

Baby I Love You Limited

Baby I Love You Carlisle

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings


Overall summary

Our rating of this location. We rated it 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 assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.
- 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 results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. 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 all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	Our rating of this service. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Baby I Love You Carlisle

Baby I Love You Carlisle is an independent baby scanning studio registered with CQC since 2019. It is registered to provide the following regulated activities primarily to adults age 18 to 65, and children aged 16 to 18:

- Diagnostic and screening procedures

The service has a manager registered with CQC.

The service provided 2D, 3D and 4D, scans from seven to 38 weeks gestation. These included early viability scans, dating scans, reassurance scans, growth and presentation scans. All scans were completed by fully qualified sonographers.

The service had one ultrasound scan room with a separate quiet room, waiting and reception areas.

This was a short notice announced inspection. This meant the provider had limited notice that we were inspecting. This was the first time we had inspected this service.

How we carried out this inspection

During the inspection visit, the inspection team

- inspected all five key questions and rated four; ('effective' key question is not rated for diagnostic imaging services)
- observed one scanning procedure
- looked at the quality of the environment and observed how staff cared for service users
- spoke with the registered manager
- spoke with three other members of staff including a sonographer, a scan assistant/receptionist and an associate director.
- reviewed five service user records
- looked at a range of policies, procedures and other documents relating to the running of the service
- Spoke with two service users

After our inspection visit, we spoke with a further four women who used the service. We also reviewed performance information about the service and information provided to us by the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Diagnostic and screening services

Good 

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

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 provider had a staff training policy and training matrix, which identified mandatory training modules for all staff groups.

We inspected training records of five staff against the mandatory training matrix. Staff received and kept up-to-date with their mandatory training. Compliance was 100%. Sonographers with substantive NHS positions provided evidence of mandatory training completed in their NHS role.

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

Training records were held in staff personnel files and compliance was monitored by the registered manager.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

There were adult and children safeguarding, female genital mutilation (FGM) and PREVENT policies in place, which were referenced to current guidance and legislation. PREVENT is a government led programme which aims to safeguard vulnerable people from being drawn into terrorism.

All staff received training specific for their role on how to recognise and report abuse. The registered manager was the safeguarding and PREVENT lead. The safeguarding lead and their safeguarding deputy received level three safeguarding training in accordance with intercollegiate guidance.

All staff we spoke with described the different types of abuse, including FGM. Staff knew how to make a safeguarding referral and who to inform if they had concerns. We asked staff specific questions about how they would recognise, for example, child sexual exploitation. They clearly described the warning signs and told us if they considered a child may be in immediate danger they would report to police without delay. This was in accordance with local policy.

Diagnostic and screening services

Local authority safeguarding contact details were kept at reception. There was information displayed in public areas to signpost service users to safeguarding help and advocacy. This included leaflets in reception that referenced a local authority which was out of area. The registered manager explained some customers travelled from the North East area and the service worked closely with the maternity services for the trust in that region.

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.

There was an infection prevention and control policy in place.

Waiting, reception and clinical areas were clean, and had suitable furnishings which were clean and well-maintained. For example, all seating was impermeable and could be wiped clean. The examination couch was impermeable and had a disposable paper cover, which was changed between each scan.

Environmental cleaning was completed by the staff. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

The floors were carpeted and in good order. Staff we spoke with described the actions they would take to ensure the carpet was thoroughly cleaned in the event of a spillage of bodily fluids.

All equipment we inspected was visibly clean. We observed staff cleaning equipment between each service user interaction and staff we spoke told us how they cleaned specific pieces of equipment, for example, the ultrasound probe. The registered manager explained each appointment slot incorporated time for cleaning and each service user record had a tick box to confirm this was completed after appointments.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff complied with arms 'bare arms below the elbows' policy, in accordance with National Institute for Health and Care Excellence (NICE) guidance.

There was no hand wash basin in the scan room, however, staff used the basin in the nearby staff toilet area. This had a lever tap and a hand wash technique poster was displayed. We observed staff washed their hands, used hand sanitising gel between service user interactions and wore appropriate PPE during scans. This concurred with comments from all the women we spoke with. We reviewed Infection control and hand hygiene audits, which showed consistently high compliance rates.

We observed public areas had posters which promoted COVID-19 awareness, and hand gel stations.

As part of the booking process, women were asked to adhere to the service's COVID-19 infection prevention and control measures. This included agreement to limit the number of guests to four, to wear a face covering (unless exempt), use hand gel and not to attend if feeling unwell or displaying symptoms of COVID-19. This information was clearly displayed on the website.

Environment and equipment

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

Diagnostic and screening services

Access to the premises was via a buzzer entry system and staff at reception had a clear line of sight to the entrance door. Access to the scan room, quiet room and restricted areas such as administration and storage areas, was controlled with key-pad locks. The environment was bright and spacious.

All fire extinguisher appliances inspected were signposted and serviced within an appropriate timescale. Fire exits and corridors were clear of obstructions. The service had a fire evacuation plan and carried out an annual fire evacuation drill. Fire alarms were tested monthly by the premises landlord.

We saw completed and up to date environmental risk assessments. However, there was a large cylinder of helium gas for filling balloons, stored in a small office on the ground floor. We saw a control of substances hazardous to health (COSHH) data sheet, which advised this should be stored in a well ventilated place. There was no gas safety signage displayed and the cylinder was not secured, which meant there was risk of injury to staff if the cylinder fell over. We brought this to the attention of the registered manager. When we returned the following day, safety signage was clearly displayed, the cylinder was moved to a larger store room which had opening windows and the registered manager requisitioned installation of a secure fixing point. We received assurance after our inspection that this work was complete.

Substances hazardous to health were stored safely in a secure container in a non-public area.

Staff carried out daily safety checks of specialist equipment. For example, we saw completed daily checks of the the scanner probe and on start up, the machine completed self tests. An error message was generated in the event the unit failed any test. There were diligent checks of the first aid box and we saw all items were within expiry dates.

There were systems for recording the service and planned preventive maintenance of equipment, identified through a central log and equipment compliance stickers, which indicated the dates tests were due. An external provider conducted portable appliance testing of electrical equipment and the scan machine was maintained under contract with the supplier, twice a year. All equipment we inspected was serviced and fit for use.

The service had suitable facilities to meet the needs of women's families. For example, there was a child friendly seating area, with toys in the waiting room. All seating was in good order and could be wiped clean. All electrical sockets had child-safety covers on them. There was appropriate additional seating in the scan room to accommodate guests.

The service had enough suitable equipment to help them to safely care for women. For example, the scan room was lockable and had an obscured glass panel to ensure privacy during scans. The examination couch could be raised and lowered. There was a large wall mounted monitor to ensure women and their guests could see ultrasound images. The room had an air conditioner to maintain a comfortable ambient temperature. There was a separate quiet room where staff could discuss bad news with women in private. There was a unisex toilet which was accessible for people who used a wheelchair and a baby change facility.

Staff disposed of waste safely.

Assessing and responding to patient risk

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

Booking forms were used to record individual women's risks. Women were requested to complete these on arrival and staff reviewed women's responses, prior to scans, to ensure safety and that the facility was suitable for them.

Diagnostic and screening services

Staff knew about and dealt with any specific risk issues. For example, women were asked to declare any problems during their pregnancy and any significant health issues. The contact details of their GP, named midwife, date of last NHS scan and estimated due date were all recorded. Women were advised to bring their hospital notes to all appointments in the event of any queries or concerns during fetal wellbeing checks.

Sonographers followed 'as low as reasonably achievable' (ALARA) recommendations for length of scans and frequency of ultrasound sound waves. They explained the scanning machine was set in accordance with ALARA recommendations. Start end times of scans were recorded on every booking form and compliance was audited routinely. We saw an operational policy for all types of scan provided at the service and this made reference to ALARA.

Staff accessed process flow pathways which described the escalation process for adverse findings that required medical attention. The service linked directly with the north east and Cumbria maternity clinical network to ensure timely referral to an early pregnancy unit when required. Staff shared key information to keep women safe when handing over their care to others. For example, sonographers sent a formal typed report to the recipient service and women also received a copy. All referrals were recorded in a log which was monitored by the registered manager.

There was a health and safety/cardiopulmonary resuscitation (CPR) policy. All staff received basic life support training and knew how to respond promptly to any sudden deterioration in a women's health.

The registered manager had completed first aid training.

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 service had enough staff to keep women safe. There were always three staff on duty. If required, there were bank sonographers or staff from another Baby I Love You service were deployed to provide cover.

The service had no vacant posts.

There was a lone working policy in place which described current arrangements in place to keep staff and people using the service safe.

Records

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

Scan images were held digitally on the scan machine and accessed via electronic password. They were archived to an electronic back up system, retained for twelve months and then erased.

Hard copy images were printed while women waited and sent electronically via an encrypted system. Women were issued a unique passcode to open the electronic file once received.

Paper records were stored securely in a store room, in a lockable filing cabinet and retained for twelve months before being sent for confidential destruction.

Diagnostic and screening services

Incidents

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. When things went wrong, staff apologised and gave women honest information and suitable support.

There was an incident reporting policy in place. Staff we spoke with knew what incidents to report and how to report them. They gave specific examples of incidents and near misses they had reported, in line with the service's policy.

Managers shared learning with their staff about incidents that happened elsewhere. For example, in team meeting minutes and case study presentations.

Staff understood the duty of candour.

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. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. For example, we saw policy documents contained links to National Institute for Health and Care Excellence (NICE) guidance and British Medical Ultrasound Society (BMUS) guidance.

Compliance against policy was monitored throughout the year through scheduled audits. These included, for example, scan image quality and completion of documentation.

Staff we spoke with explained how they accessed the most current best practice guidance online and intranet, for example NICE guidance and UK government publications such as the latest COVID-19 guidance. The website also contained links to Society of Radiographers (SoR), Royal College of Obstetricians and Gynaecologists (RCOG) and Gov.uk guidance.

Patient outcomes

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

The service conducted audits and peer reviews of image quality.

Outcomes for women were positive, consistent and met expectations.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Diagnostic and screening services

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. All sonographers were registered and regulated by the Health and Care Professions Council (HCPC). All sonographers were up to date with revalidation.

Managers gave all new staff a full induction tailored to their role before they started work. This included time to shadow another senior sonographer.

Managers supported staff to develop through annual, constructive appraisals of their work.

Sonographers participated in peer review of colleagues practice once every month. These reviews were recorded formally and monitored by the registered manger.

Reception and scan assistant practice was also observed fomally once every month and recorded.

Managers identified poor staff performance promptly and supported staff to improve.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers made sure staff received any specialist training for their role. For example, we saw sonographers received training about pregnancy loss and breaking bad news.

Multidisciplinary working

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

The service linked with the local NHS maternity services with consent of service users, where there was an identified need.

Seven-day services

Services were available to support timely care.

The service was operational Monday to Sunday 9am to 9pm and flexed appointment times according to customer's needs. Women requested appointments by telephone, by enquiry on the website or by email.

There was comprehensive information available for women on the service's web site and in leaflets at the service.

Women who required extra support were identified at the booking stage.

Staff referred women to local NHS maternity services to escalate abnormal scan results.

Health promotion

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

Diagnostic and screening services

The service had relevant information promoting healthy lifestyles and support displayed in public areas. For example, help to stop smoking, eating well, exercise, breastfeeding and mental health support.

Staff assessed each woman's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

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.

There was a consent policy in place.

Staff gained written consent from women for their scans in line with legislation and guidance. This was recorded on booking forms.

The website clearly stated the provider was regulated to perform scans from the age of 16, however if a woman was aged between 16-18 parental consent was required and prior to the appointment a responsible adult was required to sign a consent form. We saw women were asked to declare their age and date of birth on the booking form. Staff we spoke with told us, where necessary, women were also asked to provide proof of age.

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. All staff completed Mental Capacity Act (MCA) and Deprivation of Liberties (DoLs) training.

We saw information which signposted women to help and advocacy when they were experiencing mental ill health.

Are Diagnostic and screening services caring?

Compassionate care

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

There was a privacy and dignity policy. We observed 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.

Women we spoke with said staff treated them well and with kindness. For example, they told us they were "really impressed" and "staff were really nice". This concurred with feedback we reviewed on the website, social media comments and in the visitor's book, which showed consistently high satisfaction.

Staff followed policy to keep women's care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs.

Diagnostic and screening services

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. For example, there was a gap between appointments to allow for unexpected findings to protect women's privacy and a dedicated quiet room available for woman who received bad news. In addition, there was information which signposted them to local bereavement services and first steps services for depression and anxiety.

Staff undertook training on bereavement care and pregnancy loss and explained how they applied it when having difficult conversations. They explained how they always arranged for someone to collect distressed women who had arrived on their own.

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.

Staff made sure women and those close to them understood their care.

Staff talked with women, families and carers in a way they could understand. For example, at the time of booking, women were asked if they had any special needs or requirements during their appointment. Staff we spoke with gave examples of how they had assisted women who had literacy difficulties to complete their booking form.

Staff involved women in decisions about their care and treatment. Women we spoke with told us they felt fully informed about their scans and arrangements for receiving images electronically.

Women and their families could give feedback on the service and their treatment and staff supported them to do this. For example, via telephone calls, email and comments on social media platforms.

Women gave positive feedback about the service. All women we spoke with told us they were very satisfied. Feedback was reviewed by the registered manager and shared with all staff.

Are Diagnostic and screening services responsive?

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 was located near the city centre with nearby major transport links and there was ample car parking.

Managers planned and organised services so they met the changing needs of the local population.

Facilities and premises were appropriate for the services being delivered.

Diagnostic and screening services

The service had systems to help care for women in need of additional support or specialist intervention.

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, diversity and human rights training.

The service was accessible for people that used mobility aids and people with pushchairs.

The toilet was spacious enough to allow assisted and wheelchair access and the couch in the scan room was height-adjustable.

Managers made sure staff, and women, their friends, families and carers could get help from interpreters or signers when needed.

Staff directed women to other services where necessary. For example, GP's and local maternity services.

Access and flow

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

Appointment requests were made directly by telephone and via the service's website. On arrival, women completed a booking and consent form.

Women we spoke with told us they received an appointment time that was convenient for them and the appointments ran to time. One woman told us that when they arrived on the wrong date the service was flexible and completed the scan.

Appointment duration varied depending on the chosen scan package. There was sufficient time for women to read and complete necessary documentation and women we spoke with told us they did not feel rushed.

The service had a system in place for women to have a re-scan when required. For example, if the baby was not clearly visible due to its position.

No planned appointments were cancelled or delayed for a non-clinical reason such as breakdown of equipment.

Learning from complaints and concerns

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

The service had a complaints policy and clearly displayed information in waiting areas about how to raise a concern. In addition, there was information on the provider's website signposting women to speak with or write to the registered manager if they wished to complain.

Diagnostic and screening services

We saw a suggestions box in the reception area, where women could leave feedback cards.

Staff understood the policy on complaints and knew how to handle them.

The service had received very few complaints however, managers reviewed and shared all feedback from women with staff and learning was used to improve the service.

Are Diagnostic and screening services well-led?

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 women and staff.

The provider met the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors are fit and proper to carry out this important role.

The registered manager was supported by an associate director, and managed two locations.

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 bookings to accommodate social distancing. They also introduced COVID-19 mandatory training which all staff completed, additional COVID-19 cleaning policies, and processes to address infection risks. All staff were encouraged to have COVID-19 vaccinations and we saw evidence of high compliance.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Baby I Love You Carlisle was Baby I Love You Limited's second location. The registered manager used the formal business plan and strategy from the first location to inform the set up of Baby I Love You Carlisle.

The provider's aims and objectives were described on their website and documented in the statement of purpose.

The registered manager we spoke with described their plans for the service and aspired to open a third location. Other staff we spoke with were aware of this future plan.

The registered manager and associate director told us they monitored progress against the vision and business plan. For example, finance, performance and customer experience were regularly discussed.

Diagnostic and screening services

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.

All staff we spoke with said they enjoyed coming to work and felt they had good relationships and worked well as a team.

Staff mandatory training included equality, diversity and human rights training. There was an employee assist programme in place which supported staff and promoted a healthy, safe and caring environment.

Staff we spoke with described an open culture and told us they felt their opinions mattered to managers. They said they were confident to raise any concern with their managers.

Staff we spoke with told us managers recognised their work and commitment to the business.

Women we spoke with told us they felt confident and comfortable to raise any concerns with staff.

Governance

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

There was a recruitment policy and quality and operations policy which described governance arrangements, roles and responsibilities.

All policies we reviewed were up to date.

We saw minutes of formal team meetings which evidenced discussion about policies, training, audit results and customer feedback.

Staff we spoke with told us they were given feedback about comments, compliments and complaints via a work closed social media group, email and verbally at team meetings.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

We reviewed the electronic risk register which described archived and ongoing risks. The risk register was treated as a live document and updated throughout the year as required

We saw the service had a comprehensive business continuity plan in place with actions for managers to refer to.

The registered manager explained that should the scan machine fail, there was an emergency call out agreement in place. However, the equipment was purchased when the service opened and was serviced twice a year.

Diagnostic and screening services

Information Management

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

The service had an information security policy, which referred to requirements under General Data Protection Regulation (GDPR) 2018. All staff completed mandatory GDPR training.

Important information such as policies and minutes of meetings were accessible to all staff.

Information about how the provider stored and used women's personal data was available on the website. This explained data would be shared with local authorities and NHS if any medical referrals or safeguarding concerns were identified.

Digital images from the scan machine were downloaded to a data stick to allow printing of images. The data stick was then erased. Images held on the scanner were downloaded to a secure back up system where they were stored for twelve months before being erased. Paper records were stored for a similar time in a locked cabinet, prior to being sent for confidential destruction.

Digital images (if included in a package) were sent to women's mobile devices via a secure system which required a unique password to access the file.

Information on the website was clear about the services provided and about costs. In addition, there was information on display at the service regarding costs of scan packages and gift items.

Engagement

Leaders and staff actively and openly engaged with women, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.

The service engaged well with women, staff, the public and NHS services to plan and manage appropriate service and collaborated effectively with staff at the other Baby I Love You limited location. It developed services with participation of staff and women and demonstrated commitment to acting on feedback. For example, the service implemented a digital image platform which was a service improvement suggestion from a customer.

The service's website provided a wide range of information about the services offered and booking process.

Managers were visible, which provided women and visitors with opportunity to express their views and opinions face to face.

Staff we spoke with told us managers engaged with them, were very supportive and visible. Staff said they were encouraged to voice their opinions and speak with managers if they had any concerns. They told us they felt appreciated by their colleagues and managers.

The provider engaged with service users through the service's web site and social media accounts, to promote its services. The provider monitored feedback from women and their families via feedback forms and social media comments.

Diagnostic and screening services

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Staff we spoke with explained they were keen to improve services where required and were receptive to opportunities to do this. Managers kept an “innovations log” to record all ideas for improvements.