First Glimpse Limited

First Glimpse

Inspection report

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Date of inspection visit: 13 July 2023
Date of publication: 08/09/2023

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:

- The service had enough staff to care for service users and keep them safe. Staff had training in key skills, understood how to protect service users from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to service users, acted on them and kept good care records. The service knew how to manage safety incidents well. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the quality of the service being provided and made sure staff were competent. Staff worked well together for the benefit of service users and had access to good information.
- Staff treated service users with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their treatment. They provided emotional support to service users, their families and loved ones.
- The service planned care to meet the needs of their customers. People could access the service when they needed it and did not have to wait for their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the services' vision and values and how to apply them in their work. Staff felt respected, supported, and valued. The service was focused on the needs of the service users receiving care. Staff were clear about their roles and accountabilities. The service engaged well with service users to plan and manage services and all staff were committed to improving services.

However:

- The service did not have a hearing loop for women with hearing impairments or access to information in braille for women with sight impairments.
- Some service policies needed to be reviewed to match the specific needs of the service.

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 overall because we rated safe, caring, responsive and well led as good. 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 First Glimpse

First Glimpse provides screening pregnancy ultrasound services, including early pregnancy and gender scans to self-funding service users, who are more than eight weeks pregnant and aged 18 years and above. All ultrasound scans performed at First Glimpse are in addition to those provided through the NHS and are not diagnostic scans.

The service has 2 registered managers in post since the beginning of its activity in March 2022. The service has 2 ultrasound technicians, who are both the registered managers, and a receptionist as members of staff.

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

The service carried out 1,023 scanning procedures between July 2022 and July 2023.

All scans performed are transabdominal and non-invasive. The service did not use or store any medications.

We have not previously inspected this service.

How we carried out this inspection

Our inspection was unannounced. We inspected this service using our comprehensive inspection methodology.

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 SHOULD take to improve:

- The service should consider ways to improve communication options for people with disabilities.
- The service should continue their commitment to their service policy review plan so that service policies meet the specific needs of 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	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic and screening services

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

Is the service safe?

Good

We had not inspected this service before. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff received and kept up to date with their mandatory training.

The mandatory training programme was comprehensive and met the needs of service users and staff. Mandatory training requirements, including topics covered and frequency of training for each role were clearly identified in the mandatory training programme.

The service managers monitored mandatory training and alerted staff when they needed to update their training. The service used an online training programme to deliver the mandatory training programme. This online programme had a training matrix showing when training was completed or due to be undertaken by each staff member. We reviewed the training matrix and saw that all staff were up to date with their mandatory training with a completion rate of 100% for all training modules. Staff who were completing their induction period had been assigned to their relevant mandatory training modules.

Safeguarding

Staff understood how to protect service users from abuse and policies supported correct referral processes. 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 manager who was assigned as safeguarding lead had received level three training in children and adult safeguarding and was identified as the service's key contact for safeguard queries. They told us that should they have any questions regarding safeguarding referrals they would contact the local authority safeguard team to clarify any points.

The rest of the team had been trained to at least safeguarding training level two for adults and children.

Good

Diagnostic and screening services

Staff could give examples of how to protect people from harassment and discrimination, including those with protected characteristics under the Equality Act 2010. Staff also told us how they would identify adults or children at risk or suffering from abuse and harm and knew who to contact to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had an easily available safeguarding policy which showed staff who to contact, such as the local authority, and provided the names and number of key contacts for safeguarding.

The service reported there were no safeguarding referrals or incidents in the last 12 months.

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 reception area and waiting room was spacious, clean, and welcoming. Sitting couches and seats in the reception area were made of easily washable material.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We observed staff cleaning all equipment and all clinical areas during our visit.

The service performed well for cleanliness. The service had an infection and prevention control policy and staff followed this. All staff were bare below the elbow, and we observed staff carried out correct hand washing techniques before and after interaction with service users.

The service carried out daily operational infection prevention control (IPC) checks and an infection prevention control audit every month as part of their monthly Health and Safety audit review. During the inspection we reviewed this audit. The service had achieved 100% compliance for their IPC checks and no issues were highlighted in the monthly IPC audit.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were adequate supplies of PPE at the service such as masks and gloves. We observed the ultrasound technician wearing appropriate PPE whilst scanning a woman.

Staff knew how to correctly clean and disinfect the ultrasound equipment. This was cleaned using the correct equipment to reduce the risk of cross infection. We observed that staff cleaned equipment before and after contact with each service user.

The service had not had any incidents of a healthcare acquired infection in the past 12 months.

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.

Good

Diagnostic and screening services

The service had enough suitable equipment to provide a safe and caring environment for service users and their families. Staff reviewed and kept a log of their environment and equipment to ensure premises were safe. They carried out a daily safety checks which included the review of the specialist equipment.

The ultrasound machine was appropriately maintained and cleaned. We reviewed the service records for the ultrasound machine which showed appropriate maintenance and servicing.

The service had suitable facilities to meet the needs of service users and their families. There was a reception area where staff greeted service users, which included a large waiting area with one couch and several single seats, a scanning suite, and access to a toilet. A disabled access toilet was also available as part of the communal building, should this be required.

The scanning room was spacious and comfortably accommodated the ultrasound technician, service user and family members should this be required. There was a large television screen and the scan screen which had the scan images on them so that every person in the room could see the scan.

Staff disposed of clinical waste safely. We observed staff disposing of clinical waste correctly in appropriate receptacles.

Fire extinguishers had been serviced in the last 12 months and there was a fire evacuation policy.

The service had a first aid kit at the premises which was easily accessible and had all items within expiry date. The service also had access to a blood and body fluid spill kit should this be required as well as access to a defibrillator which was kept in the premises of the building.

Assessing and responding to service user's risk

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

All service users completed a pre-scan questionnaire that included pregnancy history. This included a declaration signed by the service user which gave consent to pass medical information to an NHS care provider, if needed, and a confirmation that the service user was receiving appropriate pregnancy care from the NHS.

Staff were able to articulate how they would respond promptly to any sudden deterioration in a woman's health. Both technicians and receptionist were trained in first aid. Staff told us they would call 999 if a woman's condition deteriorated.

The service had a policy and clear guidance for staff to follow if they identified any abnormality during the scan. Staff gave us examples of how they had informed women of their concerns and findings and how they would make a referral to the women's local early pregnancy unit and write a report to reflect their findings.

To safeguard people against experiencing incorrect ultrasound scans the service had developed a pathway that consisted of the receptionist asking service users for their details and matching them with their bookings as well as ensuring they were doing the right scan based on their gestational date. This information was shared with the ultrasound technician who then directed the service user to the scan room and confirmed the service users' identify and date of birth. Assurance based on the British Medical Ultrasound Society's (BMUS) 'paused and check' checklist were completed by the ultrasound technician at the point of starting the scan.

Good

Diagnostic and screening services

The service managers reported they monitored but had not had any woman who requested frequent scans in short periods of time. They advised women who wanted longer appointments that their scanning time was restricted between 10 to 15 minutes as per BMUS guidance and followed the As Low As Reasonably Achievable (ALARA) principles, outlined in the 'guidelines for professional ultrasound practice 2017' by the Society and College of Radiographers (SCOR) and BMUS.

Staff shared key information to keep service users safe when handing over their care to others. The service user was provided with a report to take with them to the hospital or further follow up appointments should this be requested.

Staff explained to service users the importance of attending all NHS scans and appointments and confirmed that the scans they carried out were supplementary to the NHS maternity pathway.

Staffing

The service had enough staff to keep women safe from avoidable harm and to provide the right care. Staff received a full induction and there was an induction policy in place.

There was enough staff to cover the clinic's opening times with no current staff vacancies. The service employed two ultrasound technicians who were both registered managers to the location and a receptionist.

The service did not use bank or agency staff. If needed, the clinic would be cancelled if any of the technicians was suddenly unwell, and they were unable to fill the post. Clinics were planned around the technicians' availability. Appointments could be cancelled and rescheduled without causing any safety risks, as the scans carried out by the service were not essential diagnostic or treatment scans.

Records

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

Service user's notes were comprehensive, and all staff could access them easily. After each scan the ultrasound technician gave a written report of their findings from the scan which could be added to the service users' pregnancy notes.

Paper records were stored in a locked filling cabinet in the reception area. Electronic records were stored on a password protected information technology system.

Only the ultrasound technicians had access to the ultrasound machine. On the day of the inspection, it was noted that the ultrasound machine was not password protected. We informed this to the service managers who contacted the ultrasound machine servicing team to install a password protection on the device. Following the inspection we received assurances the scanner was now password protected.

Images from the scan were transferred to a memory stick and then given to the receptionist who uploaded them to a computer. Access to each scan's images was password protected including when these were shared and transferred to the service user.

Incidents

Good

Diagnostic and screening services

The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave service users honest information and suitable support.

Staff knew what incidents to report and how to report them. The service had an incident reporting policy and an incident reporting system. Any raised incident was investigated by the service manager. Staff were able to articulate how they would raise concerns or report an incident or near miss in line with the service's policy.

The service had no reportable incidents or never events over the previous 12 months.

Staff understood the duty of candour. They were able to articulate how to be open and transparent and told us how they would give service users and families a full explanation if things went wrong.

The clinic managers understood the importance of reporting incidents and told us that the incidents were taken very seriously. When incidents occurred, they were reviewed, and learning was shared with the team. This was clearly evidenced in the incident log we reviewed.

Is the service effective?

Inspected but not rated

We have not previously rated this service. We inspected but do not rate this domain.

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up to date policies to plan and deliver quality care according to best practice and national guidance. We reviewed 6 policies of the service. Each policy had been produced in line with national guidance and had a renewal date.

Updates to policies and procedures were cascaded through yearly policy review meetings and shared with staff when renewed.

Ultrasound technicians followed guidance and recommendations from the British Medical Ultrasound Society (BMUS), As Low As Reasonably Achievable (ALARA) principle, they used the lowest possible output power while also keeping scan times as short as possible which still allowed to gain correct and required results. The clinic displayed this guidance which highlighted the required time for the different type of scans. Where an ultrasound technician was unable to achieve the required results due to the position of the baby, the service user was asked to go for a walk and would be rescheduled for another scan later that day.

The service had established an audit schedule to support the delivery of the service. This included audits such as staff training and documentation audits, policies, equipment, emergency plans and documentation audits.

Good

Diagnostic and screening services

Patient outcomes

Staff monitored the quality of care. They used the findings to make improvements and achieve good outcomes for service users.

The service monitored outcomes for service users and their experience, through clinic audits, peer reviews and client satisfaction feedback and complaints. Positive feedback from service users and very low numbers of complaints and incidents indicated that most service users had a positive experience.

The service managers carried out randomised image quality checks to assure the quality of the service. This included the type of scan performed, a rating on the quality of the scan and any challenges that could impact the quality of the scan. In addition to the peer review system in place, the service also audited their images with a partner organisation. Both services used these results to discuss how they could improve the service and quality of the scans. We saw that these audit results were discussed at regular meetings and suggestions for improvements were made and agreed.

We saw evidence the service monitored access to the service and avoided unnecessary rescans.

As well as image monitoring, the service carried out a comprehensive compliance audit every year. Areas covered in the audit included the physical clinic inspection, health and safety and infection control.

Competent staff

The service made sure staff were competent for their roles. Managers appraised their work performance and held supervision meetings.

Staff were qualified and had the right skills and knowledge to meet the needs of service users. Although none of the ultrasound technicians were registered as sonographers with the British Medical Ultrasound Society (BMUS), they had completed a 5 month training course with supervised practice with the equipment being used in the clinic. They were seeking to further develop their competencies with courses to update and continue their continuous professional development.

In addition to their clinical competencies, both registered managers had recently completed their level 5 diploma for leadership and management.

Newly appointed staff underwent an induction process following the commencement of employment. This ensured staff were familiar with policies and procedures in the clinic.

Managers made sure team meetings had full notes. We reviewed the most recent team meeting and saw it covered areas such as new policies, incidents and complaints.

All staff, who were eligible, had received an annual appraisal and a peer review. These were comprehensive and met the needs of the service and staff.

Staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge.

Multidisciplinary working

Good

Diagnostic and screening services

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

Staff held regular and effective meetings to discuss service users experience and improve their care. We observed good teamwork between colleagues during our inspection.

Staff knew processes and how to work across health care disciplines and with other agencies when required to support and care for the service users. The service had developed a referral document to record any referrals completed, the reason for the referral and their outcomes should these be required for their service users.

Nutrition and hydration

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

Staff gave appropriate information about drinking water before transabdominal ultrasound scans to ensure the sonographer could gain a better view of the baby. Staff provided water during the appointment if necessary or if requested.

Seven-day services

Services were available to support timely care.

At the time of our inspection the service provided ultrasound scans 5 days a week from Monday to Friday between 9:30am and 1pm, Tuesday to Thursday between 4pm and 8pm and Saturday from 9am to 4pm.

The service manager told us they could amend the opening hours dependant on service users' feedback and needs.

Health promotion

Staff would offer women practical support and advice to lead healthier lives if this was requested.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported women to make informed decisions about their care. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff received and kept up to date with training in the Mental Capacity Act. All staff had completed their mandatory training in this area. Staff were able to articulate to us how to access the Mental Capacity Act policy and the processes outlined within if they had occasion to.

Staff gained consent from service users for their care and treatment in line with legislation and guidance.

We observed that service users signed a form consenting to the ultrasound procedure of their choice and the sonographer confirmed a service user's identity. Staff clearly recorded consent in service user records.

Good

Diagnostic and screening services

Is the service caring?

Good

We have not previously rated this service. We rated it as good.

Compassionate care

Staff treated service users with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Staff interacted with service users and their partners in a kind and caring way. Feedback forms at the service and online feedback showed that staff treated them in a kind and respectful way.

Staff were discreet and responsive when providing care. Staff took time to interact with service users and those close to them in a respectful and considerate way.

During the visit we observed the ultrasound technicians introducing themselves and explaining their role.

Service users said staff treated them well and with kindness. We reviewed 20 feedback forms completed by service users after their scan and everyone gave a very high score for all areas covered in the form. Additionally, all feedback forms gave the highest score when asked if they were treated with friendliness, comfort and good communication.

We saw that the clinic had also received extremely positive reviews on a search engine website. The service monitored reviews on social media and responded to all reviewers. We spoke with 2 service users and their partners, and they described the care they had as being very good and said they felt reassured.

There was an ethos of staff support service users' cultural, religious and social needs. We saw examples where people who were same sex couples recommended the service for their non-judgmental care, as well as staff accommodating out of work hours appointments to give service users more flexibility towards their work life balance.

Emotional support

Staff provided emotional support to service users, families and carers to minimise their distress. Staff knew how to give service users and those close to them help, emotional support and advice when they needed it.

Staff explained the procedure and ensured service users were well informed and knew what to expect. They made sure service users could pause the procedure at any time.

Staff were able to talk us through the procedure when abnormal results or concerns were detected. The ultrasound technician would first monitor the scan on their screen to ensure all was well before sharing it on the large TV screen for all present to see. The ultrasound technician would inform the woman what they had seen and that they were going to refer them to an NHS early pregnancy unit. The ultrasound technician would leave the scanning room to make the referral, the woman and partner could stay in the scanning room for as long as they wanted.

Good

Diagnostic and screening services

Understanding and involvement of women and those close to them

Staff supported service users, families and carers to understand their scan and make decisions about their care and treatment. Staff made sure service users and those close to them understood their care and procedures.

Staff talked with service users, families and carers in a way they could understand. The ultrasound technician talked through the scan about the position of the baby and the images from the scan with the mother in a language that was easy to understand. They also asked if the mother had any questions and answered these quickly and confidently.

Service users and their families could give feedback on the service and their treatment and staff supported them to do this.

We reviewed feedback from both online and from feedback forms. The majority of women gave positive feedback about the service with the online feedback having a 5 star review from a total of 71 users.

Is the service responsive?

Good

We had not inspected this service before. 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.

The service offered a range of ultrasound scan screening procedures for private fee-paying pregnant adults.

The service managers planned and organised services, so they met the changing needs of service users. Clinic opening times meant that those people who were working could book an appointment in the evening or over the weekend.

The facilities and premises were appropriate for the services being delivered. The service had a suitable environment for providing scan procedures.

There was enough capacity in the waiting area to allow for social distancing and privacy. The treatment room was spacious and provided a suitable and relaxed environment to undergo scan procedures whilst maintaining privacy and dignity.

The premises were easily accessible for service users.

Appointments were booked in advance, online or by telephone, and this allowed staff to plan the scan procedures before women attended their appointment.

Meeting people's individual needs

Good

Diagnostic and screening services

The service was inclusive and took account of service user's individual needs and preferences. Staff made reasonable adjustments to help service users access services. They directed them to other services where necessary. However, the service did not have immediate access to a variety of communication aids for service users with a disability.

The service ensured that there were separate sessions for all service users who accessed the service. This ensured they felt more at ease during their appointment and should a scan not produce the desired images or concerns need to be raised there was time and a safe space to do so.

The service had an equality policy and the ultrasound technicians and receptionist had received equality and diversity training as part of their role.

The service used an online translation service to communicate with women and their families whose first language they were not familiar with. This ensured that any relevant information such as safety questionnaires and explaining the scanning process was translated to the service users' language and completed jointly with the staff.

The service did not have a hearing loop for women with hearing impairments or access to information in braille for women with sight impairments. Service users with hearing and sight impairments would be asked to bring along their partner or family for support. If unable to do so, the service would read out and explain the procedures to blind people and use their phones or computer to type in information for people with hearing impairments.

The service was accessible for persons with limited mobility. It was located on the ground floor of a building with wide doorways and access directly from the street.

Ultrasound scan prices were clearly displayed on the service’s website. There was information for prospective clients about what to do before arriving at the clinic, what would happen on arrival and the scan itself. There were also frequently asked questions on the website. Service users could also telephone for additional information.

The service offered a range of baby keepsake and souvenir options, which could be purchased for an extra fee. This included additional images and soft toys.

Access and flow

People could access the service when they needed it. They received the right care and their results promptly. Managers monitored and took action to minimise missed appointments that patients who did not attend appointments were contacted.

All service users attending the service were self-referred. Women could book their appointments in advance at a time and date of their choice. Appointment bookings were made in person, by telephone or directly through the provider’s website.

Service users were given appointments based on their preference. There was no waiting list for appointments, and appointment availability could be seen promptly (including the same day in some instances). Service users who had to cancel their appointments were given an alternative date and time.

Good

Diagnostic and screening services

The service managers took action to minimise missed appointments. Service users were routinely given a 15 or 30 minute appointment slot depending on their scan, but this could be extended if needed. If someone missed their appointment the service would contact them to assure that all was well and rebook the appointment at a convenient date.

Staff supported service users when they were referred to other services. Staff explained how referrals and reports on abnormal findings were shared immediately with service users and other health professionals to promote immediate action and care.

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 had received one formal complaint in the 12 months prior to our inspection. The complaint related to administrative issues. We saw evidence the complaint was resolved, and learning was applied.

The service had a complaints policy in place. Staff understood the policy on complaints and knew how to handle them. They told us that if a complaint had been raised, they would always try to deal with it at the point of care. If someone wanted to make a formal complaint, this could be made in writing to the service's registered manager and staff would support the service user in doing so. An acknowledgement of the complaint would be given and a resolution to the complaint found in agreement with the complainant.

The service displayed information about how to raise a concern. The service had an online "contact us" form and were able to produce the complaints policy should anyone wish to raise a complaint. Service users, relatives and carers we spoke with knew how to complain or raise concerns and said they would do so directly at the point of contact or via the online "contact us" form. However, it was highlighted during the inspection that the information should be visibly displayed on site so that all people knew how to raise a concern and the procedures to follow. The service has submitted evidence following the inspection of how they had done this by creating a how to complain information sheet that was now available in the reception area.

Is the service well-led?

Good

We have not previously rated this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for service users and staff.

The service had the same registered managers in place since it first registered with the CQC in March 2022.

Good

Diagnostic and screening services

The registered managers had recently completed a level 5 diploma in leadership and management. They said they felt they had been supported to gain the skills, knowledge and experience to run and manage the clinic safely.

We heard how the managers had a clear list of priorities and action points to address the needs and sustainability of the service.

The clinic was well managed. Service users said they felt comfortable liaising with staff.

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 quality and sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

Managers told us that they wanted to provide service users with a safe, caring, and comfortable environment. They wanted to deliver live ultrasound technology to all customers in a professional manner and that they wanted to promote excellence and ensure accuracy in all areas of scanning.

The vision and strategy of the service was shared with staff and part of their induction. It was an important part of the induction to ensure that every service users' experience was the best the service could provide.

There were systems in place for the managers to measure the service against this vision. We saw how the service managers used tools to promote good services and learning for the future.

Culture

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

Staff we spoke with were highly motivated and positive about their work. They told us there was a friendly, client focused and open culture and that they regularly reviewed feedback to aid future learning.

The ultrasound technicians and reception staff worked well as a team. Any issues or concerns were discussed and managed well. As a small team it was important this happened to ensure the best service possible

Staff told us that they enjoyed working in the service. There was freedom to raise a concern and a supporting whistleblowing policy that staff could access if they wished to raise a concern.

Governance

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

Good

Diagnostic and screening services

The service had policies and procedures for the operation of the service, and these were available to staff in a folder in the clinic as well as an online system. All policies were up to date, reviewed regularly and easily available. However, some policies needed to be reviewed to match the specific needs of the service as they contained policies and procedures that were not relevant to the service. We were assured by the registered managers that unnecessary elements of the service's policies would be removed in the upcoming policy review.

The registered managers had overall responsibility for clinical governance and quality monitoring. This included investigating incidents and responding to complaints. We saw that the responsibility of these processes were assigned to one individual and managed well.

Staff had meetings every month and on an adhoc basis should an issues or concerns be raised. We looked at the records for the last meeting and saw that they included agenda items such as policy updates, training subject matter, complaints and learning from incidents. Staff also discussed any service changes and service users feedback.

The service had introduced an audit programme which included monthly local audits, annual audits and quality review audits. Annual compliance audits included but where not limited quality management services including policies and procedures, staff training and personal files and key performance indicator reviews. Other audits completed at different times included safeguarding, incidents and accidents, service user related documentation and fire safety audits.

The service had a fit and proper persons policy that all staff were required to comply with. We saw evidence that the registered managers underwent recruitment checks, such as enhanced disclosure and barring service (DBS) checks.

Management of risk, issues and performance

Leaders 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 recently developed a risk register to consolidate their risks in one place. This supported the service managers in identifying risks related to health and safety, infection prevention control, fire, scanner use and general data protection. The risk register identified the current risks mitigations and area to address.

We saw up to date risk assessments were completed. We reviewed the risk assessments for fire, health and safety, general data protection and the scanner. Risk assessments identified, the risk and control measures and the member of staff responsible for monitoring and managing the risk. The risk assessments had all been carried within the last 12 months and had the risk review date present.

The service had appropriate emergency action plans in place in event of incidents such as power loss or fire. These outlined clear actions staff were to take and contact details of relevant individuals or services.

To reduce the risks of lone working there was a lone worker policy which stated that were possible, situations where lone members of staff were at the premises alone should be avoided as much as possible.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure.

Good

Diagnostic and screening services

There were enough computer terminals in the service that all staff were able to access data and service users' records.

Staff received training for information governance and the general data protection regulation.

Computer terminals were password protected. The scanning machine was in the process of being password protected at the time of this report in line with what was described in the safe section of this report.

The sharing of images had a unique access code for each service user to access their images.

Engagement

Leaders actively and openly engaged with stakeholders, partner organisations, service users and staff.

Staff engaged with other health care disciplines and with other agencies when required to support the care for service users. This engagement was mainly done when there were reasons of concern and was completed in a well-documented and sensible manner.

The service engage with a partner organisation to support the review of their outcomes and image quality. This engagement was also a pathway for clinical improvement and sharing of clinical expertise.

Staff routinely engaged with service users during their scan procedures to gain feedback about the services. The registered managers told us client feedback was regularly reviewed.

The service was mainly promoted through their website, social media platforms and through word of mouth from service users that had used the service. Staff engagement took place through daily communication and routine meetings.

The team said they supported each other and service users as part of their commitment to provide a great experience for everyone in the clinic.

Service users said they had enough information before coming to the clinic and that appointments had been easy to book.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

There was a culture of continuous learning and development in the service. The service sought suggestions from staff at all levels to improve the customer experience.

Quality and performance data were collected and made available to staff to enable them to change or improve practice. This was also discussed as part of the team meetings.

Staff promoted and encouraged learning and improvement. This was further supported by their annual appraisal and their learning action logs.