

Babygenic LTD

Window to the Womb

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

This was the first inspection for Window to the Womb Gloucester. 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. 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 collected safety information and used it to improve the service.
- 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 their 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.

However:

- The system to audit the quality of scan image reports did not follow the British Medical Ultrasound Society (BMUS) Guidelines for Professional Ultrasound Practice (December 2021).
- Although we saw evidence of risk assessments and a centrally held risk register, there was no local risk register for the service.
- Although the ultrasound abdominal transducer was cleaned before use, we saw evidence that it had not been cleaned immediately after patient contact.

Summary of findings

Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|-----------------------------------|--|---|
| Diagnostic and screening services | Good  | This was the first time we had inspected Window to the Womb Gloucester. We rated it as good. See the summary above for details. |

Summary of findings

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Summary of this inspection

Background to Window to the Womb

Window to the Womb is owned by the provider, Babygenic Limited, and operates under a franchise agreement with Window to the Womb (WTTW) (Franchise) Ltd. The service provides diagnostic pregnancy ultrasound services to self-funding women living in Gloucester, Worcester, Hereford and surrounding areas. Window to the Womb opened in March 2020 and provides early pregnancy scans from six weeks and diagnostic pregnancy ultrasound services to women from 16 to 42 weeks of pregnancy. The service is available to women aged 18 years and above. However, young women from the age of 16 can also use the service if accompanied by an appropriate adult. All ultrasound scans performed at Window to the Womb are in addition to those provided through the NHS as part of a pregnancy care pathway. As part of the agreement, the franchisor (Window to the Womb Ltd) provides the clinic with regular onsite support, access to their guidelines and policies, training and the use of their business model and brand. At the time of our inspection, the clinic employed one registered manager, one sonographer and five scan assistants. The service did not employ any medical staff. The clinic did not store or administer any medicines or controlled drugs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service was registered to carry out the following regulated activities:

- Diagnostic and screening procedures

Window to the Womb was registered in 2020 and had not been previously inspected.

How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties. The inspection team comprised of a lead CQC inspector, a specialist advisor and an offsite CQC inspection manager. We carried out a short notice announced inspection on 2 August 2022 to ensure the service was operating at the time we planned to visit.

We inspected the service using our comprehensive methodology using the CQC Diagnostic and Screening Services Framework. We spoke with two members of staff, the registered manager and the sonographer. We observed the environment and spoke with two patients. We reviewed five patient records. We also looked at a range of performance data and documents including policies, training records and audits.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

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>.

Summary of this 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 the system to audit the quality of scan image reports follows the British Medical Ultrasound Society (BMUS) guidelines . (Regulation 17)
- The service should ensure a local risk register is kept to record and manage all risks. (Regulation 17)
- The service should ensure the arrangements for infection prevention and control are improved. This includes the cleaning of the transducer and ensuring suitable furnishings in the scanning room (Regulation 12)

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 

This is the first time we have rated this service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of women and staff. Training was provided mostly through e-learning sessions and was tailored to staff dependent on their role. Topics included, but were not limited to, chaperone training, safeguarding adults and children, and mental capacity.

Managers monitored mandatory training and alerted staff when they needed to update their training. This was monitored monthly. At the time of our inspection, the overall mandatory training completion rate was 100%.

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.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns, despite it being needed infrequently.

Child sexual exploitation (CSE) and female genital mutilation (FGM) were included in safeguarding training.

The service had safeguarding arrangements for 16 to 18 year olds who were asked to attend with a responsible adult and required to bring identification or maternity records for staff to verify their age.

Staff received training specific for their role on how to recognise and report abuse. The registered manager was trained to safeguarding adults and children level three. All other staff were trained to level two. Yearly updates to safeguarding training were mandatory and the clinic's compliance rate was 100%.

Diagnostic and screening services

Safety was promoted through recruitment procedures and employment checks. Staff had Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The clinic had a chaperoning policy and staff knew how to access it. All women were entitled to have a chaperone present for scans.

There had been no safeguarding concerns reported to the CQC.

Cleanliness, infection control and hygiene

The service mostly controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept the premises visibly clean, however the cleaning of some equipment was not in accordance with guidelines.

The scanning room was clean and well-maintained. However, we saw a fabric cushion on the couch used by patients, which was unsuitable because it was not wipeable. We raised this with staff who immediately removed the cushion from the room. We also saw a small tear in the seat used by the sonographer.

The reception area and toilet were visibly clean.

Cleaning records were up-to-date and demonstrated all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). Hand washing facilities and sanitising hand gel were available. Staff wore masks and encouraged visitors to wear masks, though this was no longer mandatory.

Staff did not always clean equipment after patient contact. We saw the abdominal transducer had not been cleaned after its last use the previous day, however we saw staff clean it before use. The transvaginal transducer was cleaned after every scan.

Environment and equipment

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

The clinic was in a central location in Gloucester and all rooms were on the ground floor. There was a buzzer system for staff to allow visitor access to the building. There was a good sized reception and waiting area, and a toilet for use by staff and visitors. There was an area for use by scan assistants, and a further room which was used by staff. This room was also used if staff wanted to talk with women privately, for example to explain a scan result.

The scan room was a good size and staff had sufficient space to move around the ultrasound machine for scans to be carried out safely. There was seating for visitors accompanying women for scans. Scan images could be projected so women and visitors could view the scan easily.

The ultrasound machine was suitable and had been maintained in accordance with the service due dates. All electrical equipment had been safety tested within the last 12 months.

Staff disposed of clinical waste safely. The service stored clinical waste correctly.

Diagnostic and screening services

Staff stored substances which met the 'Control of Substances Hazardous to Health' (COSHH) regulations in a locked cupboard. The COSHH risk assessment was completed and data sheets for COSHH substances were up to date.

Assessing and responding to patient risk

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

Staff completed risk assessments for each woman before their appointment. Staff asked women about their medical history, which helped to assess risk. Staff advised women to continue with their NHS scans as part of the maternity pathway, which helped minimise risk.

Scans were carried out following 'As Low As Reasonably Achievable' (ALARA) guidance. Staff monitored and advised against too many scans.

Staff knew about and dealt with any specific risk issues. The clinic had a clear pathway staff could follow in the event of anomalies seen by the sonographer on the ultrasound scan.

Staff responded promptly to any immediate risks to women's health. The service had health and safety policies that included identifying when women's conditions or any anomalies put them at risk. This meant staff knew what to do and acted quickly when there was an emergency.

The service provided clear guidance for the sonographer to follow when they identified unexpected results during a scan. The service had a process to refer any concerns to NHS services. The sonographer made referrals promptly and recorded when they found concerns about a woman's health.

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. Managers gave new staff a full induction.

The service had enough staff to keep women safe. The manager planned staffing levels to meet demand on the service, measured by the number of bookings made in advance. The service employed one sonographer and five scan assistants on zero-hours contracts. Scan assistants were responsible for administrative tasks including managing enquiries and appointment bookings. They were also responsible for chaperoning women and supporting the sonographer during ultrasound scan procedures, and for printing scan images.

All staff had DBS checks. Managers made sure all new staff had a full induction tailored to their role and received continuing support. The service had no staff vacancies, and low rates of staff turnover and sickness. The service did not employ any bank or agency staff. The service had arrangements with neighbouring Window to the Womb clinics to cover any planned or unplanned absences.

The staff team included staff who had up-to-date first aid training.

Records

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

Diagnostic and screening services

Patient records were comprehensive and all staff could access them easily. The service used electronic-based patient records. We reviewed five patient records and found they were clear, up-to-date and comprehensive and staff could access them easily. Electronic records were stored securely when not in use. Electronic records were stored using passwords and access only given to authorised members of staff.

Records were stored securely. The service had a data retention policy which managed the privacy, retention period, storage, and disposal of women's personal data in line with national guidance.

Medicines

The service did not store or administer any medicines or controlled drugs.

Incidents

The service managed patient safety incidents well.

All staff had access to an up-to-date incident reporting policy, which detailed all staff responsibilities to report, manage and monitor incidents.

There had been no never events or serious incidents at the service. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

The service had a duty of candour policy which all staff could access. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff could explain the process they would undertake if they needed to implement the duty of candour because of an incident, which was in line with the requirements.

Are Diagnostic and screening services effective?

Inspected but not rated 

We do not currently rate effective for diagnostic and screening services.

Evidence-based care and treatment

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

Staff mostly followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff could access policies which were stored electronically. All policies were up-to-date.

The service followed the 'As Low As Reasonably Achievable' (ALARA) principles in line with the British Medical Ultrasound Society (BMUS) guidelines. This meant sonographers used the lowest possible output power and shortest scan times

Diagnostic and screening services

possible consistent with achieving the required results. However, we found the service's system for auditing the quality of scan reports was not in accordance with BMUS guidelines. BMUS guidelines state providers should aim to review 5% of reports and an optimal approach is to recruit external auditors. The service sent only three scan reports every six months for audit by sonographers at other Window to the Womb locations.

The service used technology and equipment to enhance the delivery of effective care and treatment to women. The service used up-to-date scanning equipment to provide high-quality ultrasound images.

Patient outcomes

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

The service used key performance indicators to monitor performance, which were set by the provider. This enabled the service to benchmark themselves against other Window To The Womb clinics. The registered manager collected data and reported to the provider on an on-going basis. This included information about the number of ultrasound scans completed including the number of re-scans, and the number of referrals made to other healthcare services and complaints.

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. Training records confirmed all staff had completed training for their roles. The service's sonographer had conducted an initial competency assessment when they first joined the service.

Managers gave all new staff a full induction tailored to their role before they started work. All staff underwent an induction programme which included information about staff roles and responsibilities, mandatory and role-specific training. Inductions were tailored to each specific role and their experience.

Staff had the opportunity at monthly meetings to discuss training needs with their line manager and were supported to develop their skills and knowledge.

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

Multidisciplinary working

Staff worked together and supported each other to provide good care.

The team worked well together and communicated effectively for the benefit of women and their families. This included the registered manager, sonographer and scan assistants.

Staff worked across health care disciplines and with other agencies when required to care for women. The service had established links with the local NHS trusts to ensure they had effective referral pathways for women when needed. Staff discussed referrals with women and sought and recorded their consent.

Seven-day services

Key services were available to support timely patient care.

Diagnostic and screening services

Services at the location were provided seven days a week with varied opening times. This offered flexible service provision for women and their companions to attend around work and family commitments.

Health promotion

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

The service's website contained health and wellbeing in pregnancy advice, such as keeping healthy during pregnancy, foods to avoid, things to ask your midwife and when to seek medical advice.

The service had relevant information leaflets in the main waiting area.

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff received and kept up to date with mandatory training on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff understood how and when to assess whether a woman had mental capacity to make decisions about their care.

Staff gained consent from women for their care and treatment in line with legislation and guidance. Staff made sure women received and understood relevant information before their scans were carried out. This included information about ultrasound scanning and safety information, scan limitations, referral consent, and use of data. Staff clearly recorded consent in the women's records.

Staff were aware of consent procedures for those aged under 18 years of age; for example, the use of the Gillick competency test. Gillick competence is when children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. Women aged 16 to 18 years who wanted to use the service had to attend with a responsible adult (for example, someone with parental responsibility); and the responsible adult was required to countersign their consent form. Under 16-year olds were not scanned but would be advised to seek NHS support.

Are Diagnostic and screening services caring?

This is the first time we have rated this service. We rated it as good.

Diagnostic and screening services

Compassionate care

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

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 said staff treated them well and with kindness. The two women we spoke to said they felt valued by staff, and described the staff and the service as “excellent” and “caring”. Women and their companions were also able to leave feedback on open social media platform. This feedback rated the service very highly and was overwhelmingly positive.

Staff followed policy to keep women’s care and treatment confidential. There was a separate area to provide privacy for women and their families after the scan if necessary.

The service operated a chaperone policy. Women’s privacy and dignity were protected by ensuring a scan assistant trained as a chaperone attended the ultrasound scan. Staff took care to maintain women’s dignity during scans.

Staff understood and respected the individual needs of each woman. Staff ensured women understood information about the scanning procedure and scan images.

The service was inclusive to all pregnant women and supported all women regardless of their age, disability, pregnancy and maternity status, race, religion or belief, and sexual orientation to make their own care and treatment decisions

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. Staff were mindful early scans held a higher risk of complications being identified. Staff were calm and reassuring throughout the scan. The sonographer provided reassurance about the scan images and clearly explained what they observed. Staff were able to support women following bad news. Staff could help women to book appointments at the local NHS hospital if needed.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff had been given communication training.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. The service had access to written information to give to women who had received difficult news.

Understanding and involvement of patients and those close to them

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

Staff made sure women and those close to them understood their care and procedures. Staff provided information to women having scans and encouraged them to ask any questions. Family and friends were welcome in the scan room and the scan images were projected to ensure everyone could see them.

Diagnostic and screening services

Staff spoke with women, families and carers in a way they could understand and took care to explain what could be seen on the scan images.

Women could give feedback on the service and their treatment and were supported to do this.

Staff supported women to make informed decisions about their care. Staff made sure women understood the different scans available.

Are Diagnostic and screening services responsive?

Good 

This is the first time we have rated this service. We rated it as good.

Service delivery to meet the needs of local people

Women's individual needs and preferences were central to the delivery of tailored services and were delivered in a way to ensure flexibility and choice.

Facilities and premises were appropriate for the services being delivered. The scanning room was large with seating for women who wished to have someone with them during their scans.

Women and visitors could see projected scan images from the ultrasound machine. This enabled women and their families to view their baby scans more easily and from anywhere in the room.

Information about the provider's services was accessible online and in the waiting area. The service offered a range of ultrasound scans. These included early pregnancy scans for women who were six to 15 weeks pregnant, and health, growth and gender scans in later pregnancy.

Staff planned and organised services so they met the changing needs of people who used the service. People could access services and appointments in a way and at a time that suited them. The service had varied and flexible opening hours according to demand, and was open seven days a week. Women could book appointments through the website or by calling the clinic directly. The service regularly offered discounts to make the service affordable to more people.

There was a low rate of non-attendance and any women who did not attend appointments were contacted.

Meeting people's individual needs

The service 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.

There was a private room which could be used by women who had unwanted scan results. This meant women who, for example, had miscarried had some privacy from other women and families in the waiting area.

The premises were located on the ground floor with enough space for wheelchair access, and the scanning room was also accessible.

Diagnostic and screening services

All clinics had access to the Window to the Womb franchise translation service through the provider's website.

The service offered a range of baby keepsakes and souvenirs for purchase after the scan.

The service could signpost women to a range of pregnancy and miscarriage charities and support groups.

Access and flow

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

Women could access the service when required as the clinic opened on weekday evenings and weekend daytimes.

Women self-referred to the service, and booked appointments at a time to suit them, either in person, by using the online appointment system or contacting the clinic by telephone.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

The service had an up-to-date complaints policy, which outlined procedures for accepting, investigating, recording and responding to informal and formal complaints about the service. The policy confirmed all complaints should be acknowledged within three working days and resolved within 21 working days.

The service clearly displayed information about how to raise a concern in waiting areas. Staff understood the policy on complaints and knew how to handle them.

The service had not received any formal complaints in the past year. It had received two complaints previously which had been investigated in accordance with its policy and refunds given to the two women. The service used the learning from these complaints to improve practice. The service also used feedback on its website to improve daily practice.

Are Diagnostic and screening services well-led?

This is the first time we have rated this service. We rated it as good.

Leadership

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

There was a clear management structure with defined lines of responsibility and accountability. The registered manager held overall responsibility for the leadership of the clinic with support from the franchise.

The manager was passionate about the service they led and worked well with the team of staff in the clinic.

Diagnostic and screening services

Registered managers also had the opportunity to meet with the franchise directors twice-yearly. The provider offered on-going training to registered managers including clinic visits and training events.

There were monthly staff meetings where staff could share their views.

Vision and Strategy

The service had a vision for what it wanted to achieve.

The service had a clear vision and values which were focused on providing safe, high quality care consistent with the Window to the Womb vision and values. This was set out in the service's statement of purpose which stated, "to provide high quality, efficient and compassionate care to our customers and their families, through the safe and efficient use of obstetric ultrasound imaging technology". The service's website stated the vision to "strive to offer you an outstanding and professional service".

The registered manager had an intention to increase involvement with local charities so that the service supported local women and families.

The statement of purpose also stated the service's values were to "provide our customers with easily accessible, high quality imaging using ultrasound technology, in a caring and professional manner." During our inspection we saw staff valued the privacy, dignity and safety of women using the service.

Culture

Staff felt respected, supported and valued. They 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.

The service had a caring culture. Staff, women and families were encouraged to provide feedback and raise concerns without fear of reprisal. Staff we spoke with understood the duty of candour.

Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame.

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 were effective governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard high standards of care.

All levels of governance and management functioned effectively and interacted with each other appropriately. There were a range of systems and processes of accountability which supported the delivery of safe and high-quality services, including regular team meetings. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.

The registered manager had overall responsibility for clinical governance with support from the franchise directors.

Diagnostic and screening services

Monthly local team meetings were held at the clinic. Team meetings also covered any complaints, incidents, feedback, performance, compliance with policies and procedures, any clinic issues, staffing, training, and rotas.

Regular audits were completed including premises checks, health and safety, and emergency planning.

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.

The registered manager demonstrated knowledge and oversight of the service's main risks and understood the challenge of risks in terms of quality, improvements, and performance. The service did not hold a local risk register, although one was held centrally by the head office. However, we observed completed risk assessments for identified risks such as fire, health and safety and infection control. A standard template was used to ensure consistent information was captured. The risk assessments identified who or what was at risk, the hazards and their potential effects, existing control measures in place, the risk rating, whether the risk was adequately controlled, and additional control measures needed. Most of the risks were graded low and had adequate controls in place to minimise each risk. All risk assessments were reviewed annually or sooner if indicated.

The service had a clinic emergency contingency plan in place to identify actions to be taken in the event of an incident that would impact the service. For example, extended power loss, severe weather events, staff absences, and equipment failure.

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 was up to date with information governance, and had data retention policies. These stipulated the requirements of managing women's personal information in line with current data protection laws. The service was registered with the Information Commissioner's Office (ICO), which was in line with 'The Data Protection (Charges and Information) Regulations' (2018). The ICO is the UK's independent authority set up to uphold information rights.

The service retained records in line with General Data Protection Regulations (GDPR).

During our inspection, we saw good arrangements to ensure confidentiality of patient information.

Engagement

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

The service worked with other organisations and charities to support women and families.

The service had strong links to the local NHS trust to support women who needed a referral following an unexpected or unwanted scan result.

Diagnostic and screening services

Team meetings were held monthly, and staff were encouraged to engage in service planning and development.

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. Leaders encouraged innovation and participation in research.

Staff took time together in team meetings and franchise meetings to review the service's performance and objectives.

The service sought feedback to improve services. The service used feedback, complaints, and audit results to help identify any necessary improvements and ensure they provided an effective service. We saw evidence of improvements in response to feedback.

Policy compliance and training were discussed at monthly team meetings.