Ultrasound Image Studio Ltd

Hey Baby 4D Watford

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 previously rated the 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. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records.
- 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, 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 for their results.
- The service considered the impact a potential failed pregnancy or anomaly finding could have on women and their family. They planned services to reduce distress and developed scanning room exit policies to avoid additional distress.
- 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 to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not have access to interpreters or signers.
- The service did not have regular formal staff meetings with minuted outcomes..

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We have not previously inspected the service. We rated it as good. See the overall summary above for details.

Summary of findings

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Summary of this inspection

Background to Hey Baby 4D Watford

Hey Baby 4D Watford is operated by Ultrasound Image Studio Limited. The service provides private pregnancy scanning services and serves the communities of Hertfordshire. The service provides ultrasound scans for reassurance or gender determination from 6 to 42 weeks of pregnancy. Appointments include scan findings and images for keepsake purposes. In the event of anomaly detection, women were referred to the local NHS early pregnancy assessment unit or maternity service, depending on the stage of pregnancy. The service also provides non-invasive pregnancy testing (NIPT). NIPT is a screening test used to determine the risk of a child being born with certain chromosomal abnormalities.

The service registered with CQC in 2019. The service has had the same registered manager in post since registration.

This is the service's first inspection since their registration with CQC.

How we carried out this inspection

We carried out this unannounced inspection using our comprehensive inspection methodology on 28 February 2022.

During the inspection visit, the inspection team:

- Spoke with the registered manager and a sonographer
- Spoke with four women
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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

Areas for improvement

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 information on how to contact interpreters or signers is readily available for staff, women and carers.
- The service should consider having regular staff meetings with minuted outcomes.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

We have not previously inspected the 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.

Sonographers and administrative staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. We reviewed the staff training matrix and found most staff had completed their mandatory training (89%). The registered manager said staff were in the process of completing the outstanding training modules.

The mandatory training was comprehensive and met the needs of women and staff. The mandatory training requirements included a range of subjects such as infection control, health and safety, fire safety and manual handling.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers monitored compliance with mandatory training and alerted staff when training was due to expire. Managers informed each staff member when training needed to be refreshed.

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.

Sonographers and administrative staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Records showed the safeguarding lead had level three training and all other staff had level two training in safeguarding children and adults.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. A safeguarding children and vulnerable adults policy was available. Staff explained the process they would follow for escalating safeguarding concerns. A safeguarding audit found staff were compliant with the service's procedures (100%).

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding referrals were completed by management who followed up all referrals with the local authority. There was one safeguarding incident in the previous 12 months. Records showed the incident was investigated and reported in line with the service's policy. The service received feedback from the local authority following the referral.

The service recruitment pathway and procedures ensured relevant recruitment checks had been completed for all staff including disclosure and barring service (DBS) check and professional registration checks.

The service had an up-to-date chaperone policy

Cleanliness, infection control and hygiene

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

The service performed well for cleanliness. Sonographers cleaned the ultrasound machine after every use and at the end of each session. Staff were able to explain the steps they followed to clean the machine after a scan, and this supported good infection prevention and control. Items we viewed were visibly clean and dust-free and there was a daily cleaning check list. We reviewed a sample of daily cleaning checklist and found they were fully completed.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We reviewed infection control protocols and assurance frameworks introduced as part of the service's response to COVID-19. Extra cleaning was introduced to protect against COVID-19 including regular cleaning of hight traffic areas and 'touch points'. Hand-washing and sanitising facilities were available for staff and visitors and there was signage to support good hand hygiene

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed daily cleaning checklists for the scanning room. There were regular audits such as hand hygiene and cleanliness of the environment which showed the service consistently performed to a high standard (100%).

Staff followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with personal protective equipment (PPE) such as gloves, aprons and masks. We observed staff wearing PPE.

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 design of the environment followed national guidance. The service had undertaken fire and health and safety risk assessments and developed action plans. Risks such as staff practicing the fire evacuation drill and servicing the fire alarm had been mitigated. There was a fire evacuation procedure in the waiting area and staff were informed of this procedure during their induction. The service had fire safety equipment which was checked regularly. All staff completed training in fire safety. Electrical equipment had been safety tested.

Staff carried out daily safety checks of specialist equipment. Sonographers checked equipment was in working order at the beginning of scanning sessions. Scanning equipment was serviced annually by the manufacturer and there was a maintenance contract to complete repairs if there was a fault.

Good

Diagnostic imaging

The service had enough suitable equipment to help them to safely care for women. The service had a scanning machine which was used for all scans. The couch could be raised and reclined for the women's comfort and if scanning required repositioning.

The service had suitable facilities to meet the needs of women's families. The design of the environment followed national guidance. The scanning room enabled privacy and conversations could not be overheard. There was a privacy screen available.

Staff disposed of clinical waste safely. Clinical waste and non-clinical waste were correctly segregated and collected separately.

Assessing and responding to patient risk

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

Staff completed risks assessment for each woman on arrival. Women were advised at the point of booking and on attendance that scans were non diagnostic, and they still needed to attend NHS scans and appointments. Sonographers outlined the limitations of the scans to each patient including anomaly diagnosis, maternal health and gender of the foetus.

Sonographers followed the pause and check list issued by The Society and College of Radiographers. Staff checked the women's full name, date of birth and first line of address, as well as the existence of any previous imaging the patient had received.

Staff knew about and dealt with any specific risk issues. Staff asked women about their medical history and allergies prior to the scan. Managers monitored patient bookings to ensure exposure to ultrasound scans was as low as reasonably possible.

Staff responded promptly to any sudden deterioration in a women's health. Sonographers told us there was a referral policy for escalating medical emergencies, such as ectopic or failed pregnancies. Staff explained the steps they would take if a woman needed emergency healthcare. All staff were trained in basic life support and knew how to recognise a deteriorating patient.

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 regularly reviewed and adjusted staffing levels and skill mix.

The service had enough sonographers and support staff to keep women safe. The service had three sonographers and two support staff. There were sufficient numbers of staff to cover sickness absence at short notice if required. Managers were able to cover the role of administrative staff when needed and staff told us they had not had a situation where staff shortages led to the cancellation of women. The service did not use bank or locum staff.

The manager could adjust staffing levels daily according to the needs of women. Rotas were done in advance with short notice changes as required in accordance with staffing. The service had a low turnover rate.

Good

Diagnostic imaging

Managers made sure all staff had a full induction and understood the service. Records showed all staff completed an induction and read the service's policies and procedures.

Records

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

Patient notes were comprehensive and all staff could access them easily. Staff had access to an electronic records system that they could all update. Staff used electronic scanning to store consent forms and notes. Staff had access to consent forms during the scanning process.

We reviewed three patient records which contained relevant information and were fully completed.

Records were stored securely. All patient's data, consent forms and scans were documented on the service's secure patient electronic record system in line with legislation and national guidance.

Incidents

The service had a procedure to manage patient safety incidents. Staff knew how to raise concerns, report incidents and near misses in line with provider policy.

Staff knew what incidents to report and how to report them. Staff completed training on Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. The service had an up-to-date incident policy which described how staff should report incidents, and how incidents should be investigated and followed up. Staff received training on incident reporting as a part of their induction.

The service did not have any incidents in the previous 12 months. Staff could give examples of incidents they would report and how they would do this.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff said they were confident in reporting incidents and near misses.

Staff understood the duty of candour. Staff were aware of their responsibilities and could give examples of when they would use the duty of candour.

Are Diagnostic imaging effective?

Inspected but not rated

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

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

Good

Diagnostic imaging

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service adhered to guidelines from National Institute for Health and Care Excellence (NICE), British Medical Ultrasound Society (BMUS) and Society and College of Radiographers (SCoR). Scanning forms were developed and updated in line with BMUS policies.

The registered manager was responsible for clinical policy updates. Managers reviewed policies annually or when national guidance advised a change in practice. Policies were version controlled which included the date of the last review and the next review date.

There were written protocols for scanning, which meant scans were standardised.

The service had a process for staff to communicate any psychological and emotional needs of women and their companions at handovers between reception and the scan room.

Patient outcomes

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

The service participated in relevant national clinical audits. Outcomes for women were positive, consistent and met expectations, such as national standards. The service completed a quarterly audit to evaluate image quality and reporting. When improvement in scanning was identified this was commented on and fed back to staff. This was in line with the British Medical Ultrasound Society's (BMUs) guidance, which recommends peer review audits are completed using the ultrasound image and written report.

Managers and staff used the results to improve women's' outcomes. Sonographers participated in monthly peer review of scans and followed national guidance from BMUS when reviewing these images. Areas for improvement were discussed with the sonographer who undertook the original scan.

The service supported staff to rebook women for additional scanning if scans could not be completed due to fetal positioning or gestational age. When fetal anomaly was identified, women were referred to the early pregnancy unit or maternity centre where their care was based.

Managers made sure results of all non-invasive prenatal testing (NIPT) were sent to women electronically and explained to the women the importance of sharing the results with their maternity care provider. Follow up of NIPT results was undertaken by managers at the service, and these were then electronically sent to the women to liaise with their NHS trust.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. All sonographers employed by the service were qualified radiographers, registered with the Health and Care Professionals Council (HCPC) and the Society and College of Radiographers.

Good

Diagnostic imaging

Managers gave all new staff a full induction tailored to their role before they started work. Staff worked in pairs of an administrator and a sonographer to run scanning sessions. Sonographers new to the service were able to observe experienced staff undertaking scans until they were confident with the scanning procedure and equipment. The registered manager also observed the sonographer explaining the scanning procedure, completing scans, and reviewed the report for accuracy.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff completed an appraisal which included reflection and provided an opportunity for positive and constructive areas of improvement. Appraisal rates for the service were 100%.

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for women. The service made referrals to the women's GP. Sonographers also worked within NHS trusts.

Staff worked well with the safeguarding team to benefit women. The service had developed links with the local safeguarding authorities and were familiar with the local multi agency safeguarding hub. When referrals were completed for safeguarding this was followed up by managers to ensure the information had been received.

Seven-day services

Services were available to support timely patient care.

The service was open Monday and Friday 10am – 1pm, Wednesday 2pm – 8pm, Saturday and Sunday 10am – 5pm. The service was closed on Tuesday and Thursday.

The service offered appointments for late evenings and weekends to enable women to book scans at a time that suited them. Women could book appointments online or by telephone. Appointment were available within two days.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. There was information on a healthy diet and hypnobirthing in the reception area.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported women to make informed decisions about their care. They followed national guidance to gain women's consent. Staff knew how to support women who were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Records showed all staff completed training on mental capacity and staff explained how they would undertake a capacity assessment.

Staff gained consent from women for their care and treatment in line with legislation and guidance. The service had consent forms for both scans and non-invasive prenatal testing (NIPT) which detailed benefits and risks. Consent forms for scans outlined the limitations of the scans relating to anomaly diagnosis, maternal health and gender of the foetus.

Good

Diagnostic imaging

Staff made sure women consented to treatment based on all the information available. Women were sent the consent form in advance of attending for the appointment. Sonographers gained written consent after explaining the safety of scanning and what to expect.

Staff clearly recorded consent in the women's records. We reviewed consent forms and found these were completed fully.

Are Diagnostic imaging caring?

Good

We have not previously inspected the 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. Women told us the service was well organised, efficient and professional. Appointment length was adequate to ensure when required, sonographers could discuss fetal health concerns and the need to refer to maternity services.

Staff were discreet and compassionate when making referrals and these women waited in the scanning room until the report was completed.

Women said staff treated them well and with kindness, were very helpful and reassuring. Staff answered patient enquiries and interacted with women in a friendly and sensitive manner. If a scan was not possible because of positioning, staff offered women refreshments, or they could go for a walk and attend for a scan at a later time at no extra cost.

Staff followed policy to keep women's care and treatment confidential. The service was able to maintain the privacy and dignity of women during scans by closing the scan room door, providing appropriate coverings, offering the choice of privacy screen, and leaving the room while they undressed. Conversations in the scanning room could not be overheard.

All staff completed mandatory training on maintaining patient confidentiality.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. Women could request a female sonographer if this was their preference.

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 stressed the importance of treating women as individuals with different needs. Staff gave examples of how they would reassure

women who were nervous and answer any questions. Women told us staff helped them to feel calm and relaxed. Women said staff were always available via the telephone or email to provide them with reassurance if they were anxious or had questions. Women told us they felt listened to, the communication with staff was good and staff were very accommodating.

Staff understood the need to be compassionate, sensitive and show empathy when scans indicated miscarriage or fetal anomaly. Sonographers told us they would explain the referral process and the need for further diagnostic tests.

Staff supported women who became distressed in an open environment and helped them maintain their privacy and dignity. Women could exit through the rear door to maintain their privacy and dignity after receiving bad news. This meant women could leave the service discreetly if they wished, or when they were distressed without seeing other women and their families.

Women were able to request a chaperone in advance of the scan appointment and always received a chaperone.

Understanding and involvement of women and those close to them

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

Staff made sure women and those close to them understood their care and treatment. Women said staff explained their care in a way they could understand, without jargon, and allowed them plenty of time to ask questions. Women said staff asked about their understanding of the procedure before commencing scans or non-invasive pregnancy testing NIPT.

Staff made sure women and those close to them understood their care and procedures. The service made sure women understood their treatment by providing clear information about scan packages and costs on the telephone and the service's website. Women were supported to make informed decisions about their care and were guided to choose the right scan or package for them depending on the stage of their pregnancy.

Women understood when and how they would receive their scan images and results. They had an opportunity to choose the images, immediately after the scan, to be printed out as part of their presentation photos.

The service enabled women and their families to provide feedback through social media and search engine review sites.

Women gave positive feedback about the service. In feedback we reviewed women said staff provided helpful clinical information, they felt involved and staff were flexible if they ran late showing their human side.

Are Diagnostic imaging responsive?

Good

We have not previously inspected the 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.

Good

Diagnostic imaging

Managers planned and organised services so they met the changing needs of the local population. Women could pick the time slot that suited them. Scanning was available at weekends and there was one late evening per week.

Facilities and premises were appropriate for the services being delivered. There was a scanning room with privacy screens and reception area.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and women contacted to rebook appointments. Staff reviewed missed appointments to ensure there were no safeguarding concerns. From January 2021 to January 2022 the missed appointments rate was 2%.

Meeting people's individual needs

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

The service had a comfortable seating area for women and visitors. There was suitable access for wheelchair users and an accessible toilet. The couches in the scanning room could be height adjusted as and when required.

Although the service did not have access to interpreters or signers, staff had access to an online translation service.

Staff had undertaken equality, diversity and inclusion training.

Access and flow

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

Women could access the service when they needed it. They received the right care and their results immediately following the scan. Staff provided women with appointments that offered enough time to fully discuss concerns and answer their questions.

Women could book appointments within two days. Bookings could be made online or by telephone. The service provided reassurance scans for women who could not get an earlier appointment with the NHS.

Learning from complaints and concerns

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

Women, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available in the reception area. Complaints could be made verbally or by email and would be acknowledged within 24 hours. The service had a policy to investigate and respond to complaints within a week.

The service welcomed online reviews through social media and search engine rating sites. The service took steps to respond to feedback, both positive and negative, to establish ways they could improve.

Staff knew how to acknowledge complaints. Staff understood the complaints policy. Staff knew how to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. Staff were able to identify how to support a complaint, be it informal or formal.

Good

Diagnostic imaging

Managers shared feedback from complaints through emails and meetings and learning was used to improve the patient's experience. The service did not have any complaints in the previous 12 months.

Are Diagnostic imaging well-led?

Good

We have not previously inspected the 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 had a registered manager, who was a sonographer, and a lead sonographer who were both directors. The registered manager was responsible for updating policies, procedures and guidance as well as staff management. Staff told us the registered manager was always available to provide clinical advice and guidance. Staff said they were supportive and encouraged their development.

Managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

The registered manager gave examples of staff being supported to develop their skills. Staff could contact managers when needed.

Vision and Strategy

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

The service had a clear vision and strategy. The priority was to ensure the service was fair to both women and staff, was family oriented and friendly. The value of fairness related to treating women with empathy and understanding, ensuring that if the desired image was not obtained on the first occasion, a re-scan would be offered. The service was family oriented enabling the whole family, including children to share the scanning experience. Staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

The service placed a strong emphasis on positive customer and maternal wellbeing. There was a commitment to improving and maintaining good customer experiences, encouraging staff to be friendly and approachable. The vision of the service was aligned with supporting women during difficult outcomes and unexpected news.

The service had a statement of purpose which outlined to women the standards of care and support services they would provide.

Culture

Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work. The service had an open culture where women, their families and staff could raise concerns without fear.

Good

Diagnostic imaging

Staff were proud of the service and spoke highly of the culture. They enjoyed working at the service; they were enthusiastic about the care and services they provided for women. They described the service as a good place to work and they felt their hard work and dedication was recognised.

Staff were focused on the needs of women receiving care. The service promoted equality and diversity in daily work.

Managers supported an open and honest culture by encouraging staff to be accountable and responsible.

Women said they were very happy with the service and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Governance

Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet.

The service had a process to version control policies and procedures. Records showed policies were regularly reviewed and updated. The registered manager said any changes or updates to policies were shared by email and discussed with staff individually.

The service monitored audits, training and appraisals.

The registered manager said the team was small and they had regular staff meetings. For example, there were meetings to discuss and review COVID-19 precautions which were updated following changes in guidance. However, staff meetings were not minuted in the previous 12 months.

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 service had effective systems, such as audits and risk assessments to monitor the quality and safety of the service. Risk assessments such as fire and health and safety had been completed and the action plans implemented. There was a fire risk evacuation procedure, fire extinguishers and smoke detectors. All staff completed mandatory fire safety training.

The service had updated their general and COVID-19 risk assessments that identified actions which had been completed to mitigate risks. These risk assessments were reviewed regularly.

The service had policies and procedures for patient referral. There were regular audits of image quality and peer reviews that highlighted areas of improvement to benefit women. Staff were clear about their roles and had appraisals to discuss performance and development.

The service had a business continuity plan and valid public and employer liability insurance.

Information Management

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.

Good

Diagnostic imaging

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. Records and scans were electronic, password protected and stored securely.

The service had a data protection policy and all staff completed training in information governance.

Safeguarding notifications were submitted to external organisations in line with local policy when required.

Engagement

Leaders and staff actively and openly engaged with women.

Staff had regular engagement with the registered manager through informal meetings and through email. The registered manager was involved in the day-to-day running of the service.

The service encouraged women to provide feedback through online reviews, social media reviews or email. We saw positive examples of feedback and the registered manager had responded appropriately to feedback.

The service shared examples of how feedback had been used to plan and manage services. For example, increasing the appointment duration for gender scans.

The service's website offered multiple routes for women to contact staff to get information. There was also a frequently asked question section on the website.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The registered manager supported staff development and encouraged this at appraisals.

The registered manager explained the plans for service development. This included antenatal pregnancy classes to prepare parents for birth and parenthood. The service was exploring the provision of enhanced peripheral services such as gynaecological scans and pregnancy tests.