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Bubbaview

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

We have not rated this service before. 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 had limited safety incidents at the location.
- Managers provided good care and treatment. Managers 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.
- Managers 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 and their families.
- 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 their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Managers understood the service's vision and values, and how to apply them in their work. Managers were focused on the needs of women receiving care. Managers 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.

However:

- The service did not have up to date Control of Substances Hazardous to Health (COSHH) records for cleaning products used at the location.
- The service did not have literature visible for patients that showed feedback and complaint processes at the location.
- Staff did not have training associated with the Mental Health Act and Mental Capacity Act.

Summary of findings

Our judgements about each of the main services

Service

Community health services for adults

Rating

Good



Summary of each main service

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- Managers provided good care and treatment. Managers 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.
- Managers 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 and their families.
- 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 their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Managers understood the service's vision and values, and how to apply them in their work. Managers were focused on the needs of women receiving care. Managers 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.

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Summary of findings

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Summary of findings

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Summary of this inspection

Background to Bubbaview

Bubbaview is an individual location in Ferring, Worthing. It is a non-medical location that carries out baby scanning services which are non-diagnostic. Services involve 2D, 3D, and 4D scans from 10 weeks of pregnancy and include gender identification through ultrasound scanning and genetic blood testing through phlebotomy.

How we carried out this inspection

During this inspection we visited the location of the service. We spoke with the owner and registered manager. The service does not recruit any staff currently. No patients were interviewed as part of the inspection as none were available to speak with.

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

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **SHOULD** take to improve:

- The service should ensure that COSHH records for cleaning equipment are available and updated in line with cleaning processes at the location.
- The service should ensure making feedback and complaints processes are visible for patients.
- The service should ensure that staff have training associated with the Mental Health Act and Mental Capacity Act.
- The service should consider a formal process for following up with patients who they have directed to a medical location.
- The service should consider the scope for the recording and management of incidents at the location to ensure it is aligned to their current policy.
- The service should consider an AED for the location.
- The service should consider the recording of meetings for reference purposes.
- The service should consider the renewal of the fire and building risk assessments for the premises.
- The service should consider a recruitment policy if managers recruit staff again at the location.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good 

Community health services for adults

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

Are Community health services for adults safe?

Good 

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

Mandatory training

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

Managers received and kept up to date with their mandatory training. The most recent training figures showed that staff completed on 100% of all modules.

The mandatory training was comprehensive and met the needs of women and staff. Managers attended a one-day course externally that covered the requirements for mandatory training at their location.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers were aware of when their mandatory training needed to be renewed and this was recorded.

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.

Managers received training specific for their role on how to recognise and report abuse. Managers completed level two training in safeguarding for adult and children. The most recent figures showed that managers had completed 100% of their adult and child safeguarding training.

Managers knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Managers had not needed to raise a safeguarding referral in the last 12 months. Managers knew how to identify safeguarding concerns and when it was suitable to take action.

Community health services for adults

Managers knew how to make a safeguarding referral and who to inform if they had concerns. Managers had a good knowledge of their safeguarding policy and the processes that they would follow when reporting a concern to the local authority. Both managers were safeguarding leads for the location.

Managers followed safe procedures for children visiting the service. Managers had training in child safeguarding and their policy and operating processes ensured children were safe at the location.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Managers used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Clinical rooms at the location were separate to a waiting area where patient's family and children could wait. The location was visibly clean and all furnishings at the location were in a good condition and suitable for the clinical activities carried out.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Managers showed cleaning records for both clinical rooms and this extended to accessories in the clinical areas which included children's toys. Staff completed cleaning when a scan was scheduled with some non-patient areas cleaned weekly.

Managers followed infection control principles including the use of personal protective equipment (PPE). Managers understood the principles of PPE. Managers wore an apron, gloves and a mask during each scanning session. Managers also showed the importance of hand hygiene before each scan which reflected their policies.

Managers cleaned equipment after patient contact. Equipment seen at the location was clean and policies outlined that cleaning of equipment was needed after each patient use.

Environment and equipment

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

The design of the environment followed national guidance. The location was made up of two clinical rooms. One was for ultrasound scanning and the second for phlebotomy services. The phlebotomy services room was closed and locked due to risk associated with children. It was also not to be entered by males due to the sensitivity associated with genetic blood testing and the process associated with this. The waiting area had a large amount of literature which advertised charities and service information. The location also had unique displays that showed the number of babies who had been screened as a boy or girl in the last 12 months. A kitchen area was also available away from patient areas where hot drinks could be prepared for patients and their families. The location had completed health and safety risk assessments including fire risk assessments. However, managers had last reviewed these documents in 2019.

Managers carried out safety checks of specialist equipment. The ultrasound scanning machine was serviced yearly and this had been completed in 2022. Managers had also completed electronic calibration testing for all equipment at the location in 2022.

Community health services for adults

The service had suitable facilities to meet the needs of women's families. Managers expressed that they wanted the location to promote bonding for patients and their families. Children were encouraged to be in the clinic rooms where scans were completed and there were toys available for children to promote this. The location was used by one family at a time, and this allowed risk to be controlled to ensure the safety of patients and their family.

Managers disposed of clinical waste safely. Managers had a sharps bin available in rooms where phlebotomy services were performed. The sharps bins were labelled correctly and there were arrangements for sharps bin collection.

Assessing and responding to patient risk

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

Managers responded promptly to any sudden deterioration in a patient's health. Managers expressed that emergency situations were uncommon at their location. Managers could outline the actions they would take if an emergency did occur. The processes involved first aid intervention and the use of an AED from a neighboring GP surgery and library. Managers felt confident these arrangements were suitable for the location as they described themselves as a non-medical location.

Managers completed risk assessments for each patient on arrival. Managers asked patient to fill out a waiver form which acted both as a consent form and a guidance document that informed patients of any risks associated with ultrasound scanning. Managers asked their patients to prompt the scanner to any new or existing medical history and allergy status before any scan was commenced. Managers also requested information from any NHS 10-week baby scan if it was applicable and relevant to the procedure.

Managers knew about and dealt with any specific risk issues. Managers would act on known risk and knew when it would be unsuitable to perform a scan. Managers would advise onward referrals to the patient's GP or midwife if concerns were found during the scan. However, they were strict in their communication to patients that their scan were not diagnostic processes and that this would need to be confirmed with their healthcare professional. Managers did not have processes that allowed them to monitor the safety of a patient once they had been directed to see their healthcare professional if concerns had been identified.

The service had access to mental health liaison support. (if managers were concerned about a patient's mental health) Managers had literature available from charities if there was suspected bad news from the scan performed. For example, evidence of a potential miscarriage. Managers were open and honest with patients about what they saw on the scan but were strict within their remit, reminding patients that this would need to be confirmed through their GP or midwife.

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. The location did not employ any staff. Both the registered manager and owner ran the service. The business demand was suitable for the staff levels the location ran.

Community health services for adults

Managers accurately calculated and reviewed the number of staff needed. Managers booked scans a week in advance and only one member of management was needed to fulfil the booking. Managers were able to decide among themselves who would be available and had designated days they would be present at the clinic for walk ins and other business activity.

The manager could adjust staffing levels daily according to the needs of women. Managers had previously employed one member of staff and a volunteer when the location had the demand. Managers had archive records were associated with these employments and were found to be managed in line with schedule 3 recruitment checks.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Managers made limited notes during scans. Managers recorded notes on the waiver form signed by patients in a small, designated section at the end of the form. Managers expressed that notes would involve observations that were noteworthy, and information of importance gained during the scan. Some information was standardised including the type of scan performed, the gender, and who performed the scan.

Records were stored securely. Managers stored all records associated with patients in a locked cabinet. The keys for the cabinet were stored separately and out of reach from the patients attending the location.

Medicines

The location did not hold medicines on site and did not have any involvement with patient's medicines as they were out of scope. One manager conducted phlebotomy services and samples were sent immediately following the appointment through a secure postal service to a designated lab abroad for genetic analysis.

Incidents

The service had policies about the management of safety incidents. Managers recognised potential incidents and near misses. If things went wrong, managers would apologize and give women honest information and suitable support.

Managers knew what incidents to report and how to report them. Managers were aware of their policy about incident reporting and had a form to fill out if an incident did occur.

Managers had not raised concerns and reported incidents or near misses in line with the service's policy. Managers had not recorded an incident or near miss since the location was registered with the CQC in 2019. Managers expressed that they did not feel they had encountered situations that met the threshold of reporting. However, the policy for the location did include near misses and staff had given examples about concerning findings during scans that could have been listed and explored to encourage learning from the events. We asked the managers to consider this as part of their ongoing incident processes and asked if they had considered other applicable near miss events as part of their recording process. Managers said that they would consider this.

Community health services for adults

Managers understood the duty of candour. Managers showed a good understanding of the duty of candour process, but they did not have any examples of using the duty of candour principles for our team to review.

Are Community health services for adults effective?

Inspected but not rated 

We have not rated this service before. We inspected but did not rate this key question.

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. Managers followed guidance and protected the rights of women subject to the Mental Health Act 1983.

Managers followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Managers used information from the Royal college of Gynecology, Royal college of Midwifery, and the Imperial college for Obstetric ultrasound approach.

Managers protected the rights of women subject to the Mental Health Act and followed the Code of Practice. Managers protected patient and could show knowledge associated with the Mental Health Act. However, there were no examples of patients who suffered with mental health long term conditions and staff also did not have training in the Mental Health Act.

Patient outcomes

Due to the nature of the service, patient outcomes were not monitored. Managers recorded limited information on the effectiveness of their scans as it did not feel within their remit as a non-medical service. The service did not undertake effectiveness audits of their ultrasound services.

Competent staff

Managers held each other accountable for ensuring they were competent for their roles.

Managers were qualified and had the right skills and knowledge to meet the needs of women. Managers had completed competencies associated with ultrasound scanning at a foundational level which was suitable for the services provided. One manager had phlebotomy training, and this was reflected in the bookings they were allocated.

Managers made sure they attended team meetings but full notes were not provided. Due to the limited number of staff employed at the location, meetings were not recorded. Managers made decisions jointly and they met several times a week to discuss any concerns with the service.

Managers identified any training needs they needed and gave themselves time and opportunities to develop their skills and knowledge. Managers completed a one-day mandatory training course which covered a curriculum of modules suitable for the service they were providing.

Community health services for adults

Managers recruited, trained and supported volunteers to support women in the service. One volunteer had been recruited by the location but had not completed any active shifts since 2021. The volunteer was recruited to provide support during scanning sessions and support families who accompanied the patient.

Multidisciplinary working

Managers worked together as a team to help women. They supported each other to provide good care.

The location did not have any formal links with NHS midwifery care or GP practices. Managers were reluctant to explore this due to being a non-medical location. Where scans found something concerning, they were asked to see their medical professional and managers were happy to provide information within their scope of practice if this was requested. However, despite diagnostic scanning not being performed at the location, there were no frameworks that allowed managers to monitor patients safety after they had left the location when a potential issue had been identified by a scan.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. Managers placed literature in the waiting room that promoted healthy lifestyles for pregnant women. One subject of focus was on the importance of hydration which managers were keen to encourage as this improved image quality during the scan.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Managers 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.

Managers understood how and when to assess whether a patient had the capacity to make decisions about their care. Managers would explain the procedure for ultrasound scanning. Managers would ensure that patients understood this information before asking them to sign the form to gain their informed consent for the process.

Managers gained consent from women for their care and treatment in line with legislation and guidance. Managers would not go ahead with any scan or blood test without recorded consent on the waiver form.

Managers made sure women consented to treatment based on all the information available. Managers expressed that the waiver form outlined information on the risks of the scanning process and went through the form with patients to ensure they had the time and information to make an informed decision.

Managers clearly recorded consent in the women's records with a signature needed before the scan could begin.

Managers understood the relevant consent and decision-making requirements of legislation and guidance. Managers had access to a consent policy which outlined the forms of consent that would be considered suitable for the service. Managers understood their policy and the adaptations if there were concerns over a patient's ability to give consent.

Community health services for adults

Managers could describe and knew how to access the policy on Consent. Managers had access to the consent policy in both paper and electronic form. Managers had a folder with all policies which was easily accessible for reference.

Managers did not have training in the Mental Capacity Act. Managers did not have training modules based on the Mental Capacity Act. Managers did express that it was unusual in their service to see patients who could not give consent for treatment.

Are Community health services for adults caring?

Good 

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

Compassionate care

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

Managers were discreet and responsive when caring for women. Managers took time to interact with women and those close to them in a respectful and considerate way. Managers gave examples of how they approached the scanning process. Managers showed approaches to women that showed a kind, sensitive approach where patients and their families could ask questions. Managers displayed children's pictures at the location and were keen for the scanning process to be an inclusive process where children could be involved and ask questions.

Women said managers treated them well and with kindness. The service had positive reviews. Managers focused on online reviews and their website as outlets for patients to feedback on their care. These reviews were very positive and commented on the personal experiences of women and their families.

Managers followed policy to keep patient care and treatment confidential. Managers could close the clinic room door where scanning occurred to optimise privacy for women if they asked for this. Managers only allowed individual families into the location at one time during the scan. Managers were conscious of privacy, and they asked about women's preferences before starting a scan.

Managers understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing women with mental health needs. Managers gave examples of meeting individual needs of women. For example, one patient had difficulty communicating and understanding what the process involved. Managers took extra time with the patient and established that they had concerns over the health of their baby. Managers were reassuring and explained the correct process to follow to ensure that she received the care she needed.

Emotional support

Managers provided emotional support to women, families and carers to minimize their distress. They understood women's personal needs.

Community health services for adults

Managers gave women and those close to them help, emotional support and advice when they needed it. Managers expressed that they often found women were very open with them about the challenges they faced during their pregnancy. Managers were always clear about their non-medical remit of care but showed that where they were able to, they would assist and act to ensure women they cared for had the information they needed.

Managers broke bad news gently and showed empathy when having difficult conversations. Managers showed an example of a patient who discovered during her scan an issue. Managers quickly acted and gave advice to see their nominated medical professional promptly. Following this, the managers received an e-mail from the patient who expressed that she had sadly lost her baby. The patient praised the manager who looked after her and expressed that she managed to stay calm primarily due to the manager's approach to the situation and kind approach.

Managers understood the emotional impact that a person's treatment had on their wellbeing and on those close to them. Managers received consistent feedback through their online patient feedback which showed that they were consistent and recognised the emotional impact of a scan for patients and their families. Managers also gave literature from charities when patients became distressed or needed extra information.

Understanding and involvement of women and those close to them

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

Managers made sure women and those close to them understood their care and procedures. Managers went through the scan process with women and asked them to sign a waiver document which gave all the information they needed to understand the process and what to expect.

Managers talked with women, families and carers in a way they could understand. Managers showed feedback which showed that patients were happy with the way they were spoken to and that the approach managers adopted enhanced their experience.

Women and their families could give feedback on the service and their treatment and staff supported them to do this. Managers provided women with the opportunity to give feedback online, however there was not literature available in the location or advertising that alerted women to the opportunity to provide feedback at the location

Are Community health services for adults responsive?

We have not rated 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.

Community health services for adults

Managers planned and organised services, so they met the changing needs of the local population. Managers provided non-medical scanning and were the only service that ran in the local area. Managers adopted a variety of scans which they felt covered the needs of the local population. Managers were flexible to the population needs and offered free rescans where they were unable to definitively identify the gender of a baby.

Managers monitored and took action to minimise missed appointments. Managers were clear that their appointments did not contribute to the medical treatment of a patient. Managers were flexible with appointments and had some scenarios where they would not charge if outcomes occurred from scans. For example, bad news.

Managers ensured that women who did not attend appointments were contacted. Managers would contact patients who were unable to attend their scan and rebook them for the next available slot.

Meeting people's individual needs

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

Staff understood and applied the policy on meeting the information and communication needs of women with a disability or sensory loss. Managers were able to outline their process for supporting women. Managers could not give any direct examples but said they would take each individual patient and look for individual amendments to support patients on a case by case basis.

Managers made sure staff, and women, loved ones and carers could get help from interpreters or signers when needed. Managers expressed that this had not been a common issue they encountered. Managers did not have an external translation service they used as their service did not meet the pre-requisite requirements of most providers. Managers expressed that if a patient required translation services, they would resource this.

Access and flow

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

Managers made sure women could access services when needed. Managers confirmed that appointments were available and that there were no delays in patients accessing an appointment for a scan when we visited.

When women had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. Managers has a follow up process for rebooking appointments with women who missed their appointment.

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. But information wasn't displayed to show how to complain.

Women, relatives and carers knew how to complain or raise concerns. Managers said that they had not received a complaint in the last 12 months. Managers always looked to resolve any complaint early to avoid escalation.

Community health services for adults

Managers knew how to acknowledge and manage complaints. Managers outlined their policy about complaints which involved formally acknowledging and responding to any complaint within 48 hours of receipt. The complaint could be given face to face or using their web site.

The service did not have displayed information about how to raise a concern in patient areas. Complaint processes for the service could be found on the provider's web site, but there was an absence of literature at the location that explained the process to patients at the location. Managers acknowledged this and said they would look at suitable locations at the location to ensure this was made clear for patients.

Are Community health services for adults well-led?

Good 

We have not rated this service before. 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 women and staff.

Managers showed the skills and knowledge to run the service. They had nominated staff for specific services that were offered. Managers showed awareness of the priorities they wanted to focus on as part of the business. They wanted to expand the business and had ideas associated with how they intended to improve lower levels of demand that they had experienced since the Covid 19 pandemic. Managers were very approachable and wanted to form relationships with their patients and their wider families. This was shown by many of the feedback items we reviewed which showed a pride in their service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders understood and knew how to apply them and monitor progress.

Managers outlined that they wanted to improve the demand for their business and improve the visibility of their service. Their approach was through online campaigns using social media and word of mouth referrals as they were in a quiet village area. Managers had made a decision to reduce the number of days the location was open for due to an absence in demand and they also reduced their staff in line with this reduction to ensure the sustainability of their service. Managers were aware of their demand and how it varied from month to month.

Culture

Managers were focused on the needs of women receiving care. The service had an open culture where women, their families and staff could raise concerns without fear.

Community health services for adults

The managers had known each other for a long time, and this was clear in the way they ran the business. Managers were open with each other and discussed the business daily, sharing a similar approach and ethos to care. Managers were open to improvement and feedback from their patients and wanted to treat patients and their families in an inclusive manner that involved everyone including children.

Governance

Leaders ran effective governance processes, throughout the service. Managers were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Managers ran effective governance processes which ensuring the running of the service. Not all processes were documented which did hold some limitations, but managers were aware of these limitations and felt that as a small service they were running well. Both managers were clear about their responsibilities but were flexible for each other's needs if there was a situation where one manager was unable to attend the service. The managers met daily and discussed their joint aims for the service each day informally. No meetings were documented as there were not staff employed at the service.

Management of risk, issues and performance

Managers identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Each manager contributed to decision-making to help avoid financial pressures compromising the quality of care.

Managers had processes to manage risks associated with the services provided. Their disclaimer form that patients signed and reviewed prior to their scans gave an overview for the manager conducting the scan. Managers had a business continuity plan which had been updated recently and covered operational risks associated with the service. Managers expressed that the sustainability of their service was their main risk and that was what they were focused on achieving.

However, their fire and building risk assessments had not been updated since the Covid 19 pandemic had occurred. Managers also lacked any performance parameters that could show or measure whether the service was reaching their targets for performance.

Information Management

The service's information systems were integrated and secure.

Managers stored patient information securely in locked cupboards. Managers used secure information technology systems for booking appointments. All computers were password protected and both managers had completed information governance training as part of their mandatory training.

Engagement

Managers actively and openly engaged with women to plan and manage services.

Community health services for adults

Managers showed through feedback a strong motivation to engage with patients and their families. They were focused on collecting feedback using online resources and social media. Managers wanted to receive feedback but we did not see advertising materials at the location which highlighted to patient how they could provide feedback or make a complaint if needed. Managers acknowledged this feedback and had discussed suitable locations between them for this before the conclusion of our inspection.

Learning, continuous improvement and innovation

Both managers were committed to continually learning and improving services.

Managers did not have any current innovation or learning projects as part of their ongoing management of the service.