Before We Meet Limited

Before We Meet Ltd

Inspection report

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Sunderland
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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?	Requires Improvement

Summary of findings

Overall summary

We rated this service as good because:

• The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well.

• Staff provided good care and treatment. The manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, supported them to make decisions about their care, and had access to good information.

• The service had a visible, person-centred culture. Staff were highly motivated and passionate. Staff treated women with compassion and kindness. They respected their privacy and dignity, took account of their individual needs. They provided dedicated and personalised emotional support to women and their visitors.

• The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for their results. The service was accessible for people with restricted mobility.

• The manager ran services well and supported staff to develop their skills. 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 staff were committed to improving services.

However:

- The service did not always have a valid Disclosure and Barring Service (DBS) for staff.
- The service did not always complete pre-employment checks, including employment history and references for staff.
- The safeguarding policy did not have the contact number for the safeguarding lead.
- Policies were not always version controlled or reflective of current the current operation.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	We rated this service as good because it was safe, caring and responsive, although well led requires improvement. We do not rate the effective domain in diagnostic and screening services. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Before We Meet Ltd

The Before We Meet service at Sunderland is operated by Before We Meet Limited. The clinic opened in 2019 and provides private ultrasound services to self-funding women who are over the age of 18 and more than six weeks pregnant. Ultrasound scans are separate from NHS standard care pathways.

The service offers an early pregnancy scan, a 2D reassurance scan, a gender scan and a 4D scan.

The service has a registered manager in post.

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

We have not inspected this service before.

How we carried out this inspection

The inspection team comprised of two CQC inspectors and an offsite CQC inspection manager. We gave the service short notice of the inspection because we needed to be sure it would be in operation at the time we planned to visit.

We spoke with two members of staff including a receptionist and the registered manager who was also the midwife sonographer. We spoke with six women who had used the service and reviewed feedback on website platforms and social media. We reviewed a range of policies, procedures and other documents relating to the running of the service including consent, scan reports and employee records. We reviewed the appointment system.

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 that all staff have a valid Disclosure and Barring Service Certificate. Regulation 19(1)(a).
- The service must have an effective recruitment process to meet the CQC regulation requirements in employing fit and proper persons to carry out the regulated activities. Regulation 19(1)(a)(b)(c)(2).

Action the service SHOULD take to improve:

- The service should have hand washing facilities in the sonography room.
- The service should ensure the safeguarding lead contact details are included in the safeguarding policy.
- The service should consider displaying domestic abuse posters.

Summary of this inspection

- The service should consider collecting additional information, such as past medical history, at the time of booking.

The service should ensure guidance within all local policies is applicable, accurate and relevant to the service.

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	Requires Improvement	Good
Overall	Good	Inspected but not rated	Good	Good	Requires Improvement	Good

Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good

Mandatory training

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

The mandatory training was comprehensive and met the needs of women using the service and the staff.

The service had an employee training policy, and training requirements were identified based on the needs of each staff role.

The registered manager monitored mandatory training and alerted staff when they needed to update their training. The registered manager recorded staff training completion on a matrix, and this was checked as part of monthly audits. The manager kept certificates of employee training on file. We observed a file which showed all staff were compliant with mandatory training modules, for example infection control and safeguarding.

The manager provided additional training when required. The training consisted of a review of policy and procedural updates, scenario examples of good practice, areas for improvement and discussions. Staff told us they had protected time to review related policies.

The staff completed training on recognising and responding to patients with mental health needs, this included the Mental Capacity Act. The registered manager told us that sonography staff had some training delivered externally by the National Health Service (NHS). The registered manager had oversight on when this training was due to be renewed. We saw that mandatory training was at 100%.

Safeguarding

Staff understood how to protect women from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific to their role on how to recognise and report abuse. Receptionists received level 2 safeguarding adults and children training, and sonographers received level 3 safeguarding adults and children training. Staff we spoke with were able to confirm the safeguarding lead for the service and knew how to escalate concerns. However, the policy did not include the contact details for the safeguarding lead.

Good

Diagnostic and screening services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and were aware of other agencies to contact. Staff we spoke with were able to describe how to make a safeguarding referral to the local authority. The service had policies for safeguarding adults and children for staff to follow, which included the local authority safeguarding details.

The service had a separate female genital mutilation policy (FGM) and staff were aware of the legal requirement for regulated healthcare professionals to report FGM directly to police.

At the time of inspection, the service did not display any safeguarding information within the premises. Following our visit, the service rectified this immediately and displayed information regarding safeguarding from abuse in the toilets, with contact information.

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.

All the clinical areas were clean and had suitable furnishings which were clean and well-maintained.

We observed staff cleaning equipment, the clinic room and waiting areas after patient contact and in-between service users. The appointment booking system was designed to allow time for staff to complete, record, and clean areas and equipment in-between scans.

Cleaning records were up-to-date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly to address the additional risks presented by COVID-19. The service completed audits to quality assure that the cleaning schedules for daily cleans and weekly deep cleans were adhered to. We observed service users being asked to sanitise their hands and were encouraged to wear a mask during their visit to the clinic.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff following appropriate COVID-19 infection control procedures such as hand sanitisation gel, use of PPE and social distancing.

Women were provided with information about COVID-19 restrictions at the time of booking and a declaration was completed for woman visiting the clinic which covered symptoms or known exposure and the COVID-19 status was recorded. Staff continued to perform lateral flow tests in line with national guidance at the time.

The service did not have hand washing facilities in the sonography room, and we did not see the sonographer wash their hands with soap and water. However, there was sanitising hand gel in the scan room for sonography staff to decontaminate their hands following scans.

Environment and equipment

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

The registered manager ensured the maintenance, service and timely repair of the ultrasound scanning machine. The ultrasound machine was pre-set complying with the ‘as low as reasonably achievable’ principles (ALARA). The sonography staff carried out daily safety checks on the ultrasound machine.

Good

Diagnostic and screening services

The service had suitable facilities to meet the needs of women's families. The service had a first aid policy and a first aid kit. However, the contents of the first aid box did not align with the contents listed in the policy, for example there were no eye washouts.

The service had enough suitable equipment to safely care for women. Staff followed a clear process to report faults or low equipment stock, and the registered manager had oversight on this. All electrical equipment had been safety tested within the last 12 months.

Staff disposed of waste safely.

Assessing and responding to patient risk

Staff did not always complete and update risk assessments for women. However, staff knew what to do and acted quickly when there was an emergency.

Staff did not complete risk assessments for women using the service. The service did not routinely collect and document additional information that would form part of a risk assessment, for example past medical history or allergies. However, following the inspection the registered manager immediately improved the booking form to allow space to record women's past medical history and other information.

Women were verbally asked to share their estimated foetus' gestational age, date of last period and/or estimated due date. Sonographers asked further health questions before commencing the scan and check the reason for the scan. However, not all answers were not routinely recorded.

Staff responded promptly to any immediate risks to women's health. The service had clear guidance for sonographers to follow if they identified unexpected results during a scan. Staff we spoke with were able to give examples of redirecting women who were experiencing bleeding or pain to local NHS services.

Staff completed fire, health, and safety mandatory training. The service carried out regular fire alarm tests and drills which instructed staff how to walk through the fire evacuation process.

The service asked women to complete a health declaration for COVID-19.

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 manager regularly reviewed staffing levels.

The service had enough staff to keep women safe. The manager planned staffing levels to meet the demands on the service, measured by the number of bookings made in advance. The service required each shift to have a sonographer and a receptionist as a minimum.

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

Records

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

Good

Diagnostic and screening services

The service kept a diary for scan bookings. Records were paper based. Scan results and consent forms were printed and stored securely, and staff updated records if a referral had been made.

We observed staff maintaining the confidentiality of women. They ensured printed confidential information was not left unattended and ensured conversations were discreet by only allowing one family in at a time.

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

However, records did not always have details of women's past medical history or previous.

Incidents

The service managed safety incidents well. Staff knew how to report incidents and near misses. The manager knew how to investigate incidents and share lessons learned with the team. When things went wrong, staff apologised and gave women honest information and suitable support. The manager ensured that actions from safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The service had an incident reporting policy and staff told us how they worked within this. There had been no recent reportable incidents or accidents and staff explained how they would report such an event. The manager demonstrated clear knowledge of reporting, investigating and learning processes.

The registered manager had a process to feedback outcomes from investigations of incidents using team meetings and peer reviews.

We spoke with staff who said they regularly met to discuss the feedback from service users and look at improvements to patient care.

Although the service told us they had a duty of candour policy, this was not provided to us for review. However, staff understood the principles of duty of candour and could describe how to apply them.

Are Diagnostic and screening services effective?

Inspected but not rated

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. The registered manager checked to make sure staff had read updated guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Staff regularly review guidance and alerts from the National Institute for Health and Care Excellence (NICE), the British Medical Ultrasound Society (BMUS) and the Society and College of Radiographers (SCoR). This meant care was in line with the latest understanding of best practice. The service subscribed to the BMUS as low as reasonably achievable (ALARA) protocols. This meant sonographers used the lowest possible output power and shortest scan times possible consistent with achieving the required results.

Staff documented their review and understanding of new policies and guidance, this was monitored by the registered manager who had oversight of a training matrix.

Nutrition and hydration

The service gave women appropriate information about drinking extra fluids and attend with a full bladder before trans-abdominal ultrasound scans to ensure the sonographer could gain effective ultrasound scan images.

The service provided additional water during the appointment for women and their visitors.

Pain relief

The service did not undertake pain assessments. However, staff proactively asked women about pain and discomfort and stopped scans if women reported unusual pain.

Patient outcomes

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

The registered manager had overall responsibility for measuring the quality and safety of the service and monitoring trends in performance.

The service had started using the British Medical Ultrasound Society (BMUS) audit tool to complete peer reviews for sonographer's scans to ensure the accuracy and quality of scan images and videos. Sonographers benefited from peer reviews especially when suggested comments or areas for improvements were given. This ensured consistency when measuring sonographer's performance and was in line with British Medical Ultrasound Society (BMUS) guidance.

Competent staff

The service made sure staff were competent for their roles. The manager 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. Sonographers were required to maintain registration with the Health and Care Professions Council (HCPC).

The registered manager gave all new staff a full induction tailored to their role before they started work. Inductions were tailored to people's role and professional circumstances. Sonographers who also worked in the NHS received an induction to ensure they were familiar with differences in procedures.

Good

Diagnostic and screening services

The registered manager identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Staff had annual appraisals and the registered manager was able to describe the process for performance management.

The service did not have an identified clinical lead in place however, following the inspection the registered manager had identified a clinical lead for the service.

Multidisciplinary working

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

We observed active communication and supportive working practices between reception staff and the sonographer to provide care for women.

The clinic had well-established relationships with local NHS services, including early pregnancy units. Sonographers used referral pathways to ensure women received timely on-going care, such as when they identified foetal abnormalities or a miscarriage. Sonographers documented all instances of referrals.

Seven-day services

Services were available to support timely patient care and was open two days during the week and at weekends.

The service did not provide emergency care and treatment.

The appointment times were flexible to accommodate women. Service users made appointments by calling the service, the service did not have an online booking system.

Sonographers provided women and their partners with out of hours contact information for maternity and early pregnancy services at their local NHS hospitals. This meant patients always knew who to contact if they needed urgent care when the clinic was closed.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent.

The sonographers had received Mental Capacity Act training. Staff understood how and when to assess whether a woman had the capacity to make decisions about their care and knew who to contact for advice.

Staff gained verbal consent from women for their care and treatment in line with legislation and guidance. We saw staff explain the ultrasound scanning procedure to women, however this was not included in the written consent forms. Following the inspection, the registered manager had updated the consent form to include this information.

Good

Diagnostic and screening services

Are Diagnostic and screening services caring?

Good

Compassionate care

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

Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way. We observed sonographers delivering compassionate care to women, and their visitors.

Women said staff treated them well and with kindness. Women we spoke with all gave positive feedback such as "would recommend" and "amazing service". Feedback from social media confirmed that staff were "very friendly" and "knowledgeable and explained everything well", "kind and compassionate in the delivery of bad news".

Staff took time to interact with women and those close to them in a respectful and considerate way. We observed reception staff welcoming women and those accompanying them warmly and with compassion. Sonographers introduced themselves and receptionist by name when they greeted people. We observed the sonographer adapt their language when explaining what the scan was showing, and getting excited with the expectant mothers, for example the sonographer pointed out unborn baby's facial features and made the service user laugh by describing the baby as 'striking a pose'.

Staff followed policy to keep patient care and treatment confidential. Staff demonstrated attention to detail when ensuring privacy and dignity of women and those accompanying them. For example, the service ensured that only one group of clients were on the premises at any time. Staff carried out conversations about scan results in private and gave people time to understand information.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. Staff gave examples of providing compassionate care to women who had undergone fertility treatment and had previous miscarriages.

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it.

Staff we spoke with had completed training on breaking bad news and demonstrated empathy when having difficult conversations. We observed the sonographer demonstrating empathy when breaking bad news.

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. Staff demonstrated the need for sensitivity, individualised communication and good listening skills.

Good

Diagnostic and screening services

Staff were conscious of the emotional needs for women attending scans and purposely allowed only one family in the clinic at any time. This ensured there was no cross over of women attending the scans for different reasons.

Staff supported women who became distressed in the clinic and helped them maintain their privacy and dignity by offering them an alternative exit.

Understanding and involvement of women and those close to them

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

The service made sure women understood their treatment by providing clear information about scan options and costs on the website. They were supported to make informed decisions about their care and were guided to choose the right scan depending on the stage of their pregnancy.

Staff took time to verbally explain the scan procedure scans to women and gave them time to understand the information and ask any questions.

The service benefited from one large wall mounted monitor so that women and visitors could view the ultrasound images at the same time.

The service provided opportunities for woman to choose who they wanted in the scan room during gender reveals. For example, one woman we spoke with said they did not want to know the gender of the baby and the sonographer wrote the gender down on a piece of paper in an envelope for the woman to give to family for a gender reveal party. We observed the sonographer turning off the large monitor to protect the gender of the baby being revealed.

Staff supported onward referrals to early pregnancy assessment units (EPAU) or NHS hospitals when scan results indicated abnormalities or other unexpected results. This ensured women did not leave the clinic without fully understanding where they would receive help and support going forward.

Women could give feedback on the service and were supported to do this. There were feedback forms in reception and a verbal prompt by the sonographer to leave reviews on social media.

Are Diagnostic and screening services responsive?

Good

Service delivery to meet the needs of local people

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

The manager planned and organised services so they met the changing needs of the local population. The service operated flexible opening times to meet the needs of women's working patterns and hours.

Facilities and premises were appropriate for the services being delivered. The service had free parking and the service was on one level allowing for wheelchair access.

Good

Diagnostic and screening services

The manager monitored and took action to minimise missed appointments. Women we spoke to told us staff offered flexibility in short notice rebooking in some circumstances. The service did not proactively contact women who did not attend their appointment, the registered manager told us this was because it might be upsetting for the women.

Meeting people's individual needs

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

All staff completed equality and diversity training that helped them deliver care in line with the service's diversity policy. This ensured people with protected characteristics defined by the Equality Act (2010) received care free from prejudice.

The service offered women a range of baby keepsake and souvenir options, which could be purchased from reception.

The service provided early scans for women. The service was able to safely meet demand with flexible hours which helped women to access scans and reduce worry.

Staff had access to communication aids, such as google translate, to help women become partners in their care and treatment.

The service had use of a large free car park and there was wheelchair access to the clinic.

The booking form did not offer the opportunity for women to declare their need to any reasonable adjustments to support them at their appointment. Following the inspection, the service has updated their booking form which included past medical history and additional information.

Access and flow

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

The service facilitated next day appointments where possible. The service did not overbook clinics and did not operate a waiting list. Staff ensured there was time between scans for cleaning and rescanning, such as if a baby was not in the optimum position for a clear image. This kept delays and waiting times to a minimum.

We were told if a sonographer could not obtain a clear image during a scan due to the position of baby, staff encouraged women to take a walk and have a drink. The appointment structure meant a rescan could take place quickly. If a sonographer could not obtain a clear image during the visit, the woman was offered a rescan at a later date.

The sonographers provided results quickly and made these available to women and their families immediately.

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 encouraged woman to raise complaints or provide feedback via social media, telephone, in person or by email.

Good

Diagnostic and screening services

Women and those accompanying them knew how to complain or raise concerns. They could speak with staff, including the manager, on request.

The service clearly displayed information about how to raise a concern in the reception area where women and their visitors waited. Staff provided complaint forms.

Staff understood the policy on complaints and knew how to handle them. Staff undertook training in complaints handling and resolved minor issues at the time they were raised.

Staff knew how to acknowledge complaints and women received feedback from the manager after the investigation into their complaint. The manager shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints was shared with staff in team meetings or during supervision.

Staff could give examples of how they used patient feedback to improve practice.

The provider's complaints policy included clear escalation for women to follow if they were dissatisfied with the outcome.

Are Diagnostic and screening services well-led?

Requires Improvement

Leadership

The manager 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. They supported staff to develop their skills.

The registered manager held overall responsibility for the leadership of the clinic.

They managed the service effectively during the COVID-19 pandemic and ensured the safety of women attending for ultrasound scans. They understood the operational challenges such as rearranging clinics to accommodate social distancing. They also introduced additional cleaning policies and processes to address infection risks.

During our inspection we saw visible leadership and the manager readily engaged with women and those accompanying them.

The registered manager encouraged staff development. Staff we spoke to felt confident to discuss any concerns or development needs with the registered manager.

The manager responded positively and took immediate actions as a result of the concerns we found on inspection and showed willingness to learn and improve.

Good

Diagnostic and screening services

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

The registered manager had a formal business vision and strategy. This focused on maintaining the current operational set-up.

The service had plans to increase staffing and expand the service in the future.

The service had operated during the COVID-19 pandemic and had offered additional capacity for women who could not access NHS services due to reduced availability.

Culture

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

Staff spoke positively about their roles and demonstrated pride and passion. They worked well as a team and supported each other to deliver high quality care.

The social media reviews displayed a strong emphasis of care for women. Women we spoke to told us that they felt 'cared for physically and mentally'.

The service had a freedom to speak up policy which encouraged a positive culture for staff to raise any concerns with the manager. There were clear processes for investigation and learning from concerns, as well as support for staff raising them.

Governance

The manager did not always operate effective governance processes. However, 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 manager did not maintain effective oversight on staff personnel files. We reviewed three staff files and found two DBS checks on staff members had expired. In addition, this was not in line with the services own policy.

We reviewed all the policies some of which were not version controlled and did not always reflect current operational procedures. For example, the first aid policy referenced 'medical students' and 'nursing students', the service does not have medical or nursing students.

The service did not have a clear recruitment policy. We reviewed the staff personnel files and found there were no pre-employment references checks or previous employment history.

Following the inspection, the manager took immediate action and obtained employment history and references for employees. The registered manager had applied for the DBS checks pre-inspection.

Good

Diagnostic and screening services

The manager conducted a range of clinical governance and quality assurance audits including peer reviews, as well as rescan rates and referrals.

Management of risk, issues and performance

The manager 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 an up-to-date risk register. The manager used the risk register to track and monitor known risks and had associated actions taken to mitigate risks.

The service had a lone working policy. We observed that the clinic door was routinely locked during scans and in between service user visits.

Staff had access to policies and guidance in paper format and knew how and when to refer to them.

The service held details for the local NHS services to assist when referrals needed to be made.

The manager shared quality, safety, and performance issues with staff such as staff training reminders, feedback on operational issues, updates to policies and health and safety and performance feedback.

The service had valid insurance covering both public and employer liability insurance.

The service had a business continuity plan which outlined procedures for staff to follow in the event of equipment failure, building closure or short notice staff absence.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats. Data or notifications were shared with or submitted to external organisations as required.

Most of the information was recorded on a paper. This was stored securely in a locked cabinet which staff had access to.

The service had policies and procedures in place to promote the confidential and secure processing of information held about women. The manager had a process in place for identifying women who were returning for rescans.

The service had a data protection policy and had implemented a data retention policy which outlined the purpose for processing personal data and retention periods.

There were sufficient numbers of computers, printers, and ultrasound machines in the service.

The registered manager was aware of how to submit notifications to the Care Quality Commission (CQC).

Engagement

The manager and staff actively and openly engaged with women to plan and manage services.

There were consistently high levels of constructive engagement between staff and women who used the service. The service had a social media webpage in which the manager engaged with women who had used the service.

Good

Diagnostic and screening services

The service encouraged women to provide feedback post-scan, offering a variety of formats and platforms to provide this through to suit individual needs. The manager monitored and responded appropriately to all reviews, complaints, and feedback.

We heard positive examples from reception staff describing how the manager proactively engaged with them in person and by phone. Staff were kept updated with best practice developments by the registered manager. They felt listened to and were encouraged to participate in active discussions to help improve the day to day running of the service.

Staff we spoke with had a good working relationship with the local early pregnancy assessment units (EPAU) and NHS hospital services.

Learning, continuous improvement and innovation

The staff were committed to continually learning and improving services.

The manager shared feedback from service users to staff.

The service shared positive examples of a service improvement as a result of complaints and women's feedback. For example, the service has received positive feedback about how the appointments are arranged to facilitate only one woman and her guests at a time. This was an operational change due to Covid restrictions which the service has continued.

The registered manager was a qualified midwife with an active registration with the Nursing and Midwifery Council (NMC), continuous learning is a part of the revalidation process and we saw examples of additional courses having been undertaken.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed • The service did not always ensure all staff had a valid Disclosure and Barring Service Certificate. • The service did not have an effective recruitment process to meet the CQC regulation requirements in employing fit and proper persons to carry out the regulated activities.