BabyBump Limited

Baby Bump Limited

Inspection report

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this service improved. We rated it as requires improvement 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. The service controlled infection risk 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.
- 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:

- The service policies were not always relevant for what the service was offering.
- The service recruitment process was not robust as staff files were not fully complete.

There were improved ratings in safe and well led from this inspection. We rated safe as good and well led as requires improvement. Aggregation with the key questions we did not inspect meant the service was rated as requires improvement overall.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to Baby Bump Limited

Baby Bump Limited is privately operated by Baby Bump Limited. They offer non diagnostic scans from 7 weeks to term. They provide early reassurance scans from 7 weeks, 2D wellbeing scans from 12 weeks and 4D scans from 12 weeks. The location has been registered to deliver diagnostic and screening procedures since 2021.

Following the comprehensive inspection in March 2023, we issued 2 Warning Notices for failure to comply with the requirements of Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance. At the last inspection we rated the service as Inadequate.

How we carried out this inspection

We carried out a short announced focused inspection of the diagnostic and screening core service on 28 July 2023. During our inspection we visited the location at Hoylake on the Wirral.

We inspected to follow up the continuing improvements made after being issued 2 Warning Notices for Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance at the previous inspection in March 2023 and to assess the provider's continuing compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at key questions of the safe and well led domains.

We reviewed specific documentation and interviewed key members of staff including 2 sonographers, 1 scan assistant and the registered manager who was responsible for leadership and oversight of the service.

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 MUST take to improve:

- The service must ensure it has robust processes to confirm persons employed are of good character, including references from previous/current roles. Regulation 19(1)(a).

Action the service SHOULD take to improve:

- The service should ensure the World Health organisation (WHO) guidelines for the 5 stages of handwashing are above the sinks for staff and patients as a reminder of how to wash hands thoroughly to reduce the chances of cross contamination. Regulation 12.
- The service should ensure all service policies are relevant for the service being provided. Regulation 17.
- The service should ensure that appraisals cover learning and development needs. Regulation 18.

Summary of this inspection

- The manager should consider sharing the vision for the service with the staff.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Diagnostic and screening services

Safe	Good
Well-led	Requires Improvement

Is the service safe?

Good

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

Mandatory training

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

Staff received and kept up to date with their mandatory training. The managers mandatory training had improved since the last inspection. They provided evidence of health and safety training, data security training, fire training, infection prevention control (IPC) training and chaperone training.

The mandatory training was comprehensive and met the needs of women and staff. The scan assistant completed modules for IPC, safeguarding, information governance and data security and first aid training.

The manager had oversight of the sonographers' training which they completed with the NHS. Both sonographers were up to date with their mandatory training.

Staff had not completed Oliver McGowan learning disability and autism training when we inspected. However, since the inspection we received evidence that staff had now completed the training.

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.

Staff received training specific for their role on how to recognise and report abuse. The service had clear safeguarding processes and procedures in place. The manager, who was also the safeguarding lead, was now trained to level 3 in safeguarding vulnerable adults and children, as were the 2 sonographers. The scan assistant, who was undergoing recruitment checks, was trained to level 2 for both vulnerable adults and children.

When we spoke with staff, they knew how to identify adults and children at risk of, or suffering, significant harm and how to make a safeguarding referral and who to inform if they had concerns.

Staff could give examples of how to protect service users from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff had knowledge of female genital mutilation (FGM) and knew how to escalate any concerns to the appropriate services. We observed a laminated information leaflet for the sonographer regarding FGM by the Department of Health situated in the scanning room.

Requires Improvement

Diagnostic and screening services

The manager and the scan assistant had completed chaperone training. The manager had produced a chaperone policy which clearly defined the role of a chaperone and when they would be required. We saw evidence of posters on the wall offering women a chaperone.

The service had a safeguarding policy, an FGM policy and a safeguarding reporting tool for staff to use if needed. The safeguarding policy clearly defined the types of abuse and signs for staff to be aware of. Relevant contact details for the local authorities were also outlined in the policy.

Cleanliness, infection control and hygiene

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

The service was clean and well maintained. Following the previous inspection, the manager had replaced some of the non-wipeable chairs from the scanning room with wipeable chairs, but some remained. Following the inspection, the manager provided photographic evidence that all non-wipeable chairs in the scanning room had been replaced.

The manager had developed a seat cleaning policy for the reception couches which were fabric. The policy clearly stated that after every service user the couch would be cleaned and a deep clean would be completed quarterly or if urgently required. We saw evidence of a deep clean that had been completed on 10 July 2023 and further planned cleans for 10 October, 10 January 2024 and 10 April 2024.

Cleaning records were up to date and demonstrated that all areas were cleaned regularly.

Staff followed infection principles including the use of personal protective equipment (PPE). Hand washing facilities were available and sanitising hand gel was available, however we did not see 'The World Healthcare Organisation's (WHO) 5 Moments for Hand Hygiene (guidelines are for all staff working in healthcare environments and define the key moments when staff should perform hand hygiene to reduce the risk of cross contamination) posters above the sink. Clinical staff were bare below the elbows and washed their hands before and after each scan. Latex – free gloves, latex – free probe protectors and antiseptic wipes were available for staff to use.

There had been no incidences of healthcare acquired infections at the location since they had registered with the CQC in 2021.

Staff cleaned equipment after use. The couch in the treatment room, used by service users, was covered with a disposable cloth which was changed between patients. We observed staff disinfecting the couch with an antibacterial wipe before laying out a new disposable cloth. The service had the appropriate cleaning materials for the decontamination of transvaginal probes, a poster on the scanning room wall for transducer decontamination which outlined best practice and the sonographer had a good knowledge of how to clean the transducers. The sonographers had trained in the NHS on how to clean transducers.

The sonographers and manager had worked collaboratively to implement standard operating procedures for each scan available at the service. These procedures including information about the decontamination of the ultrasound probes.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Requires Improvement

Diagnostic and screening services

The service had suitable facilities and had enough suitable equipment to meet the needs of women. The service was located on the ground floor and was accessible for people in wheelchairs or babies in prams. There was a large reception and waiting area where women and their families were greeted and the toilet with baby changing facilities was close by. The scanning suite was spacious, homely, and well arranged. The sonographer turned down the lights when undertaking a scan to darken the room, which meant scans could be observed clearly. The couch in the scanning room was adjustable so could be lowered and raised.

The service had a fire evacuation plan in place. Fire extinguishers were accessible, stored appropriately, and had all been serviced within the date indicated.

Staff completed regular stock checks of equipment, including the first aid box.

Staff carried out daily safety checks of specialist equipment. The ultrasound machine had calibration checks monthly and the servicing records were up to date.

The service had a clinical waste bin situated in the scanning room. The bin was easier to open, than on our previous inspection and contained the relevant items. Staff disposed of clinical waste safely.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. The service had a medical emergency policy which provided information on how staff should respond to an ectopic pregnancy or if there was another clinical emergency. The manager and staff provided examples in which they had acted in response to suspicious findings. Staff shared key information to keep women safe when handing over their care to others. As in, the medical emergency policy, the sonographer completed the report whilst the registered manager would make the referral. The registered manager and scan assistant were trained in first aid and the sonographers were trained in basic life support.

Staff completed risk assessments for each patient on admission or arrival to the service. Following the previous inspection, the manager had ensured that women who are bleeding or in excessive pain were referred to their midwife or local early pregnancy unit, instead of attending for their appointment with the service. This was clearly stated on the web page when making a booking, as well as on consent forms and in the terms and conditions. Staff had also produced a risk assessment for early pregnancy scans which women completed when they arrived at the service, prior to their scan. The assessment form reviewed whether the service user was registered with their GP/midwife, the total number of previous confirmed pregnancies, the total number of births after 20 weeks, any pregnancy complications from the past, medical conditions and whether they had experienced bleeding or excessive pain.

The manager had introduced a new consent form, for transvaginal scans which would be provided to women if the sonographer and service user agreed this was required. The purpose of having a separate form was to ensure the service user had the relevant details about the scan and therefore was able to make an informed decision about whether to proceed.

The service used the 'Paused and Checked' checklist devised by the British Medical Ultrasound Society (BMUS) and Society of Radiographers (SOR), which was displayed in the scanning room and helped to remind staff to complete the

appropriate checks. We observed the sonographer completing the checks during appointments, which included: confirming the woman's identity and consent; providing clear information and instructions, including the potential limitations of the ultrasound scan; following the BMUS safety guidelines; and informing the woman about the scan findings.

The manager and sonographer had updated the exclusion criteria. The policy clearly identified women who would not be suitable for the service, including those who were under 18 years of age, those who were experiencing pain or bleeding and a list of diagnostic scans that were unavailable.

Staff had downloaded an application to their phones which helped them to locate the nearest automated external defibrillator (AED) and alerted trained people in the vicinity of their location to help in an emergency.

The service had latex free covers for the transvaginal probes which minimised the risk of an allergic reaction for women with a latex allergy.

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.

The service had enough staff to keep women safe. The service employed a registered manager, 2 sonographers and were in the process of recruiting a scan assistant. The sonographers' qualifications, skills and training were in their staff files. The scan assistant would be responsible for managing enquiries, appointment bookings, supporting the sonographers during ultrasound scan procedures, printing scan images and being an additional chaperone for women attending the service for transvaginal scans or who had requested one.

Staff received inductions before commencing their employment. We saw evidence of inductions being completed for all staff, including the new scan assistant. Inductions consisted of an introduction to the premises, a review of their conditions of employment and a review of all the policies.

The service had no vacancies and had not had any staff turnover as the registered manager and sonographer had been in post since the service was registered in 2021. There had been 1 occasion in the last 12 months in which a member of staff had been unwell and unable to attend work.

The service did not use bank or agency staff.

Records

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

Women's notes were comprehensive, and all staff could access them easily. Women's notes were stored on the ultrasound machine. We reviewed 10 records between June 2022 and July 2023 and found them to be accurate and complete with findings of the scan clearly documented.

We reviewed 10 consent forms from March 2023 to July 2023 and found they had been completed accurately with women's signatures to confirm they had read and understood the information.

Requires Improvement

Diagnostic and screening services

When women were transferred to the hospital for further support staff accessed the records to help make appropriate referrals.

Women's records were stored securely. The scanning machine was password protected and paper consent forms were kept in a locked filing cabinet.

Incidents

Staff were confident in identifying incidents and of the systems regarding how to record and report safety concerns. However, the services incident policy was not tailored for the service.

The service had reported 1 incident since being registered in 2021. Despite this, staff had a good understanding of what incidents to report and how to report them. We saw evidence of a procedure staff would follow if an incident occurred.

The service had not had any never events since they were registered. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them.

Staff understood the duty of candour, despite it not being included within the incident policy. They knew this meant they would be open and transparent and give women and their families a full explanation if or when things went wrong. They had not been required to use the duty of candour since they have been registered with the CQC.

There was a monthly meeting held by the manager for the staff which would be the forum for incidents to be discussed and reviewed if they occurred.

At the last inspection we identified that the incidents policy was generic in terms of its content and some of the information did not apply to the regulated activity being completed. The policy stated that 'very minor injuries' such as 'small cuts' and 'non extensive bruises' do not have to be reported. This section of the policy had not been updated from the last inspection. We felt this advice was inappropriate and could potentially be acted upon by staff.

Is the service well-led?

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement.

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.

The service was led by 1 of the directors and manager. The service had the same manager in place since it first registered with the CQC in 2021. The registered manager was fully involved in the day to day running and handling of the service. The manager was not a trained sonographer but had started a level 5 diploma in social care for adults which they had plans to recommence.

The manager identified some of the main challenges for the service. It was clear they had considered the areas identified as needing improvement from the previous inspection and were working on resolving them, including ensuring staff had read the policies and procedures.

Requires Improvement

Diagnostic and screening services

The manager and her staff worked together closely in day-to-day operational matters. We observed the manager providing support and direction to staff when needed.

Staff in the service said they were well supported by the manager. As the service was open 3 days a week, the manager ensured she was on site on those days. Staff confirmed this and said they were visible and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The manager had implemented a clear vision and mission for the service. This was to provide outstanding care for service users and to keep up with new and improved technologies to provide the best service possible. The mission reflected this and stated the care offered was built on strong relationships with staff, service users and other organisations.

The manager had also devised a business strategy which included short term goals for the service and a strength, weakness, opportunities, and threats (SWOT) analysis which considered factors such as competitors locally.

Staff were unaware of the strategy and vision. However, this was newly implemented following our last inspection and was to be shared during upcoming monthly meetings.

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.

The manager modelled and encouraged compassionate, inclusive, and supportive relationships among the staff. Staff felt respected, supported, and valued.

The service had an open culture where women, their visitors and staff could raise concerns without fear. Staff wellbeing was acknowledged on the services risk register.

Staff we met were warm, friendly, and welcoming. They spoke positively about their roles and demonstrated pride in their work. Staff were confident they could raise any concerns with the manager if they needed to.

The manager responded positively and took immediate actions because of the concerns that we found on the previous inspection and showed willingness to learn and improve.

The service had an antibullying policy and a blame free culture policy in place that staff could access.

Governance

The registered manager did not always operate effective governance processes. 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.

At the previous inspection, we identified the service not to have robust processes in gathering all available information to confirm staff are of good character. We reviewed staff files again and found that some information was not available, including 1 sonographers' references from their previous/current role and no staff had health checks or risk assessments.

Requires Improvement

Diagnostic and screening services

All policies and procedures we reviewed had been updated and included a version control and a date for review. Most of the updates to the policies were relevant and made it easier for staff to identify, assess and understand processes to mitigate risks. However, the incident policy still contained inaccurate information that stated minor injuries such as 'bruises' should not be reported as incidents. The complaints policy directed complainants to contact the director and then subsequently the registered manager, despite them being the same person. The governance policy referred to clinical seminars from specialist consultants and continuous professional development events despite us seeing no evidence of this since the service was established.

The manager had overall responsibility for clinical governance and quality monitoring. Since the last inspection the manager had a better oversight of staffs mandatory training compliance. They had ensured that the processes and procedures related to complaints were more robust. Feedback forms for service users were evident in the reception, posters on how to provide feedback were up on the wall and the website had been updated with a section regarding how to make a complaint.

The manager had implemented a system which evidenced that staff had read the policies. We saw evidence of these checklists being completed for all staff.

The service had improved in ensuring staff working at the service had the relevant employment checks in place to keep service users safe. Providers are expected to ensure that candidates provide evidence to prove they are of good character, have the necessary qualifications, competence, skills, and experience necessary for the work to be performed and can properly perform the tasks (after any reasonable adjustment). We reviewed all staff files and found there were curriculum vitae's, evidence of qualifications, copies of photo identification, disclosure, and barring service checks (review whether a candidate has a criminal record) and 2 references for the newly appointed sonographer. However, 1 sonographer had no references and no staff had health checks/risk assessments completed despite staff files being incomplete being highlighted at the previous inspection.

The service had made improvements to ensure that staff working for the service had the appropriate competency checks in place to keep service users safe. The manager provided evidence of monthly audits between May and July they had completed in relation to the sonographers work to ensure the standard operating procedures (recently established) were being adhered to. The manager had completed an appraisal with 1 of the sonographers employed in April 2023. However, the appraisal did not identify any training, learning or development needs as outlined in their appraisal policy.

Staff were aware of their roles and accountabilities. They worked closely together, and the manager had now implemented monthly staff meetings which were minuted. We reviewed minutes of the meetings from June and July 2023 which had set agenda items including 'topics to discuss', 'legislative updates' and provided an opportunity for staff to raise any concerns or provide any input.

The service had agreements with third party organisations for the delivery of activities that supported the sonography, such as cleaning and waste disposal.

The manager provided evidence of the sonographer's registration with the Society of Radiographers.

The provider had taken out the appropriate insurance for the service which was in date.

Requires Improvement

Diagnostic and screening services

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.

The service had a risk register in place which identified some generic risks such as stress, fire, and a resurgence of COVID-19. The risk register clearly identified the risks, who could potentially be harmed, control measures, the responsible owner and when actions would be completed by.

The service had appropriate processes to minimise the impact of women who were identified as having a miscarriage or ectopic pregnancy.

Staff from the service have now written standard operating procedures for each scan, which included how ultrasound probes would be used in intimate examinations, as recommended by the Society of Radiographers (SOR) and the British Medical Ultrasound Society (BMUS).

The manager had considered some of her processes and had made improvements which had reduced potential risks. They had created a new consent form for transvaginal scans, in addition to the generic consent form to ensure women had fully read and understood how the procedure would be performed difference between that and an abdominal scan.

The manager had implemented processes to improve their oversight of risks, issues, and performance for the service. Audits were now being completed for hand hygiene, gender inaccuracy, the number of rescans, the number of transvaginal scans, and information regarding women who had been referred to the early pregnancy unit at the local hospital. The audits that were populated were detailed, for example the hand hygiene audit showed 100% compliance between May and August 2023 with 2 checks being completed monthly on different staff members.

The service now captured more data about women prior to their scans. Medical history and information regarding past pregnancies is now collated to ensure staff have a better oversight of potential risk factors.

The manager had introduced a customer satisfaction survey which they provided to every service user on completion of their scan. The survey rated the scan experience, the cleanliness of the clinic, the welcome the person received and the sonographer's explanation of the scan. It allowed women to leave additional comments and suggestions. The manager had added a section on to the services website to allow service users to leave feedback and we saw posters on the wall of the clinic encouraging women to do so. The service had a complaints log which would identify the details of the complaint and the correspondence had with the complainant when they occur.

The service had a fire risk assessment, fire risk evacuation procedure, fire extinguishers and smoke detectors.

The service had a business continuity plan and valid insurance covering both public and employer liability, including professional indemnity insurance for registered professional staff.

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. Data or notifications were consistently submitted to external organisations as required.

Requires Improvement

Diagnostic and screening services

Staff had now completed mandatory training on information governance. The centralised booking system and internal website worked effectively.

The service had a confidentiality policy which provided information on how staff should store and dispose of confidential information and what confidentiality measures were in place such as ensuring paper documents were stored and locked away appropriately.

The service had robust arrangements for the confidentiality of women's identifiable information. USB's (Universal Serial Bus) were used to transfer data from the scanning machine to the computer to allow transfer of the images. The registered manager told us that once images were uploaded, the USB's content was deleted. There were appropriate security firewalls to protect users when scan images were emailed to women.

The computer on the reception desk and the scanning machine which contained confidential information were password protected. records retention policy and confidentiality policy.

The manager was aware of the requirements to send statutory notifications to the CQC when required, however they did not have access to the portal despite being provided with instructions on how to resolve this.

Engagement

Leaders and staff actively and openly engaged with women. They collaborated with organisations to help improve services for women.

Staff communicated with each other between scans being completed and in weekly staff meetings.

The service received feedback from women and families via social media platforms or in person. We saw positive examples of feedback that was consistent with comments made by clients at the previous inspection. Service users could now leave written feedback at the location or on the website.

The service maintained regular contact with local NHS providers to ensure referral pathways were in place for women who needed them.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The service must ensure it has robust processes to confirm persons employed are of good character, including references from previous/current roles. Regulation 19(1)(a).