

Hey Baby 4D London SW Ltd

Hey Baby 4D London SW

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

Summary of findings

Our judgements about each of the main services

Service

Diagnostic and screening services

Rating

Good



Summary of each main service

We had not previously rated this location. We rated it as good because:

- The service provided training in key skills to all staff and made sure everyone completed it. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service also managed patient safety incidents well.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff also supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care promptly.
- 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 patients and staff. Leaders and teams also used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

However:

Summary of findings

- The service did not have a fire marshal in post. On inspection we identified that fire extinguishers were placed in the incorrect holders for their use (the CO2 extinguisher was in the place of the foam extinguisher, and vice versa).
 - The service did not have a designated early pregnancy unit identified as the nearest for emergency transfers.
 - The service did not had a specified vision for what it wanted to achieve or an explicit strategy to turn a vision into action.
-

Summary of findings

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Summary of this inspection

Background to Hey Baby 4D London SW

Hey Baby 4D London SW is operated by Hey Baby 4D London SW Ltd and was founded in June 2020. It is a private clinic that primarily serves the communities of South West London however it also accepts pregnant people from outside this area. The service provides ultrasound scans for reassurance or gender determination, and provides non-invasive pregnancy tests (NIPT) which predominantly screens for genetic disorders or complications.

Facilities at the Centre include an ultrasound and clinic room and a number of waiting areas for patients.

The clinic has had a registered manager in post since April 2020. This is the service's first inspection since their registration with CQC.

How we carried out this inspection

This inspection was carried out by one CQC Inspector and a specialist advisor.

The inspection was unannounced and carried out over one day. During the inspection the team:

- visited the service and inspected the environment.
- spoke with the Registered Manager (managing director).
- spoke with two other members of staff (ultrasound technician and administration lead)
- spoke to two patients who attended appointments there (carried out post inspection).
- reviewed three patient records.
- looked at a range of policies, procedures and other documents relating to the running 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 provider **SHOULD** take to improve

- The service should review the availability of emergency equipment in the event of an evacuation.
- The service should identify a designated early pregnancy unit identified in case of need the emergency transfer of patients.
- The service should consider developing a vision for what they want to achieve and a strategy to turn this vision into action.






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

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

Are Diagnostic and screening services safe?

Good 

Safe had not previously been rated. 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. Mandatory training was undertaken via an online training system. We reviewed mandatory training records on inspection and found staff were up to date.

The mandatory training was comprehensive and met the needs of patients and the service. Mandatory training modules provided to staff included Basic Life Support (BLS), Safeguarding, Lone Working, Risk Management, Equality and Diversity, Fire Safety, and Information Governance.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff stated they were informed when they needed to attend and update their mandatory training.

Safeguarding

Staff understood how to protect patients 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. All clinical and administrative staff completed the appropriate level of adult and child safeguarding training in line with national guidance.

Hey Baby 4D London SW did not provide services for young people under the age of 18. However staff stated that young people may accompany patients to appointments, and staff had received appropriate training in identifying safeguarding risks related to children and young people.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with were familiar with the safeguarding process and stated that they knew how to report an issue.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Diagnostic and screening services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service was able to give examples of when safeguarding concerns had been raised and how the situation had been managed in line with policy.

The service also had a process which supported victims of domestic violence to safely alert staff without raising suspicion or putting themselves at risk.

Cleanliness, infection control and hygiene

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

Clinical and non-clinical areas were clean and had suitable furnishings which were clean and well-maintained. We inspected communal areas as well as the clinic room and found them to be visibly clean.

Clinical equipment was appropriately cleaned after patient contact and checked daily in line with national guidance. We observed ultrasound transducers being cleaned after each probe and the clinic room being cleaned between appointments.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed cleaning logs on site which showed that cleaning of public areas were completed with daily and weekly checklists.

Staff followed infection control principles including the use of personal protective equipment (PPE). All clinical staff on inspection were bare below the elbows and cleaned their hands between patient contacts.

Visitors arriving for appointments were asked to sanitise their hands on arrival, and were asked to complete a healthcare questionnaire on if they had any symptoms of, or tested positive for, COVID. The service had also completed a COVID risk assessment to monitor potential risks to the service.

Environment and Equipment

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

The design of the environment followed national guidance. The layout of communal and clinical areas was in line with health building notes guidance. The clinic room had appropriate space for examination and scanning, and there were handwashing stations for clinical staff to use between appointments.

Staff carried out daily safety checks of specialist equipment. The managers maintained equipment maintenance logs to monitor when it was last maintained and calibrated. The service had agreements with providers to maintain and risk assess equipment regularly. We observed that all equipment was within its period of maintenance date and had been recently safety checked.

All clinical staff had received training on use of equipment. Staff completed training modules in safe use of equipment and competency evaluation for using equipment formed part of the induction process.

Clinical areas that had medical equipment had measures in place for their safe use, in line with legal requirements and best practice for equipment safety. There was clear signage showing where equipment may be a risk to patients, and when that equipment was in use.

Diagnostic and screening services

Staff disposed of clinical waste safely. The service had a waste management policy, and waste was segregated with separate arrangements for general waste and clinical waste. Sharps equipment, such as needles, were disposed of correctly in line with national guidance.

Review of staff meeting minutes identified environmental and equipment issues were raised in these meetings, to be discussed and addressed.

The service had adapted the environment to respond to the risk presented by COVID-19. The reception desk and reception area had improved protection for reception staff, and visitors were asked to sanitise their hands on arrival.

The service had suitable facilities to meet the needs of patients' families. Families could accompany patients on visits and were able to wait in communal areas or accompany patients to their consultation. We reviewed patient information leaflets which provided information for family members.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff completed risk assessments for each patient on arrival and reviewed the suitability of this regularly. Patients completed a pre-appointment screening questionnaire to identify any potential patient risks.

Staff knew about and dealt with any specific risk issues. Training modules were completed annually by staff including recognising emergencies. Training included staff being able to demonstrate knowledge of how to activate an emergency call and locate emergency equipment. The service stated that if there was a life-threatening emergency for a patient, the policy guided staff to call emergency services.

Where a risk to pregnancy was identified in an obstetric scan (or where an anomaly was detected from scan) patients would be directed to or transferred to a nearby early pregnancy unit at an acute provider. The service also had an information pamphlet addressing frequently asked questions in the event of concerns identified in scans.

Where patients were directed to an early pregnancy unit, the service had stickers and pamphlets for each early pregnancy unit within their region. The process for managing patients at risk or deteriorating patients was clearly outlined in the deteriorating patient policy. However the service did not currently have a designated early pregnancy unit identified for emergency transfers. The managing director stated that this had been investigated when the service was opening but hospitals would not agree at the time to accept direct referrals from private clinics.

The service had adapted the delivery of care to respond to the risk presented by COVID-19. Newly referred patients completed a COVID-19 basic health check questionnaire which screened for patients who may be symptomatic or been exposed to COVID-19. Patients that were identified as symptomatic would have their appointments rebooked for a later date.

Patient records included measurements for monitoring the progress of the patient as well as foetal wellbeing. This included foetal growth charts and measurements for the foetus at the current stage of development.

To avoid higher doses of ultrasound frequency, the service practiced ALARA (as low as reasonably achievable). ALARA means ensuring avoiding exposure to ultrasound frequency for patients that does not have a direct benefit. Clinical staff we spoke to were familiar with ALARA and ensuring it was embedded in practice with patients.

Diagnostic and screening services

Staff shared key information to keep patients safe when handing over their care to others. Outcomes from scans were shared directly with patients and with other relevant healthcare professionals involved with patients if needed.

We saw evidence of the Control of Substances Hazardous to Health (COSHH) risk assessment for the service had been completed. The COSHH assessment outlined the risk involved and measures to mitigate the risks and actions to take in the event of an accidental spillage.

The service had an emergency evacuation policy in place. The service did not have a fire marshal in post. On inspection we identified that fire extinguishers were placed in the incorrect holders for their use (the CO2 extinguisher was in the place of the foam extinguisher, and vice versa).

The service provided phlebotomy appointments for some patients. On inspection we identified that while there were risk assessments for non-invasive prenatal testing (NIPT), the service did not have risk assessments for phlebotomy appointments. Following inspection the service provided evidence that phlebotomy had been risk assessed.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction.

The service had enough technicians and support staff to keep patients safe. We viewed evidence of staffing rotas on site and found staff were consistently allocated to meet the needs of the service. Staff levels were planned and reflected demand on the service and known treatment support needs.

Each clinical staff member had a contract to work with the service. This included agreement in regard to working hours with the service, mandatory training, professional accreditation, and completion of checks with the Disclosure and Barring Service (DBS). The managing director had overall responsibility for reviewing staff fitness to practice with the service, and provided evidence on inspection of carrying out this duty.

Managers calculated and reviewed the number and experience of sonographers needed for each shift in accordance with best practice. We spoke with staff with responsibility for managing staff rotas who stated there was not difficulty in allocating staff and the service was able to have the right skill mix on shifts.

The centre had access to a 'bank' of regular sonographers that could be called upon when required, so did not use agency staff who were unfamiliar with the provider. The managing director and regular clinical staff were positive about the experience and teamwork with bank sonographers.

The service gave sonographers the opportunity to provide feedback and ideas on changes to the service. Sonographers we spoke with felt they could bring issues to the managing director.

Patients we spoke with were positive about the treatment they received from clinical staff. Parents stated that sonographers were supportive and patient-centred in appointments, and stated they were quickly available to answer any questions or address any issues they raised.

Diagnostic and screening services

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and clinical staff could access them through personal logins. The centre used a mixture of an electronic patient record system (EPRS) and some paper records if needed. The EPRS was used to store all of the patients records and any paper records were scanned onto the electronic record. Diagnostic data was also stored electronically, and patients also received a bespoke physical copy of scans.

Patients could access their record when requested, and the service could also provide information to other healthcare professionals involved in their care. Clinicians could also share the EPRS with the acute providers if needed, so information on patients using multiple sites could be easily transferred. " Clinicians could also share a secure link to the examination content with the acute provider if needed.

Medicines

The service did not hold any medications on site.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The service had an incident reporting and investigation policy, which staff we spoke to were aware of. This outlined staff responsibilities around incidents and how to report them.

Staff received feedback from investigation of incidents, both internal and external to the service. We reviewed minutes of team meetings which evidenced discussion of incidents. Staff we spoke with stated they had an opportunity to discuss feedback from incident investigations and that actions were taken to make improvements to patient care.

Staff reported incidents clearly and in line with the provider policy. The service had no serious incidents reported.

Staff understood the duty of candour. The incident policy included support for patients and their families to be involved in incident investigations if requested and the service had a duty of candour policy.

Are Diagnostic and screening services effective?

Inspected but not rated 

Effective had not previously been rated. For diagnostic imaging we do not rate Effective.

Diagnostic and screening services

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service monitored the latest guidance to ensure policies and procedures were up-to-date. The service monitored compliance with latest guidance such as National Institute for Health and Care Excellence (NICE). Policies on the system we reviewed were current and version-controlled.

Hey Baby 4D London SW is franchised from Hey Baby 4D Ltd. Hey Baby 4D Ltd is a network of private ultrasound clinics specialising in obstetric scans. Hey Baby 4D London SW had access to the procedures and policies of the national provider, which also provided oversight for disseminating new guidance and reviewing policies. Policies were adapted and tailored by the managing director to reflect the location.

Nutrition and hydration

Staff gave patients enough refreshments to meet their needs. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients were offered refreshments when arriving for appointments, and refreshments were visible in communal areas. Patients we spoke with stated they were offered refreshments when they arrived.

Pain Relief

Staff assessed and monitored patients regularly to see if they were in any pain or discomfort

Staff stated that the service also did not hold any controlled medicines, and any complex cases of pain management would be referred to the larger acute location for the provider.

Patient Outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

The service did not participate in recognised clinical audits as there were insufficient patient numbers to participate, or treatments provided that are part of national clinical audits.

Outcomes for patients and quality of delivery were monitored using an audit template provided by the franchise partner (which had been adapted for local use). The service also used the British Medical Ultrasound Society for peer review of images. Managers and staff used any results from these audit tools to improve service delivery.

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

The service gave all new staff an induction tailored to their role. Staff completed a comprehensive competency framework as part of induction, which included signoff of mandatory training. The managing director also stated new starters would have a period of shadowing sessions before starting substantively.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff also had a monthly one to one with the managing director as part of their supervision which included discussions on personal development. Staff we spoke with stated they felt supported in their professional development.

Diagnostic and screening services

Managers made sure staff attended team and governance meetings or had access to full notes when they could not attend. Meetings were minuted with action points for staff who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The managing director and lead sonographer supported the learning and development needs of staff.

Multidisciplinary Working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective team meetings to discuss patients and improve their care. Staff held meetings to discuss service delivery and any issues of quality and safety were escalated appropriately.

Staff we spoke with were very positive about the working culture. Staff stated they felt well supported by the manager and by colleagues, and that there was a well developed atmosphere of teamworking. Patients we spoke with stated that they felt staff worked well together.

The manager stated there was peer support across the Hey Baby 4D network of registered managers. The manager stated they could access support and advice from other locations in Watford, Southend, Tunbridge Wells, and Enfield.

Seven-day services

Key services were available to support timely patient care.

The service was open six days a week: Thursday to Tuesday and closed on Wednesdays. The service have varying opening hours on open days to allow for early and late appointments throughout the week. Out of these hours if patients had concerns they would be encouraged to contact their primary care provider or emergency services if needed.

Health Promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support for patients. Patient information leaflets included answers to frequently asked questions, care advice for patients, and useful signposts for further information. Patients we spoke to were positive about the quality of information they received regarding their appointment.

Consent

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had a consent policy which was in date and was compliant with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation. The policy set out staff responsibilities for seeking and obtaining informed consent, including the type of consent (verbal or written) needed for procedures undertaken at the centre.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and staff clearly recorded consent in the patients' records. Patients could complete forms online through email, which were then checked along with the patient name on arrival for appointments. We viewed examples of the consent form on inspection and found they included necessary information for patient consent.

Diagnostic and screening services

Staff made sure patients consented to treatment based on all the information available. Consent forms were provided with comprehensive information on the scan and what to expect from appointments.

Are Diagnostic and screening services caring?

Good 

Caring had not previously been rated. We rated it as good.

Compassionate Care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed all staff were caring and compassionate in interactions with patients. Staff treated patients with kindness, dignity, and respect, and interacted in a positive, professional, and informative manner.

Patients said staff treated them well and with kindness. We spoke with two patients on inspection who stated staff were very friendly, kind, and considerate throughout their appointment. Following inspection we reviewed evidence of online reviews by patients, as well as emails and messages sent privately to the clinic, that were positive about the quality of treatment received and the care delivered by the staff.

Hey Baby 4D London SW had appointed a member of staff as the customer care manager to monitor patient satisfaction and respond to patient needs. Patients we spoke with felt their care would be well monitored post-appointment and felt they could raise any concerns to the service if they needed to.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients we spoke to felt their individual needs had been well met and that the care they received was person centred.

Emotional Support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients we spoke with felt they had been well supported throughout their treatment, and felt able to ask questions as and when they needed.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We observed staff speaking empathetically with patients on inspection, and patient feedback was reviewed as part of quality and governance meetings.

Staff stated that they had utilised the experience of the lead sonographer to provide coaching to staff on how to deliver difficult news to patients. Staff stated that this had been useful and allowed the service to provide additional emotional support for those using the service.

Diagnostic and screening services

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Information leaflets and consent forms provided comprehensive information on the scans and what to expect when visiting the service. We also found patient information leaflets and the information on the website was readable and easy to access.

Patients and their families could give feedback online on the service and their treatment. The service also asked patients for feedback post appointment. Patients gave consistently positive feedback about the service. The service manager and customer care manager collected, compiled and reviewed patient feedback regularly.

Comments and feedback from the patients were used to improve the service. We saw evidence that patient satisfaction and comments were reviewed in the clinical and operational meetings and recommendations from feedback put into practice.

Patients had access to chaperoning from staff if needed. The customer care manager for the service could accompany patients to appointments if requested, and we observed this being offered to patients. The service also had a notice in the communal area to inform patients of the availability of chaperoning.

Are Diagnostic and screening services responsive?

Responsive had not previously been rated. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. The service provided pregnancy scans for parents in the South West of London, and could also accept referrals from outside this area.

Facilities and premises were appropriate for the service being delivered. Toilet facilities were clean and accessible for all. The service was on the ground floor and the environment had equipped patient facilities to cater to patients with reduced mobility.

The service was easy to identify from the outside as there was clear signs for the service, which improved access for new visitors.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted and followed up with.

Diagnostic and screening services

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Patients were provided with information on their referral and the service before their appointment. This included information on the imaging, frequently asked questions, and what to expect from appointments. Patients we spoke stated they could access the information they needed.

Hey Baby 4D London SW could provide access to obstetric scans for patients between six weeks and twelve weeks of pregnancy, up to 38 weeks. The service provided screening for patient information but also for foetal wellbeing.

Patients were provided with copies of their scans for personal use or for sharing with other providers involved in their care. Where concerns were identified in scans, patient information was also shared with other providers.

The premises had accessible car parking nearby the service. Patients we spoke with said that they were aware of this amenity.

Access and Flow

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

Patients were able to self refer and organise appointments. The managing director stated some patients were also referred to monitor progesterone levels. Patients could book automatically online, as well as alter appointments if needed.

Managers monitored waiting times and made sure patients could access services when needed. The service did not have waiting times and could provide rapid access to patients needing their services.

Appointments and clinics generally ran to time, and reception staff advised patients of any delays on arrival. Patients we spoke with said they were seen on time.

The service worked to keep the number of cancelled appointments to a minimum. The service could access a bank of regular staff if needed to mitigate staff sickness or annual leave cover. If patients did have appointments cancelled at the last minute, the manager stated they would be rearranged as soon as possible.

Learning from complaints and concerns

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

Patients knew how to complain or raise concerns. Patients we spoke to stated they were confident they could raise a complaint to the service and that it would be taken seriously.

The service displayed information about how to raise complaints. We observed complaints information available in the main communal areas. It was also possible to raise complaints through the service website.

Staff understood the policy on complaints and knew how to handle them. The service had a system for handling complaints and concerns and followed the organisation's complaints policy. We reviewed this policy and process and found it to be in date and in line with national guidance.

Diagnostic and screening services

The service investigated complaints and identified themes. The manager led on investigating complaints, supported by the clinicians if there was need for clinical input and depending on the nature of the complaint. We reviewed the governance meeting minutes on inspection and found complaints were discussed in these meetings.

Staff knew how to acknowledge complaints and patients received feedback from the managing director after the investigation into their complaint. Complaints were acknowledged within 48 hours and responded to usually within a week.

Are Diagnostic and screening services well-led?

Good 

Well-led had not previously been rated. 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 patients and staff. They supported staff to develop their skills and take on more senior roles.

The service had a lead sonographer who provided clinical advise and support to the managing director. While this was not an official role (and other sonographers worked with the service), the managing director stated that the experience and input of the lead sonographer was valuable in running the service.

The managing director had meetings with the managing director of Hey Baby 4D when required. The managing director stated that she felt supported by this resource and could raise any issues with the overall provided if needed.

Staff we spoke with talked positively about the leadership for the service. Staff said the manager was understanding, supportive and invested in developing their staff. Staff also stated that service leaders were visible around the service and were approachable if staff needed anything.

There was clear lines of leadership. Staff knew their reporting responsibilities and who issues needed to be escalated to. Staff stated they felt comfortable bringing issues to the manager and felt they would be taken seriously.

The service was committed to developing their leaders. On inspection the service provided evidence of courses that manager attended with support from the organisation.

Vision and Strategy

The service did not had a specified vision for what it wanted to achieve and a strategy to turn it into action.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff said they felt supported, respected and valued. Staff told us they were happy to work for the service and enjoyed their work. There was a strong emphasis on the safety and well-being of staff.

Diagnostic and screening services

Staff worked in a collaborative and cooperative team. The service had a culture which was centred on the needs and experience of people who use services and had robust mechanisms to gain patient feedback and improve services.

The services' culture encouraged openness and honesty, including with people who use services, in response to incidents and complaints. Staff were supported to raise concerns and stated that they felt they would be listened to. The service also had a whistleblowing policy which outlined how staff could speak up.

The service had a service values poster on the wall in the communal area. The values of the provider were Fair, Family Orientated, Fun, and Friendly.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had effective levels of governance and management structures. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

The franchisor organised registered manager forums every two months that were open to the register managers of all associated clinics.

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.

The service had assurance systems in place to monitor safety performance. Risks were regularly discussed and reviewed in team meetings.

The service had a programme of clinical and internal audit to monitor quality and compliance with operational processes. The service used a template for auditing that was provided by the overall franchise partner for the service. Managers stated that if results fell below expectations the service developed plans to address the issues and the learning and actions were shared with the team through operational meetings.

The service had processes for auditing image quality and reviewing performance of sonographers. The managing director stated that the franchise partner provided support through quality assurance sonographers when the service was being set up.

The service had robust arrangements for identifying, recording and managing risks. The service had team meetings which included governance where the risk register was a standard agenda item.

Risks on the risk assessment register had mitigating actions and controls to reduce their impact. We reviewed the risk assessments following inspection and found it considered mitigating actions and controls. We also found there was alignment between the recorded risks and what staff identified as the main issues on inspection.

Diagnostic and screening services

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in 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.

The service had a holistic understanding of performance. This used people's experiences of care to improve service delivery. This was evidenced through minutes from team meetings we viewed and responses to patient feedback.

The information systems were integrated and secure. The service had robust arrangements to ensure confidentiality of identifiable data and patient records in line with data security standards.

Staff had access to an electronic patient record system, which was restricted to individuals by their own login. Reception staff also had access to patient information and scheduling. Staff completed and were up-to-date with their information governance training.

The service had effective data and notifications arrangements to ensure they were consistently submitting notifications to external organisations as required (for example, notifications to the Care Quality Commission).

Engagement

Staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service provided staff information through emails and in team meetings. This included feedback from patients, information on areas for learning based on reviews of performance, risks identified for the service, staff acknowledgements and awards, and other areas of quality and performance.