoke with were motivated and positive about their work.

## Vision and Strategy

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

The service had a clear vision and values which were focused on providing safe, high quality professional care. The vision was to provide, "World-class comprehensive pregnancy scans for pregnant women and their partners and families. We have a passion for delivering personalised antenatal education for parents-to-be so they feel empowered and ready for birth and parenting. We value our team and their expertise and the latest medical technology and best available evidence to support women, their partners and families during pregnancy and birthing".

During our inspection we saw that staff worked in line with the services vision and values. Staff we spoke to were committed to providing a high-quality service to all women who used it.

Staff we spoke with knew and understood the vision, values and objectives for their service, and their role in achieving them.

## Culture

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

Staff we spoke with were welcoming, friendly and passionate. They spoke positively about their roles and demonstrated pride and passion.

The service had a caring culture. Staff told us that they enjoyed working in the clinic and felt supported by their manager. The registered manager told us that they had an open-door policy and they were proud of their staff.

The culture encouraged openness and honesty at all levels. Staff, patients and families were encouraged to provide feedback and raise concerns without fear of reprisal. Processes and procedures were in place to meet the duty of candour.

Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame. All staff said they felt that their manager was very approachable and felt they could raise any concerns.

# Diagnostic and screening services

## Governance

**Managers 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.**

There were a range of systems and processes of accountability which supported the delivery of safe, high-quality services and safeguard high standards of care. Staff at all levels were clear about their roles and understood what they were accountable for and to whom. All clinical staff were professionally accountable for the care that was delivered within the service.

The registered manager had overall responsibility for clinical governance. Quarterly team meetings were held at the clinic. Team meetings covered complaints, incidents, women's feedback, performance, compliance with policies and procedures, any clinic issues, audit results, and staffing.

There was an audit programme which included monitoring women's experience, arrival to treatment times, ultrasound scan reports, cleanliness, equipment, and peer review audits.

## Management of risk, issues and performance

**Leaders and teams 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.**

An effective audit programme was in place to provide assurance of the quality and safety of the service. Local audits, such as clinical and compliance audits were undertaken regularly. Where issues were identified, we saw these were addressed promptly.

The registered manager demonstrated knowledge and oversight of the service's main risks and understood the challenge of risks in terms of quality, improvements, and performance. The service did not hold a risk register. However, we observed completed risk assessments for identified risks such as infection control, COVID-19, and staff vaccination. A standard template was used to ensure consistent information was captured. The risk assessments identified who or what was at risk, the hazards and their potential effects, existing control measures in place, the risk rating, whether the risk was adequately controlled, and additional control measures needed. Most of the risks were graded low and had adequate controls in place to minimise each risk.

Sonographer peer review audits were undertaken in accordance with recommendations made by the British Medical Ultrasound Society.

The service had a business continuity policy in place to identify actions to be taken in the event of an incident that would impact the service. For example, extended power loss, severe weather events, and equipment failure.

## Information Management

**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 information systems were integrated and secure.**

The service was up to date with information governance, and had data retention policies. These stipulated the requirements of managing patients' personal information in line with current data protection laws.

# Diagnostic and screening services

The service retained records in line with General Data Protection Regulations (GDPR).

We saw that appropriate and accurate information was effectively processed, challenged and acted upon. Key performance, audit, and patient feedback data was frequently collated and reviewed to improve service delivery.

During our inspection, we saw the arrangements in place to ensure confidentiality of patient records were robust. Computer terminals were locked when not in use, to prevent unauthorised staff from accessing confidential information.

## Engagement

**Managers actively and openly engaged with staff and women to plan and manage services. They collaborated with partner organisations to help improve services for women.**

The service had established good links with the local NHS trust. Staff told us they liaised with the NHS trust when women needed a referral following an unexpected scan result.

The service gathered feedback from women and families and used this to improve the service. Women could leave feedback on comments cards, online review and social media pages. The website included details on how women could leave feedback. The website also showed stories of women's experience of using the service and their pregnancy. All feedback was positive, for example, "Highly recommend for anyone looking to have a private scan. Friendly staff and very nice setting too! I left with lots of videos of my baby, a detailed report and very clear, good quality photos!".

Team meetings were held quarterly, and staff told us that the meetings supported them in feeling actively engaged in service planning and development.

## Learning, continuous improvement and innovation

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

There was a focus on continuous improvement and quality. The manager was responsive to any concerns raised and performance issues and sought to learn from them and improve services. Staff took time together to review the service's performance and objectives.

The registered manager wished to expand their portfolio of services and introduce women's health scans such as gynaecological scans, women's wellness blood testing, as well as polycystic ovary and hormone testing services. The service had also developed plans for the future, which included the identified need to move to another location with more space.

The service had developed a health resource called 'BaoBab Life' on their website for women to access. The resource, which the registered manager was hoping to develop into an app, provided non-judgemental research-based information about pregnancy, gynaecology and fertility.

The service continuously sought feedback from patients to improve services. The service used patient feedback, complaints, and audit results to help identify any necessary improvements and ensure they provided an effective service.