

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

Take A Peek Limited

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

Respecting and involving people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Take A Peek Limited
Registered Manager	Mrs. Leigh Greenwood
Overview of the service	Take A Peek Limited provides private diagnostic and non-diagnostic obstetric ultrasound services to the general public from one location in St Helens. Take a Peek Limited provides dating scans, anomaly scans, growth scans and bonding scans. The service is available on a self referral basis. Take A Peek Limited was registered with the Care Quality Commission in January 2011.
Type of service	Diagnostic and/or screening service
Regulated activity	Diagnostic and screening procedures

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 28 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Information was available to people using the service on the company's website and in leaflets. This provided people with information to help them make decisions about the type of scan they required and what to expect during the consultation.

The service had an onward referral policy which gave detailed guidance regarding referring people to other services if any concerns were identified. One person we spoke with told us, "The care I received was outstanding. The service has excellent links with NHS services."

Records showed annual maintenance checks had been completed on the ultra sound equipment used. This meant that the equipment used by the service had been appropriately checked and was safe to use. Staff training records showed the sonographers had received training in how to use the new equipment being installed.

All of the sonographers had appropriate professional qualifications. Two were radiographers and one was a midwife. Records showed they had up to date registration with their professional bodies.

One of the sonographers took the lead on quality and responded to any concerns raised. There had been no complaints since our last inspection.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with two people who had used the service during the week of the inspection and looked at feedback in the comments book. Comments included; 'It was an amazing experience', 'Out-standing service' and 'Staff are very kind and understanding.' People we spoke with said, "The staff are very professional" and "I got all the information I needed and there was plenty of time to discuss things during the consultation." Both people told us they were satisfied with the service they had received.

Information was available to people using the service on the company's website and in leaflets. This provided people with information to help them make decisions about the type of scan they required and what to expect during the consultation. We were told by the manager of the service that people were directed to the information on the website when they booked an appointment or if requested, information was posted to them prior to the appointment. People we spoke with confirmed this. The service provided people with additional information about health conditions related to pregnancy.

We saw information clearly displayed in the waiting area about the cost of scans and products. People we spoke with told us they felt comfortable asking questions during the consultation and we saw evidence that the service provided further information to people following the scan if they had any concerns.

The service was on the ground floor which enabled access for people with prams or people using wheelchairs. The waiting room appeared comfortable and the scanning room was large enough to allow people to bring their family members or friends in during the scan.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The service worked with other agencies to ensure people received appropriate care following the scan. The service had an onward referral policy, which gave detailed guidance regarding referring people to other services if any concerns were identified.

The Registered Manager told us that if there were any concerns these were explained to the person. Information was shared with the person's local maternity services in accordance with the person's wishes. For example, people were provided with a report to take to the appropriate agency. If appropriate the service contacted other agencies directly to make arrangements for the person to be seen. Records showed the service had made onward referrals in a timely manner.

One person we spoke with told us, "The care I received was outstanding. The service has excellent links with NHS services."

The service had an up to date list of the maternity services available in the area and clinical staff were up to date with their training regarding managing emergencies.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

The service had an ultrasound machine for undertaking scans. The Registered Manager told us they had a five year service contract in place for the equipment. It included annual servicing of the equipment and call outs if any equipment broke down. Records showed annual maintenance checks had been completed. This meant that the equipment used by the service had been appropriately checked and was safe to use.

The ultrasound equipment was linked to a large flat screen TV mounted on the wall for expectant parents to clearly see the images displayed.

The member of staff we spoke with was knowledgeable about how to use the equipment safely. The quality of scans was reviewed as part of a monthly audit of a sample of each of the sonographer's work. Records showed there had been no concerns identified about the quality of scanning.

The Registered Manager told us they were waiting for new scanning equipment which would be covered by the manufacturer for 12 months and then by the existing service contract. Staff training records showed the sonographers had received training in how to use the new equipment.

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

All of the sonographers had appropriate professional qualifications. Two were radiographers and one was a midwife. Records showed they had up to date registration with their professional bodies. We saw that copies of their registration certificates were displayed in the waiting room.

The Registered Manager told us the three sonographers also worked within the NHS and they accessed mandatory training through the hospitals they worked at. They also told us they kept their continuous professional development (CPD) up to date. This was monitored by the service. The manager showed us the training records for the staff, which showed the clinical staff were up to date with mandatory training for manual handling, medical emergencies including cardiopulmonary resuscitation (CPR), fire safety, equality and diversity and safeguarding. Specialist training had also been completed in 2013, for example in foetal heart monitoring, ultrasound techniques in gynaecological imaging, neonatal training and in obstetric skills in order to meet the needs of the people using the service.

Clinical staff received monthly supervision using the audit of a sample of each sonographer's work and a monthly review of any concerns that had been identified in scans. Annual appraisals took place in the clinical staff's NHS organisations. The sonographers met monthly to review policies and discuss incidents and concerns.

The service had a range of policies and procedures in place to support the staff to carry out their work. These included patient confidentiality, incident reporting, audit and standard operating procedures. Records showed these policies had been reviewed in 2013, which meant they provided staff with up to date information to help them work safely.

Reception staff had day to day supervision by one of the sonographers and meetings to discuss issues as they arose. Staff we spoke with said they felt supported and would raise concerns or bring ideas to the clinical staff for discussion at their monthly meetings. We saw records of the meetings with the reception staff and a communication diary which helped staff keep up to date with any issues that had arisen.

Following discussion the Registered Manager confirmed they would consider introducing annual appraisals for the reception staff which would include a discussion about their development needs.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

A complaints policy was in place. However, this had not been reviewed in the last three years. The Registered Manager confirmed this would be addressed as a matter of urgency. One of the sonographers took the lead on quality and responded to any concerns raised. There had been no complaints since our last inspection.

The Registered Manager told us the service responded to any disappointment raised regarding the quality of the photos and a repeat scan was offered. A comments book was in the waiting area and provided feedback about the service received. Feedback was also provided through the services 'Facebook' site.

We did not see any information for people using the service about how they could raise concerns or make a complaint. We brought this to the attention of the Registered Manager. They confirmed information would be put onto the service's website immediately and included in the service leaflet when it was next printed. People we spoke with told us they would raise any concerns with the sonographer or reception staff.

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.

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