

# Baby I Love You Limited

## Quality Report

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

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Are services caring?

Outstanding



Are services responsive?

Good



Are services well-led?

Good



## Overall summary

Baby I Love You Limited is operated by Baby I Love You Limited. The service is a single speciality independent healthcare provider offering 2D, 3D and 4D wellbeing and growth health screening and imaging to self-funding or private people who use the services.

Baby I Love You is situated in a small ground floor business unit on the riverside of South Shields. The studio is wheelchair accessible and has designated car parking at the front of the building. People who use the

services entering the unit are escorted directly into a large waiting area which opens into a scanning room, manager's office and small staff kitchen area. The central reception has adequate seating and a reception desk with piped music. Toilets were provided for people who use the services, along a small corridor near to the front entrance.

The studio provides a screening and ultrasound scan service for people individuals aged 16 to 65 in relation to

# Summary of findings

pregnancy (from seven weeks through to full term), including reassurance and gender scans, and early bonding experiences. In addition the provider offers heartbeat teddy bears and gender reveal balloons.

We inspected this service using our comprehensive inspection methodology. We carried out the short-announced inspection on 10 January 2019. We had to conduct a short-announced inspection because the service was only open if people who used the services required it.

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

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

## Services we rate

We had not previously inspected this service.

This is the first time we have rated this service. We rated it as **Good** overall because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well.

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The service made sure staff were competent for their roles.
- Staff cared for people who use the services with compassion.
- Staff involved people who use the services and those close to them in decisions about their care and treatment.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, people who use the services, and local community groups.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements. We issued the provider with two requirement notices that affected the service. The details are at the end of the report

**Ellen Armistead**

Deputy Chief Inspector of Hospitals (North)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

The service provided at this location was diagnostic and screening procedures. We rated this core service as good overall.

There were systems to monitor safety, outcomes and experience for people who use the services.

Appropriate, nationally referenced guidelines were used in the delivery of services.

Staff were consistently caring, friendly and professional and all individuals we spoke with were positive about the services they received.

The service was sufficiently responsive to make reasonable adjustments for people who use the services, with disabilities

Risk, governance and operational performance was well managed. There was a cohesive and visible leadership team who were committed to developing well-led, highly responsive services.

There was a culture of improvement and it was safe, effective, caring, responsive and well-led.

# Summary of findings

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Good 

# Baby I Love You Limited

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to Baby I Love You Limited

Baby I Love You Limited is operated by Baby I Love You Limited. It is a single speciality independent healthcare provider, which opened in South Shields in 2016. The service primarily serves the North East area of the Country; however people who use the services travel to the unit from all areas of the Country.

The service has had a registered manager in post since 2016. The service is registered for the following regulated activities:

- Diagnostic and screening procedures

We conducted a short-announced inspection of the health screening and imaging (including baby souvenir scans) on 10 January 2019.

## Our inspection team

The team that inspected the service comprised a CQC inspector. The inspector was overseen by Sarah Dronsfield, Head of Hospital inspection.

## Information about Baby I Love You Limited

The studio is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we inspected the wellbeing and growth health screening and imaging for self-funding or private people who use the services.

We spoke with four staff who were the sonographer who conducted the health screening and imaging, the managing directors who occupied other roles within the company, such as safeguarding lead, and registered manager and the receptionist who also assisted as the scan buddy. We spoke with five people who use the services and their relatives and reviewed 14 comment cards. [We were not able to review any service users records fully because the system giving access to them was in use by the sonographer in the treatment room.] We reviewed all staff records.

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

Activity - October 2017 to November 2018 (reporting period)

In the reporting period there were:

- Four complaints, none of which were upheld

The service at the location employed five sonographers, and two reception staff.

Opening times at the location were dependant on demand.

The service outsourced a number of buildings and equipment maintenance services with third party providers.

Track record on safety

- Zero people deaths or never events (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), or serious incidents.
- Zero duty of candour notifications (the duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify people who use the services (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person).

# Summary of this inspection

- Zero safeguarding referrals.
- Zero incidences of healthcare acquired infections.
- Zero unplanned urgent transfers of a patient to another health care provider.
- Zero number of cancelled appointments for a non-clinical reason.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect individuals from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated appropriate risk assessments.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of people who use the services' care and treatment.
- The service managed all safety incidents well.

Good



### Are services effective?

We currently do not rate effective, however, we found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit people who use the services.
- Staff understood how and when to assess whether a person had the capacity to make decisions about their care and understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

### Are services caring?

We rated caring as outstanding because:

- People are truly respected and valued as individuals and are empowered as partners in their care.
- Feedback from people who use the services is continually positive about the way staff treat people.
- There is a strong person centred culture and staff are highly motivated and inspired to offer care that is kind and promotes dignity.

Outstanding



# Summary of this inspection

- Staff are fully committed to working in partnership with people and making this a reality for each person.
- People really feel cared for and that they matter.

## Are services responsive?

We rated responsive as good because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of people who use the services' individual needs.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Good



## Are services well-led?





We rated well-led as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, people who use the services, and local community groups.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent care to flourish.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service engaged well with people who use the services, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

Good



# Diagnostic imaging

Safe	Good 
Effective	
Caring	Outstanding 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

We rated this service as **good**.

### Mandatory training

Staff received effective mandatory training in the safety systems, processes and practices. At the time of inspection, 97% of staff were compliant with their mandatory training. Training was delivered as an e-learning module or as a face to face session when assessing competency.

Mandatory training subjects included:

- Fire Safety
- Safeguarding
- Health and Safety
- Equality and diversity
- Resuscitation and basic life support (BLS)
- Conflict resolution

At the time of inspection, BLS compliance for the service was 100% for all clinical staff.

All staff were required to complete mandatory training in line with the providers continuous professional development training policy.

We saw sonographers and radiographers completed mandatory training as part of their NHS contracts. Managers at Baby I Love You were provided with copies of completed training and certification.

### Safeguarding

The service had an up to date care of the vulnerable adult and child abuse policy which outlined what abuse can look like and what to do if abuse was suspected, such as, phoning the local authority safeguarding unit on the number supplied in the policy.

The service had a lead for safeguarding who had undertaken advanced safeguarding adults' level 2 and safeguarding children and young people level 2.

In addition the safeguard lead had also completed Safeguarding Adults level 3 training and had a date to attend a full days training with the local authority, in relation to neglect and emotional abuse.

Staff were trained to recognise adults at risk and were able to describe circumstances when they would make a safeguarding referral or raise an alert.

All staff working at the studio had undertaken safeguarding children and young people level 2 training and 90% of staff had undertaken safeguarding adult's level 2 training. All staff had undertaken safeguarding level 1 for both adults and children.

In the last twelve months prior to inspection there were no safeguarding referrals by the service.

There was no written policy to support staff in reporting female genital mutilation (FGM) or PREVENT which specifically covers the exploitation of vulnerable adults who may be drawn into terrorism. However, staff we spoke with could articulate what they would do if they came across a person with FGM and confirmed that the safeguarding training they had received covered FGM and PREVENT.

### Cleanliness, infection control and hygiene

# Diagnostic imaging

Standards of cleanliness and hygiene were maintained. Baby I Love You had infection prevention and control (IPC) policies and procedures in place which provided staff with guidance on appropriate cleaning of the unit and infection control prevention practice.

The premises were visibly clean, and we saw cleaning schedules were in place which were appropriately completed.

People who use the services stated the studio was cleaned to a good standard. We reviewed comments such as 'Lovely, clean and well decorated studio'. Another person told us 'It's always feels safe and very clean'.

We saw there were alcohol hand gels available on entry into the unit and adequate supplies of personal protective equipment such as gloves.

The scanning room had no hand washing facilities. We saw staff washed their hands within the service users' toilets and used alcohol gel to clean hands between treating people who use the services. Staff explained that the procedures carried out at the location were non-invasive and involved minimal contact with people who use the services. In particular, people who use the services were not required to remove any clothing.

Hand hygiene compliance was monitored informally at the time of inspection and not formally documented. However, we were sent documentation following inspection to show that audits were now in place in line with the World Health Organisation's (WHO) 'Five Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between people who use the services.

The couch in the treatment room used by people who use the services was covered with disposable paper which was changed between people who use the services and the couch wiped with an antiseptic wipe before laying out a new disposable paper.

An environmental audit carried out by both directors on 7 November 2018, reviewed the studio's compliance against infection control policy. The result indicated that

studio staff demonstrated a good understanding of the company policy on infection control and recommended small changes such as an additional wall mounted hand sanitiser by the front entrance.

The flooring throughout the service's location was carpeted (including the scanning room) and because of this presented a challenge with infection control. Staff explained that if there were a biological spillage on the carpet, the building owner supplied cleaning aids to which they had access. The provider did not take bloods or any clinical specimens which reduced any biological cross infection risk.

## Environment and equipment

People who use the services accessed the studio through the front entrance, situated on the ground floor of a business unit. The entrance was wheelchair accessible and had designated parking which was free of charge. The building was managed by the building landlord and people who use the services were directed by clear signage to the main entrance which opened into a large waiting area.

The central reception had adequate seating and a reception desk with piped music. Service user toilets were along a small corridor near to the front entrance.

We saw a small fridge in the reception area which stored complimentary cold drinks for individuals, if they required them.

All additional rooms such as the scanning and storage room were accessed from the central waiting area. A reception desk was situated at the side of the reception area and was staffed by a receptionist who also acted as a scan buddy.

The scanning room contained seating, the couch and the ultrasound system, together with a large TV for people who use the services to view the scan.

The studio had a high performance ultrasound machine and had a system to record any faults or issues. All machine faults were recorded by the registered manager, and servicing was carried out under a service level agreement by the manufacturer.

Staff told us that they regularly checked stock at the location, such as, antiseptic wipes, and paper cleaning roll.

# Diagnostic imaging

We inspected storage areas and found them to be clean and well organised.

There were appropriate arrangements for managing studio waste. All waste bins were regularly emptied and were removed to a secured waste area.

Small electrical items were appropriately tested on an annual basis.

## Assessing and responding to patient risk

The provider had developed a quality and operations manual which included a risk descriptive and outlined when risk assessments were to be completed.

All staff were expected to identify and highlight any potential risks to the registered manager.

An environmental risk assessment was completed each day and a quarterly risk assessment undertaken to ensure all risks within the studio were captured and managed appropriately.

We saw the provider had developed a risk register. Risks identified included environmental such as clear access in the car park and blocked toilets and clinical. For example, probe wire damage and infection control management.

In addition we also saw risk assessments were in place for helium gas used for the balloons, electrical appliances and paper storage applicable to fire risk management.

Initial risk identification was through the first enquiry form to the studio. People who use the services seen at the studio were assessed as medically fit. All patients regardless of medical condition would be seen as long as it was medically permitted.

All patients regardless of medical condition would be seen as long as it was medically permitted.

All studio staff had undertaken basic life support training and two of the sonographers had also undertaken care of the deteriorating person and resuscitation training as part of their NHS trust mandatory training requirements.

A member of staff first aid trained was always onsite, if someone was feeling unwell the first aider would attend and call and ambulance if required.

All scan reports were provided to individuals immediately following the scan. A copy of the report was also provided for the service users GP. Individuals were asked to hand this copy to their own GP's.

We saw the provider had developed clear referral and treatment pathways in the event of health concerns during or following a scan.

The service reported zero unplanned urgent transfers of a person to another health care provider and zero cancelled appointments for a non-clinical reason.

The studio ensured there was always two staff available at the studio which eliminated the risk of lone working.

## Staffing

The service staffed the location on an 'as needed' basis in line with service user demand with a qualified and accredited studio staff member. Both directors and reception staff also acted as scan buddies when required.

The studio employed two part time receptionists, and five sonographers on zero hour contracts.

In the period October 2017 to November 2018, there had been no vacancies for directly employed staff and the service did not use bank or agency staff. Also, there had been no sickness in this period.

We saw all sonographers were registered with the Health and Care Professions Council (HCPC). The professional registration was checked annually as part of the appraisal process.

All staff who worked out of the location had received a disclosure and barring check which we saw was up to date.

## Records

All people who use the services received a copy of their report after their scan. Two copies were printed, and one was retained at Baby I Love You. The other was provided to the patient to share with the GP, midwife or healthcare provider.

No NHS records were held by the provider and only basic terms and conditions and the initial booking forms were held on the persons record.

# Diagnostic imaging

With prior consent from individuals, records could be shared with third party healthcare professionals such as GPs or NHS maternity/gynaecological services.

## Incidents

The provider had developed incident reporting guidance within the quality and operations manual and had recently reviewed in November 2018.

In the last twelve months before the inspection the location did not report any patient deaths or never events (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 person harm or death but neither need have happened for an incident to be a never event), or serious incidents.

In the same period there had been zero duty of candour notifications (the duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify people who use the services (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person).

## Are diagnostic imaging services effective?

The effective domain was not rated.

## Evidence-based care and treatment

We saw examples of protocols, and pathways to support safe care and treatment of people who use the services. For example, early reassurance scan (intrauterine gestation sac but no yolk sac or pathway, empty uterus (ectopic) pathway).

Staff followed policies, procedures and guidance in relation to diagnostic procedures. For example, standard operating procedures based on national best practice and guidelines for the safe use of diagnostic ultrasound equipment from the British Medical Ultrasound Society (BMUS).

The unit participated in a number of audits. For example, infection control, booking forms, image quality, principles and safety problems of diagnostic ultrasound guidelines (ALARA).

All sonographers were members of the Society of Radiographers and held substantive contracts with varying NHS providers across the North East of England.

We reviewed team meetings which demonstrated studio discussions in relation to best practice. For example, image optimisation discussion and the use of Doppler heart beat recordings versus ultrasound recordings.

We saw evidence that the studio staff member working at the location had attended national conferences and development days relevant to the specialism, For example, obstetrics study day with BMUS.

## Nutrition and hydration

There were no formal nutrition services for people who use the services that attended the service. However, the service had various leaflets available for patients to access in the reception area.

Staff had access to a selection of refreshments (tea, coffee and water) which they provided to people who use the services when requested.

## Patient outcomes

Staff used protocols and standard operating procedures to ensure safe standardised care and treatment for all people who use the services.

All reports were entered onto a centralised reporting system and images reviewed as part of scan optimisation discussions during audits and appraisals.

Each person seen at the studio had an allocated time slot to ensure sufficient time for each scan. For example a wellbeing and gender scan was allocated 15 minutes but the appointment time for the people who use the services was 10 minutes. This allowed sufficient time for the sonographer to summarise and assess the outcome of each scan.

Images were subject to regular monthly audit and review to drive improvement. For example, image quality examined and discussed with all sonographers.

## Competent staff

Staff were required to complete an application form to work at the service, provide a history of employment, undertake a successful interview, supply professional references, and pass an enhanced disclosure and barring check.

# Diagnostic imaging

Sonographers were Health and Care Professions Council (HCPC) registered and met the standards to ensure delivery of safe and effective services to people who use the services. The HCPC is a regulator, set up to protect the public. They keep a register of health and care professionals who meet HCPC standards for their training, professional skills, behaviour and health.

In addition, we saw sonographers were asked to complete a period of shadowing from a more senior sonographer.

On-going staff competence was managed through the quality assurance review process, for example monthly audits which included image optimisation and annual appraisal review to discuss continuous professional development.

Studio staff were required to complete continued professional development (CPD) to meet their professional body requirements and clinical scrutiny and professional discussion was supported during sonographer team meetings.

Following a complaint, incident or image quality audits, operational practice and procedures were reviewed. We saw evidence of action and improvement plans to drive improvement.

On being employed by the service, staff received an induction focussing on the importance of data security and confidentiality. This was repeated annually, and staff signed to say that they had completed annual data security and confidentiality training. Staff also received instruction on items such as: about the company; staff roles; employment; quality management; health and safety; and security. Staff had access to an employee handbook to support them in being competent about company policies.

The service had developed a mandatory and statutory training programme specific to staff job role, which ensured relevant knowledge and competence was maintained and updated throughout their employment with the organisation. Topics included equality and diversity, infection control, safeguarding, manual handling and managing conflict.

Staff received an annual appraisal and annually had their professional registration checked. At the time of inspection 100% of staff who were due an appraisal had received it.

## Multidisciplinary working

All staff we spoke with told us that working relationships within the team were positive and a shared determination to ensure best patient outcomes.

Sonographers joining the company were shadowed and supported by senior sonographers.

## Seven-day services

At the location services were supplied depending on demand and so this meant services at the location were not necessarily open seven days a week.

## Consent and Mental Capacity Act

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. Staff had received training on mental capacity. They were aware of what to do if they had concerns about a patient and their ability to consent to the scan. They were familiar with processes such as best interest decisions.

We saw that the service obtained written consent from the people who use the services, for the procedure and disclosure of their results to third party healthcare professionals involved with their continuing care.

The services consent and mental capacity policy were included in the Safeguarding and Mental Capacity Act Policy. General guidance was part of the quality assurance policy. We saw consent was captured within the initial booking form and the provider told us that this reflected the fact that people who use the services who lacked mental capacity or had any issues with mental capacity would not be seen by the service because the service only saw medically fit individuals.

## Are diagnostic imaging services caring?

Outstanding



We rated caring as **outstanding**

# Diagnostic imaging

## Compassionate care

Staff treated people who use the services with dignity, kindness, compassion, courtesy and respect. We observed staff introducing themselves to people who use the services prior to the start of an intervention and provide calm clear guidance.

The provider sought feedback from people who use the services through surveys and social media comments. We reviewed the most recent service user feedback and saw the provider took steps to rectify any issues or concerns raised. For example, where a person was disappointed with the image quality, a further complimentary scan was offered.

During the inspection we spoke to two people who use the services. They said: "Staff here are like family. We have been coming in since the beginning. Staff go out of their way to be friendly. It's like nowhere else I have been". If I need to change the time of my appointment because of work commitments, it's never any problem. They are so flexible'.

Following inspection we spoke with an additional three people who use the services, who provided extremely positive feedback. One person told us 'This is the only baby scan provider that I am at ease with. They really respected my medical expertise and totally tailored the service to my needs. The staff are exceptional, and I would not hesitate to recommend them'.

We saw staff were polite and attentive to people who use the services' needs and provided appointment times in a relaxed organised manner.

## Emotional support

Staff understood the potential impact a person's care, treatment or condition had on their wellbeing and on their relatives, both emotionally and socially. Staff ensured they took time to speak to people who use the services making sure that people's privacy and dignity was observed.

Staff told us that occasionally scan results were upsetting for people who use the services, particularly early scans which were unable to detect a heartbeat. We saw the provider had developed a policy to support staff with these situations.

Sonographers we spoke with told us that they had several years' experience carrying out early scans and supporting parents receiving such news.

The registered manager had also completed breaking bad news training which was delivered through The Royal College of Obstetricians and Gynaecologists and was specific to early pregnancy.

Staff told us that scan buddies were provided at all appointments and we were able to corroborate this during inspection. These buddies' provided assistance to both the person using the service and sonographer in the scanning room.

All people who use the services we spoke with gave positive feedback. We received comments such as 'This is my third visit to the clinic and it's been lovely each time. The staff are kind and respectful'. Another person told us 'Staff had unlimited patience and understanding. The final images were outstanding'.

Staff saw providing support to people who use the services and those close to them as an important part of their job. The registered manager told us that parents and carers of small children were able to stay in the scanning room during procedures.

## Understanding and involvement of people who use the services and those close to them

All people who use the services we spoke with, understood when and how they would receive their scans. People told us the process and packages had been explained to them clearly and they felt sufficient time was provided during the scan.

We were told services had been clearly explained and people informed of the costs relating to the scans and tests during their initial phone call and subsequent emails. We saw that a price list was present in the waiting area, detailing the various packages on offer.

Staff made sure that people and those close to them, felt able to ask questions about their care and treatment. They gave people who use the services time to ask questions.

# Diagnostic imaging

One person told us that staff were able to support her with her medical knowledge of the service as they had completed some research around scanning prior to their appointment. We were told that staff were competent and clear with all information provided.

We saw a number of suggestions made by people who use the services such as the introduction of gender reveal options such as scratch cards, cake reveals and canons. We saw these options were introduced following user feedback.

The provider also introduced cold drinks, fridge magnets, frames and keepsake gifts following service user feedback.

## Are diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

### Service delivery to meet the needs of local people

The service had strong links with ultrasound departments in the wider NHS and could directly refer people who use the services to external organisations such as talking therapies.

The flexible appointments and late evening availability gave people a greater choice of scanning appointment times.

### Meeting people's individual needs

People who use the services had the option to text, email or telephone to make an initial enquiry. Screening then took place through the bookings systems which was managed electronically. Any specific needs were noted at this booking point. People who use the services were later emailed details about their appointment, the type of scan they were having, plus consent forms and cost information.

Reasonable adjustments were made so disabled people who use the services could access and use services on an equal basis to others.

Staff told us that there was no provision of information in any language other than English but if required an interpreter could be organised during the booking appointment.

People who use the services received a text reminder sent by the provider 24 to 48 hrs prior to their appointment.

We saw the provider had installed a large ultrasound screen which was placed at the foot of the bed making viewing images much easier and more comfortable.

### Access and flow

People who use the services could book an appointment at a time to suit them and appointments took place according to demand with staffing organised accordingly.

The service did not have a waiting list.

Appointment times were planned and timed to allow sufficient time for the sonographer to record and review scanning reports.

No planned appointments were cancelled or delayed for a non-clinical reason such as breakdown of equipment.

All people who use the services we spoke to were positive about the availability of scans and they told us that they had received appointments in a timely fashion that they were happy with.

Staff told us that if people who use the services requested an urgent reassurance scan, they would always do their best to accommodate such requests.

### Learning from complaints and concerns

People who use the services we spoke with knew how to make a complaint or raise concerns. We saw information for people who use the services who wished to raise a complaint was displayed in the reception area and the provider's social media sites provided a portal for informal service user feedback.

We saw the provider collated all comments both positive and negative electronically and took steps to rectify any concerns that were raised. For example we saw a person expressed concerns that the image quality was not as clear as they had expected, and a further complimentary scan was provided. The provider encouraged complaints to be resolved as quickly as possible by all staff receiving them.

# Diagnostic imaging

The service had a complaints policy which had been reviewed in October 2018 with a further review date for October 2019. The policy explained how complaints should be logged and escalated if they are unable to be resolved at a local level.

All formal complaints were dealt with by both directors and acknowledged within three days, with a full investigation and written response within 28 days.

The provider recorded four complaints in the period October 2017 to November 2018. We reviewed all four complaints and saw that the provider managed these in accordance with the company's policy. Lessons were learnt, and steps were taken to improve services following complaints. For example, all start, and finish times were recorded so that adequate appointment time was provided for each person.

The service told us that learning from complaints was shared during regular team meetings and changes made to practice as necessary.

## Are diagnostic imaging services well-led?

Good 

We rated well led as **good**.

### Leadership

The leadership team was made up of two directors, one of whom was the registered manager.

The leadership team were supported by five sonographers and two receptionists / scan buddies.

We saw staff were enthusiastic and spoke positively about the leadership of the service. All staff said they had constructive and positive relationships with senior staff and the team felt like 'family'.

One member of staff told us 'I love this job. It's the best job I have ever had. Everyone is so friendly and so committed to everything they do'.

Staff we spoke with told us the leadership team were highly visible, open and approachable and that they regularly met with them to discuss service related issues.

### Vision and strategy

The service's vision used the acronym 'precious'. This was short for professional, reliable, effective, caring, interesting, observations, unique and satisfaction. Each of these headings included expectations as defined by the provider.

Staff understood 'precious' and also understood the providers aims and objectives, which was to offer private memorable services, deliver exceptional levels of customer service, exceed expectations in terms of care, quality and safety and promote and deliver continuous improvement.

### Culture

The service at the location consisted of two staff which consisted of one clinical staff member backed up by a receptionist / scan buddy. Both directors worked regularly within the receptionist / scan buddy roles.

Staff in all roles spoke passionately about their work, and about the quality of care delivered. Staff spoke openly about support from managers and displayed a genuine passion towards delivering high quality services.

We observed staff working together in the unit within a relaxed and friendly environment. Relationships within the team were extremely positive and all staff we spoke with told us how much they enjoyed working there.

The service's culture was centred on the needs of individuals and groups and to exceed the expectations of people who use the services. We saw some people travelled from all parts of the country to access the studio's services.

Feedback from people who use the services about the service they had received was acted on. If any aspect of performance within the unit fell below expectations there was a real commitment from staff to make changes.

The service promoted equality and diversity: it was part of mandatory training, and inclusive, non-discriminatory practices were promoted.

We saw an up to date duty of candour policy.

### Governance

There was an effective governance framework to support the delivery of the provider's vision and good quality care. The service undertook several quality audits, and

# Diagnostic imaging

information from these assisted in driving improvement and giving all staff ownership of things that had gone well and action plans identified how to address things needed to be improved.

We saw that the service had policies and procedures in place for information governance and kept a log of staff to ensure that staff had read and understood the policies.

Staff were trained and supported to ensure they were competent through a robust induction and supported in clinical discussion at quarterly team meetings.

We reviewed a number of team meetings and saw that health and safety, service user feedback, and audit results were regularly discussed.

Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered within the unit.

## Managing risks, issues and performance

The service had a risk and incident management policy. Guidance for staff regarding the completion of these documents was within the quality assurance manual. We saw this manual was available for all staff within the staff office.

The service had a risk register for the location. The risks related to infection control and fire. Controls were noted for each risk and a review date was in place.

The service had a business continuity plan covering failure of utilities and such like. The policy stated it would be exercised once a year.

Managers ensured staff did not work alone, by rostering two staff in the unit at all times.

## Managing information

Electronic service user records were kept secure to prevent unauthorised access to data, authorised staff demonstrated they could be easily accessed when required.

Staff had access to the provider's policies and resource material through the electronic computer system and office files.

The service had policies and procedures in place to promote the confidential and secure processing of information held about people who use the services.

The service was paper light and mainly used an electronic database to create and share service user information. Where paper was used the completed paper form would be scanned onto the persons electronic record.

Staff could use the electronic database to audit its service, for example, by reviewing service user bookings and image quality.

## Engagement

Attempts were made to gather people who use the services' views and experiences through the service user surveys. We saw changes were implemented following feedback from people who use the services.

Staff told us they felt actively engaged, their views were reflected in the planning and delivery of services and in shaping the vision of the studio.

People who use the services were engaged through the service's website and social media accounts, which promoted its services. The portals enabled people who use the services to compliment or complain about the services and enable the provider to respond quickly.

## Learning, continuous improvement and innovation

We saw the provider maintained an innovation and improvement log following changes to operational practice following service user feedback. These included changes to services offered such as the introduction of growth measurements and presentation scans and multiple packages offers, for people who use the services whom wanted several scans.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- Review and develop specific policy guidance in relation to mental capacity and consent.
- Review and develop specific policy guidance in relation to FGM and PREVENT.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Diagnostic and screening procedures

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

- All providers must make sure that they have, and implement, robust procedures and processes that make sure that people are protected. Safeguarding must have the right level of scrutiny and oversight, with overall responsibility held at board level or equivalent.
- Review and develop specific policy guidance in relation to FGM and PREVENT

#### Regulated activity

Diagnostic and screening procedures

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

- Policies and procedures for obtaining consent to care and treatment must reflect current legislation and guidance, and staff must follow them at all times.
- Review and develop specific policy guidance in relation to mental capacity and consent.