Tummy2Mummy Limited

Tummy2mummy LTD

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 our first inspection of this service. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key areas and understood how to keep women safe from abuse and managed safety well.
- Staff assessed risks to women and acted on them.
- Staff provided good care and managers made sure they were competent for their roles.
- Staff treated women with compassion and kindness, respected their dignity. They provided emotional support to women, families and carers.
- The service had access to referral pathways for further support for women and their families.
- The service planned care to meet the needs of local people and made it easy for people to give feedback.
- Leaders ran the service well using reliable information systems and supported staff to develop skills. Staff understood the services vision and values, and how to apply them in their work. They were focused on the needs of women receiving care.

However:

- Some of the beds in the scanning and treatment room needed repairing and were an infection control risk. Although, following the inspection the service showed us evidence that arrangements had been made to repair the equipment.
- We found one piece of equipment was broken. Although, the service took action to rectify this immediately following our inspection.
- The service did not have washbasins available in each treatment or scanning room in line with infection prevention control guidelines.

Summary of findings

Our judgements about each of the main services

Service	Rating		Summary of each main service
Diagnostic and screening services	Good		See below

This was our first inspection of this service.
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.
- 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. Key services were available to suit women's' needs.
- 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 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 treatment.
- 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 the women.
- The facilities and premises met the needs of women who used the service. The environment in which the scans were performed was spacious, homely and well arranged. Women were encouraged to make their scan experience a family occasion.

However

Summary of findings

- Not all equipment and control measures were in place to protect women, themselves and others from infection.

Summary of findings

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Summary of this inspection

Background to Tummy2mummy LTD

Tummy2Mummy LTD is operated by Tummy2Mummy Limited and is based in Hinckley Leicestershire. The clinic has two scan rooms, a treatment room, a teaching area and a reception area /waiting room with an area where service users can choose their photographs and keepsakes. It is located on the ground floor of a building close to the city centre and with good access to public services. The clinic is registered to provide the following regulated activities:

- diagnostic scans
- midwifery services
- baby keepsake scans

This service was registered by CQC on 12th June 2013. We had not inspected or rated this location previously.

The main regulated activity provided by this service was diagnostic imaging. The service also provided a small amount of maternity services.

The registered manager for the service is a registered midwife.

The service has a main base in Hinckley Leicestershire and a satellite clinic in Leamington.

All women accessing the service self-refer to the clinic and are all seen as private (paying) clients. The clinic is open six days a week from 2pm to 8pm. The clinic provides pregnancy ultrasound services to women from 16 years of age. In addition the service performed membrane sweeps and trans-vaginal scans.

At the time of our inspection, the service employed a registered manager, business manager, three reception/ administration staff and five sonographers who work as self-employed members of staff and hold substantive posts in the NHS.

The service offers additional non-regulated services such as baby first aid, antenatal support and parentcraft.

From 1 September 2021 to 28 February 2022 the service carried out 2934 procedures. This included early and late reassurance scans, trans-vaginal scans, fertility tests, group B streptococcus tests and membrane sweeps. Group B streptococcus checks were to see if women are infected with the group B streptococcus bacteria. It is a common bacterium in the gastrointestinal tract but can cause serious infections in new-borns.

How we carried out this inspection

We carried out an unannounced, comprehensive inspection of the service under our regulatory duties on Thursday 17 March 2022. The inspection team comprised of a lead CQC inspector and an inspection manager with offsite support from a head of hospital inspection.

During the inspection, we met with the business manager, a sonographer and an administration assistant. We spoke with the registered manager following the inspection as she was not available at the time of our visit.

We also spoke with two service users and their partners.

Summary of 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.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that the beds used for scanning which are taped to prevent further damage, are either covered with an appropriate covering or are replaced. (Regulation 12)
- The service should ensure they install a free-standing washbasin in the treatment and scanning rooms. (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

Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good

We had not inspected this service before. We rated it as good.

Mandatory training

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

We saw seven training records. Staff received and kept up-to-date with their mandatory training. The service held an annual staff training day. The service had electronic copies of training for nursing staff whose substantive posts were within the NHS.

The mandatory training was comprehensive and met the needs of the women and staff. The training for staff employed by the service included a Tummy2Mummy induction, policy updates, fire training, first aid, child protection (child safeguarding); adult safeguarding and chaperone training.

Sonographers undertook the Tummy2Mummy mandatory training courses but also supplied evidence of their NHS mandatory training and Continuing Professional Development (CPD) log to the clinic manager. Sonographers had a separate training record, and this detailed specific training for their roles such as understanding the emotions of miscarriage, guidelines and protocols for membrane sweeps, early pregnancy and gynaecology, principles of Doppler ultrasound and cervical assessment. A Doppler ultrasound is a non-invasive test that can be used to estimate the blood flow through blood vessels by bouncing high-frequency sound waves (ultrasound) off circulating red blood cells.

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 received training specific for their role on how to recognise and report abuse. The registered manager and business manager had completed level three training in safeguarding children and adults. Other staff had completed level two training and sonographers had completed level three training in children and adult safeguarding.

Staff we spoke to could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act.

Good

Diagnostic and screening services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. We spoke to the business manager and registered manager who provided examples of protecting women at risk of harm.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service registered manager was the safeguarding lead.

The service scanned women over 18 years of age and some women age 16 to 18 years of age; these women generally attended with a parent or guardian. Staff reported that if there were any concerns for women 16 to 18 years of age they would complete a safeguarding referral.

Staff followed safe procedures for children visiting the service.

The service had policies for which included guidance for safeguarding adults; child protection (children's safeguarding); female genital mutilation.

The service required all staff to have a Disclosure and Barring Services (DBS) check as part of their recruitment process. We checked seven staff files, and all had an up-to-date DBS checks documented in the files.

Cleanliness, infection control and hygiene

The service generally controlled infection risk well however not all equipment and control measures were in place to protect women, themselves and others from infection.

Reception and treatmentareas we visited were visibly clean and uncluttered. Furniture was wipe clean.

However, the beds in the treatment and scanning room had been taped to prevent stitching from becoming undone and this was an infection risk. The service has plans for these beds to be re-upholstered and evidence was provided following our inspection.

Cleaning records we viewed were up-to-date and demonstrated that all areas were cleaned regularly. Hand hygiene audits from November 2021 to March 2022 showed 100% compliance.

Staff followed infection control principles including the use of personal protective equipment (PPE). The scanning and treatment rooms had enough PPE and staff wore gloves, masks and aprons during procedures. We saw staff using the PPE and alcohol gel during and after procedures. Alcohol gel was dated and signed.

However, the treatment and scanning rooms did not have individual wash basins for staff use. We saw that staff had washed their hands after a procedure using the two washroom facilities.

Staff cleaned equipment before and after each use and labelled equipment to show when it was last cleaned. The service had policies on infection prevention control including policies for cleaning and decontamination and guidelines for decontamination of specialist equipment.

Sonographers wore uniforms and had their arms bare below the elbows. Hand sanitising gel was available in the receptions and treatment areas for women and visitors to use.

We saw disposable paper towel roll was used to cover couches in the examination room and we saw this being changed between scans and the couch being cleaned between scans.

Couches in the waiting areas were sufficiently apart for women and their families to be able to maintain social distancing measures.

Environment and equipment

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

The service had suitable facilities to meet the needs of women's families. The waiting area was spacious and provided adequate room for pushchairs and families. There were large leather sofas in the waiting area which could be wiped clean. The building was all on one level and there was ample parking for easy accessibility.

The service had enough suitable equipment to help them to safely care for women. Staff carried out daily checks of the specialist equipment. We checked four pieces of scanning equipment and these had been checked and were in date. All electrical equipment had been portable appliance tested (PAT) annually and these were within date.

Staff knew what to do in the event of a fire and we saw in staff training records that fire safety training had been completed.

However, the beds in treatment room one and the scanning room had been covered with tape to prevent stitching becoming further undone. This meant these beds were hard to keep clean and were an infection control risk. In addition, the bed in the scanning room was broken. We escalated these concerns with the broken bed at the time of our inspection and reported the infection risk of the taped beds following our inspection. The service has provided evidence that the broken bed has been mended and that there were plans in place to reupholster the beds with tape on them.

Assessing and responding to patient risk

The service had processes and procedures in place to assess and manage risks to women, their foetus and families. All women completed a pre-scan questionnaire at the point of booking, women were asked about allergies and previous medical histories. The service made sure women understood that the ultrasound scans or other procedures were not in place of their NHS maternity care.

All women signed a consent agreement prior to treatment which explained that if an abnormality was detected during the scan the service would contact the healthcare provider.

Staff knew what to do if there was an emergency and there was a referral pathway in place to the NHS for signposting the women back for follow up where concerns had been raised. Staff were able to explain this referral pathway to us and any action they would take where concerns were raised during a procedure.

Staff shared key information to keep women safe when handing over their care to others. The service had referral processes and pathways in place with local NHS providers for staff to follow if abnormalities were found during a scan or membrane sweep.

We interviewed one sonographer who demonstrated a good knowledge of how to complete scans and how to assess women for risks.

Good

Diagnostic and screening services

The sonographer (who was also a midwife) we interviewed demonstrated a good knowledge of how to complete membrane sweeps and how to assess women for risks. The service would only perform a membrane sweep where women provided their NHS notes so they could review the midwife notes and any risks such as previous miscarriages or bleeding.

Staff knew what to do in the event of any sudden deterioration in a women'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 and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service was managed by the registered manager and a business manager, they covered the main site and the satellite site.

There were five sonographers who were also trained midwives who worked at the service. All had substantive posts within the NHS. We saw that staff employment files had been checked.

There were three administrators/reception staff who worked at the service, taking bookings and speaking to customers as well as providing administrative support.

The clinic working hours were six days a week from 2pm to 8pm and session times were worked around the availability of sonographers. The service did not use bank or agency staff.

Records

Staff kept detailed records of women's care and diagnostic procedures. Records were kept electronically.

The clinic used an electronic records system to store pre-scan questionnaires, referrals to NHS services and completed scan documents.

The pre-scan booking questionnaire gathered details about the woman's NHS details, reason for appointment and women's medical history, such as number of previous pregnancies and births, any previous vaginal bleeding, medications and allergies. The woman was also able to make any comments in a free text box on the questionnaire.

The type of scan being requested was selected as appropriate on the booking form. If the type of procedure being requested was for a membrane sweep the woman would be expected to attend the service with her NHS maternity record. This was to ensure previous membrane sweeps had not been done as a further one could increase the risk to the woman and her baby.

Women were provided with a copy of their well-being report at the end of the scan.

When it was necessary to make a referral to the NHS for a woman to receive further advice or treatment, the woman was provided with a full report of the concerns to take with them to the early pregnancy unit or other hospital department.

Referrals were arranged by telephone by the sonographer before the woman left the clinic wherever possible.

Good

Diagnostic and screening services

Medicines

The service did not use any medicines or controlled drugs.

Incidents

The service reported there had been no incidents. Staff we spoke to knew what incidents to report and how to report them.

The service had no never events.

Staff understood the duty of candour.

Managers met with staff to discuss feedback and look at improvements to patient women's care.

Are Diagnostic and screening services effective?

Inspected but not rated

We do not rate the effective domain for diagnostic 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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Policies and procedures were up-to-date and followed national guidance from the British Medical Ultrasound Society.

Policy updates or changes in procedure were discussed at team meetings or communicated to staff by email.

Patient outcomes

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

The service monitored outcomes for service users and their experience through feedback and complaints.

The service monitored referrals for early warning scans, such as repeated bookings as this could be a sign of anxiety and the service reported they would offer referral pathways for support to woman who were anxious.

There was a process in place for peer review of scan reports to ensure these were in line with the service's policies. The registered manager randomly reviewed scans of the sonographers at the service and their scans were reviewed by a midwifery associate.

From January 2021 to December 2021 the service had conducted 98 re-scans out of a total of 5998 completed scans. This was a re-scan rate of 1.65% which was below the service target re-scan rate of 3%.

Good

Diagnostic and screening services

The service made referrals to other healthcare providers where they felt a scan required further investigation. In the six months before our inspection the service made 41 referrals.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women.

We checked seven staff files which were all complete. Employment checks had been completed and references checked for each member of staff. All induction training had been completed.

The sonographers had received competency-based training as part of their substantive NHS roles and each sonographer maintained their individual competencies as part of their continual professional development (CPD). This was held on staff files. All the sonographers were registered with the Health Care Professions Council (HCPC) and we saw evidence of this in the staff files and training logs.

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

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

Managers made sure staff received any specialist training for their role.

Multidisciplinary working

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

We saw that staff worked well together. Reception staff greeted people as they arrived and explained the process to them. Reception staff advised the sonographers of women's arrival.

We saw managers working well with both the administration staff and sonographer.

Staff worked across healthcare disciplines and with other agencies when required to care for women. The service had strong links with the local NHS trusts and established pathways to refer women to local NHS trusts if any abnormalities or concerns were identified during scans.

Seven-day services

Key services were available to support timely patient care.

The service was not open seven days a week, but the manager told us they tried to offer as much flexibility as possible to meet the needs of women such as later appointments and weekend appointments.

At the time of our inspection, the service was open is open six days a week from 2pm to 8pm.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in the reception area. We saw several leaflets such as breastfeeding support, information on pain or heavy bleeding.

The service signposted women if additional support were required in for example, mental health, coping with infant crying and baby tongue-tied services.

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 womens' consent. Staff followed the service procedures and policies when women could not give consent.

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

Staff gained consent from women for their care and treatment in line with legislation and guidance. The service did not perform any procedures without consent. Staff made sure women consented to treatment based on all the information available.

Staff clearly recorded consent in women's records.

All women had written information to read and sign before their scan. The information included an explanation of the diagnostic test, limitations of the scan and the process if an anomaly was detected. The information included an explanation of the membrane sweep procedure and the referral process if concerns were detected. There was not a separate consent form for women aged 16 to 17 years of age.

Are Diagnostic and screening services caring?

Good

This is our first inspection of this service. We rated it as good.

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.

We witnessed a member of the reception team talking to a woman on the phone, the conversation was handled well and with sensitivity.

Women's privacy and dignity were protected, and five members of staff had completed chaperone training.

During the scans we observed women were treated with respect and sensitivity. The sonographer was polite, respectful and engaging with the women and their families.

Good

Diagnostic and screening services

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

We spoke to two families at the time of the inspection, both families had used the service previously and had returned for a scan with a further pregnancy. They reported being happy with the service and the staff.

We observed one scan and noted the sonographer took longer to make sure the family had a good view of the baby and the outcome they wanted. Women were offered a second appointment at a discounted price when a clear scan image could not be obtained.

The service received compliments, including one from a woman who had had a scan and the sonographer had identified an anomaly which following referral to NHS trust, had led to a successful caesarean section. The service monitored social media feedback and reported this to be positive.

Emotional support

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

Sonographers undertook training on breaking bad news and the service signposted women for support at other services such as specialist counselling services.

The service had a separate side room to be used by women in distress following the detection of an anomaly on a scan or no heartbeat, so they were not sat in the main waiting room with other expectant mothers.

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

Understanding and involvement of women and those close to them

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

Staff spoke with women, families and carers in a way they could understand. During the scans we observed the sonographer took time to explain what was happening and explained the position of the baby and the images on the monitors in language the women and their families could understand. Women were asked if they had any questions at the end of the scan.

Relatives of women were encouraged to attend at the time of the scan, this had been changed following new Covid-19 guidelines which during the pandemic had prevented family members attending.

Women and their families could give feedback on the service and their treatment and staff supported them to do this.

Women we spoke with gave positive feedback about the service.

Diagnostic and screening services

Good

Are Diagnostic and screening services responsive?

Good

This is our first inspection of this service. 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. It also worked with others in the wider system and local organisations to plan care.

The service offered a range of ultrasound scan procedures to private fee-paying women.

Managers planned and organised services, so they met the changing needs of the local population. The service opening times meant that women could book appointments of a weekend or during the evening to suit their needs.

Facilities and premises were appropriate for the services being delivered. The building was on one level and had enough space for families and their pushchairs. The building was easily accessible.

The service had systems to help care for women in need of additional support or specialist intervention such as specialist counselling services and breastfeeding support services.

Meeting people's individual needs

The service took account of most women's' individual needs and preferences.

The service had access to a translation service language information was captured at the preassessment and translation services could be accessed if required. Information leaflets in the reception area were only available in English.

The service had an equality policy and all staff received equality and diversity training at induction and as part of the yearly training updates.

The service was accessible for people with limited mobility on the ground floor of a building with wide areas and off-street parking at the front of the building.

The service did not have exclusion criteria but risk assessed women at the point of booking. The service would not see women who could not consent to treatment.

The service conducted early pregnancy scans from seven weeks and late reassurance scans from thirteen weeks.

The service offered women a range of baby keepsake and souvenir options which could be purchased for an extra fee. This included soft toys and gender reveal accessories.

Access and flow

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

Good

Diagnostic and screening services

Women attending the service were self-referred and fee paying. Women could book appointments using an online booking form, at a time and date that suited their needs. Appointments could also be made over the telephone.

There was no waiting list for appointments. Women could book the type of scan they wanted at a time to suit their needs.

Managers monitored cancelled appointments and took action to minimise them.

Learning from complaints and concerns

It was easy for women 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.

Women, relatives and carers knew how to complain or raise concerns. Information on how to complain was clearly displayed in the scanning room, waiting area and on the services website.

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

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and women received feedback from managers after the investigation into their complaint.

We saw evidence of compliments from women and positive outcomes where referrals had been made back to the NHS following concerns during a scan procedure. We reviewed one complaint which had been responded to quickly and the concerns of woman were addressed and resolved. Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Diagnostic and screening services well-led?

Good

This is our first inspection of 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.

The service was managed on a day-to-day basis by a business manager and registered manager. They were supported by three administration receptionists who also completed administration duties.

The business manager was onsite for all clinics.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

Good

Diagnostic and screening services

The service had submitted a statement of purpose to the CQC. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. The statement of purpose for this service included the services vision and aims and objectives in addition to, core values based on treating people with respect and putting women and babies' wellbeing at the forefront of everything they did. Staff were aware of the vision, aims and objectives and core values of the service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of women receiving care.

Staff told us they felt respected, supported and valued and we observed staff to be focused on the needs of the women receiving care.

Opportunities for career development were provided through the services appraisal process.

The business manager, registered manager and sonographer were knowledgeable and positive about their work.

The registered manager told us of their passion to provide services and reassurance to women where the NHS services were busy. They told us that the team worked well together.

The service had an open culture where women and their families could raise concerns through the services complaints process.

We observed the staff working well together as a team.

Governance

Leaders operated effective governance processes. 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.

The overall running of the service was the responsibility of the registered manager, this included investigating complaints and incidents.

The service has policies and procedures in place for the effective running of the service. These included processes for referral to partner organisations.

The service had regular team meetings to share news, changes in policies and information. The minutes of the team meeting were available for staff to view in the staff room.

The service completed hand hygiene audits, infection prevention and control audits and environment and equipment audits. Scans were peer reviewed and feedback given to sonographers.

The service had clear staff records which were compliant with mandatory staffing checks. Staff files were well organised with disclosure and barring service checks for all staff. Identification checks had been completed.

Good

Diagnostic and screening services

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 saw that up-to-date risk assessments had been done for fire safety, health and safety, legionnaires disease and control of substances that are hazardous to health. Risks were regularly reviewed by the business manager.

The service had a risk register and there were eight risks detailed these included, spread of Covid-19 infection, needle stick injuries, no handwashing facilities in the scanning and treatment rooms, repair of the treatment beds and use of the birthing ball. These had been given priority scoring and there were detailed actions to mitigate the risk. The risk register was maintained and regularly reviewed by the business manager.

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. Data or notifications were submitted to external organisations as required.

The service collected reliable data and analysed it. Managers monitored cancelled appointments and took action to minimise missed appointments.

Staff could find the data they needed, in easily accessible formats. The service used an external data consultancy company for supporting information technology (IT) systems. This included security in place for the safe storage of electronic files and personal data and ensuring systems were in line with relevant legislation requirements of the General Data Protection Regulations.

Staff received training on General Data Protection Regulations.

The service had a policy on the Caldicot principles and a notice in the staff room alerted staff to these principles. The Caldicott Principles are fundamentals that organisations should follow to protect any information that could identify a woman, such as their name and their records.

Engagement

Leaders and staff actively and openly engaged with women, families, staff and local organisations. They collaborated with other organisations to help improve services for women.

The service promoted support for women from local breastfeeding support services, baby tongue-tie services and counselling services. The registered manager and sonographers had close working relationships with local NHS hospitals. This meant staff were able to quickly refer women to the appropriate service if any anomalies were detected during scans.

Staff engaged with women and their families during scan procedures. Feedback was welcomed and responded to where necessary. The business manager told us that feedback on social media was regularly reviewed. Feedback included messages from women where anomalies had been detected during scans including following a referral by the service to

Good

Diagnostic and screening services

the NHS hospital. As a result, there had been continued successful pregnancies or a significant reduction in the risk to a woman where their pregnancy was ectopic. An ectopic pregnancy is when a fertilised egg implants itself outside of the womb, usually in one of the fallopian tubes. The fallopian tubes are the tubes connecting the ovaries to the womb. If an egg gets stuck in them, it won't develop into a baby and your health may be at risk if the pregnancy continues.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

There was a culture of learning and development in the service.

The service sought to make improvements and offer other services to support women during their pregnancy such as antenatal classes and breastfeeding support sessions. The service also provided information on other pre-natal and post-natal services for women.