Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Baby Dolly

9 Church Walk, Hinckley, LE10 1DW

Date of Inspection: 15 December 2014

Date of Publication: February 2015

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Professional Antenatal Services Limited
Registered Manager	Mr John Edward Dolly
Overview of the service	Baby Dolly provides an independent private ultrasound scanning service for non-medical, non-diagnostic, keep sake scans. The service is based solely in one location. People requiring a keep sake scan self-refer to this service.
Type of service	Diagnostic and/or screening service - single handed sessional providers
Regulated activity	Diagnostic and screening procedures

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 December 2014, talked with people who use the service and reviewed information given to us by the provider. We were accompanied by a specialist advisor.

What people told us and what we found

On the day of our inspection we did not speak with people who used the service, because Baby Dolly had no women booked in for a scan. However, following our inspection we spoke with eight people who had previously used the service.

We considered all the evidence we gathered under the outcomes we inspected. We used the information to answer the five questions we always ask. Below is a summary of what we found.

Is the service safe?
We found that people were protected from the risk of abuse because the staff were trained and were aware of how to identify and report abuse.

Is the service effective?
The provider had an induction programme for staff that were new to the service, however, there was no formal training plan.

Is the service caring?
All the people we spoke with were positive about the quality of care the service provided. One person told us, "Baby Dolly has been really good to me and I am happy to recommend them to anyone else."

Is the service responsive?
Two people told us their original scan had not been successful as their baby had not been clearly visible. They told us they had been invited back for a further scan at no additional charge.

Is the service well led?
We saw the provider had a complaints policy in the scan room, but this policy was not displayed in the reception area. The provider who was also the registered manager told us the service had not received any customer complaints.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes

Reasons for our judgement

The provider, who was also the registered manager, had appropriate arrangements in place for obtaining consent from people who used the service.

The provider told us about the range of scans available and discussed the referral process. They said that women self-refer and pay for a private non-diagnostic scan.

Before people received their scan, they were asked for written consent on a form called a 'client information and waiver form'. This form explained the nature of the scan and what would happen throughout the scan. The provider told us that women were given the consent form to read in the reception area. The person undertaking the scan then discussed the procedure prior to consent taking place. We saw nine consent forms and all were completed correctly. This meant that people who used the service were given enough information to enable them to give informed consent before undergoing a non-medical and non-diagnostic scan.

We spoke with three people who had used the service. All the people we spoke with told us they felt understood and felt involved with consenting to their scan. They said they were treated with respect and their privacy was upheld. They told us everything was explained to them and they were given the opportunity to ask questions. One person told us, "The consent form was explained to me by the receptionist, she talked me through it." Another person told us, "I fully understood what I was consenting to."

People using the service could also obtain information from the provider's website. This meant that people who used the service and had access to internet were able to access information to enable them to make decisions about the service before attending their appointment.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People were protected against the risk of receiving care that was inappropriate or unsafe because they were provided with appropriate information and support to meet their individual needs and protect their rights.

We looked at 36 records of scans that had been undertaken. We saw that three had minimal information on them, and in some cases did not have the name of the person undertaking the scan or the gestational date of the pregnancy. This meant that should the scan need to be audited or reviewed at a later date then it would not be clear who had undertaken the scan and at what stage the pregnancy was when the scan had been completed.

We asked the provider, who was also the registered manager, about the procedures in place in the event of an unexpected scan result, for example, if no heartbeat was detected. The provider confirmed they had contact numbers for the local hospital, and told us that with the person's consent, the service would immediately make a referral to the local hospital or in some cases the person's GP. Staff were aware of the procedures and told us what they would do if they needed to make a referral.

We asked the provider, if they had a policy to follow in the event of an unexpected scan result, they told us they did not. The provider may find it useful to note that a written policy on what to do in the event of an abnormal scan would enable staff and people using the service to have written confirmation of what should happen in the event of an abnormality being detected.

People we spoke with following our inspection, told us they were very satisfied with the service they had received during their scan and whilst visiting Baby Dolly. We spoke with two people who had used the service, they told us that it was explained to them what would happen if there was any problem with the scan such as not being able to detect a heartbeat. One person told us, "I was told I would be referred back to the hospital and my midwife." Another person told us, "I was told they were not medical scans, and they would ensure I went to a hospital or a midwife if there was a problem with it."

Hospitals routinely offer women at least two ultrasound scans during their pregnancy, the

first is usually around 12 weeks and is sometimes called the dating scan, because it estimates when the baby is due. The provider told us they offered a keepsake scan from approximately 13 weeks in gestation, but sometimes they had received requests to scan at nine weeks or earlier. The provider told us that non-medical and non-diagnostic scans were undertaken at nine weeks and above and the service would never undertake a scan if a woman was under nine weeks pregnant.

Since our inspection the provider, has contacted us to advise the service would no longer be undertaking scans before the initial 12 week hospital scan.

The provider told us "We call staff who conduct the keep sake scans sonographers (sonographer is the name for someone who performs ultrasound scans) as this is a term that pregnant women universally understand." The term sonographer is not a protected title under the current legislation, however, the provider may find it useful to note that some people may not understand the term or might make the assumption the name sonographer implies a qualification in radiography.

People who had used the service told us they felt the staff were knowledgeable about the procedures available that the service provided.

A chaperone service was available upon request; however, the provider did not have a written policy on the chaperone service. This meant that people using the service may not be aware the chaperone service was available.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

The provider was meeting this standard because, people who use the service were protected from the risk of abuse, as the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw the provider, who was also the registered manager, had a basic safeguarding policy for staff to follow. We saw this policy had been discussed with staff at their appraisal. We spoke with two members of staff about safeguarding people from abuse, they knew what action to take in the event of suspected abuse, when to report concerns and who to report them to. Staff told us they would report any safeguarding concerns to their line manager and they were confident that appropriate action would be taken to protect people who used the service. This meant that staff were supported to report concerns appropriately.

Staff told us that mandatory training was undertaken internally. The provider, kept a record of mandatory training undertaken by staff. This included safeguarding training. Staff said the safeguarding training was informative and raised their awareness in the recognition of abuse and provided them with the information to take appropriate action, if necessary. This meant that staff were supported appropriately to make safeguarding referrals.

Following our inspection we spoke with three people who had used the service. One person told us, "I felt safe when having the scan." Another person told us, "I felt very safe when having the scan, but would have left if I did not feel safe."

This meant people were protected from the risk of abuse because staff were trained and knew how to identify and report abuse.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We were informed by the provider, who was also the registered manager, that new staff received an induction and shadowed more experienced staff. This was confirmed by two members of staff we spoke with.

The provider, had an induction programme for staff that were new to the service and staff received training relevant to their role when they requested it. However, there was no formal training plan for staff currently in place. This meant that there was a risk that staff would not receive all the required training.

Staff told us and we saw documentation that showed mandatory training was undertaken by all staff. This training included what to do in the event of a fire and all policies and procedures for safeguarding and confidentiality.

Staff told us and we saw that training and reviews of all the employee files were regularly monitored by the provider to see what training was needed.

A member of staff told us, "I like working here because it is a friendly and relaxed environment and staff are treated well."

We saw documentation that showed appraisals took place on a yearly basis. We were told by the provider that staff did not usually have one to one sessions with the manager unless there were any issues of concern to be addressed. Staff told us that team meetings usually took place every 12 weeks where the service and new training courses were discussed. Staff told us they were paid whilst attending the team meetings and that the appraisals helped them to discuss their progress and identify any further learning and development needs they may have.

Staff told us they felt part of a team and that they felt they could raise any work related issues with the provider. They also told us they felt able to express their views and felt supported in their role.

We saw that the people undertaking non-medical and non-diagnostic scans had received appropriate training to enable them to undertake keepsake scans. This meant staff had

received training which was relevant to their roles.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider, who was also the registered manager, had basic systems in place to assess and monitor the safety and quality of the service delivered.

People who used the service were asked for their views about their care and treatment. We saw the provider had a policy on assessing and monitoring the quality of the provision of service and saw that feedback questionnaires were available to people in the waiting area.

We looked at 35 completed feedback forms. 28 were completed with a score of five out of five for customer satisfaction. After the inspection, one person told us, "At first I had a man scanning me, he was so nice and friendly, but he could not get a clear image, then I had a women scan me but they did not charge me again for the second scan." At the time of the inspection, the service had received no complaints from people who had used the service.

The provider who was also the registered manager, had a complaints policy in the scan room, but this policy was not displayed in any other areas of the building, such as the waiting area. Following our inspection, we spoke with two people who had used the service. One person told us, "I did not see anything that told me how to make a complaint, but I would speak to the manager if I had a complaint to make." Another person told us, "It was not made clear how to make a complaint but I would have looked on the website." This meant that people using the service may not always know how to make a complaint if they were unhappy with the service they received. The provider may find it useful to note the complaints policy was not displayed in all areas of the building to which people who used the service had access.

The provider, had systems in place for reporting accidents, incidents and complaints. Staff told us they had been advised on how to report these. We also saw this information had been provided to staff in their appraisals. This meant the provider had taken appropriate action to assess and monitor the quality of service provision and ensured that staff were informed about the processes for reporting accidents, incidents and complaints.

Staff told us that they knew what to do in an emergency and we also saw the fire

emergency policy.

The provider told us that all information concerning people who used the service was confidentially destroyed one year after their scan. This meant the service was acting in accordance with data protection law.

The provider had a range of policies relating to the services they provided. We noted none of the policies were version controlled or contained a date for review. This meant the provider could not be certain when policies needed to be reviewed and updated or that staff were accessing and using the most up-to-date policy to guide their work. The provider may find it useful to note that version controlled policies with a date for review would ensure staff used the most up-to-date policy to guide their work.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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