1st Glimpse Limited

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

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff 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 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.

We last inspected the service in February 2020. Our overall rating of this service stayed the same. We rated it as good.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Good 	Our rating of this location stayed the same. We rated it as good because: • The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff 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 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.

Summary of findings

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Summary of findings

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Summary of this inspection

Background to Window to the Womb

Window to the Womb is owned by 1st Glimpse 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 Witham and surrounding areas.

Window to the Womb opened in May 2015 and provides early pregnancy scans from six weeks and diagnostic pregnancy ultrasound services to self-funding women, from 16 to 40 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.

Window To The Womb is registered with the CQC to carry out the following regulated activities:

Diagnostic and screening procedures.

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, another inspector and an offsite CQC inspection manager. We gave the service short notice of the inspection because we needed to be sure it would be in operation at the time we planned to visit. The lead inspector visited the service on 19 November 2021 when we were able to speak with staff and managers. Another CQC inspector visited the service on 30 November 2021 to observe scans and speak with customers.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Community health services for adults

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

Are Community health services for adults safe?

Good

Our rating of safe stayed the same. 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.

Staff received alerts when they needed to refresh mandatory training and told us they were given time to do training.

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

The registered manager ensured staff completed a range of mandatory training which included fire safety, infection control, safeguarding, health and safety, mental capacity act, equality and diversity and information governance. Staff also benefitted from monthly refresher training during team meetings, when a mandatory training subject was revisited. At the time of our inspection, 100% of staff had completed their mandatory training.

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 service had clear safeguarding processes and procedures in place. All staff, scan assistants and the sonographer, were trained to safeguarding level two for both vulnerable adults and children; however, a manager told us there was always a manager on site and managers had safeguarding level three training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with were able to clearly articulate signs of different types of abuse, and the types of concerns they would report or escalate to the registered manager. Scan assistants had never had to raise a safeguarding referral but could give examples of when they felt it may be necessary to raise and escalate a concern appropriately.

A separate female genital mutilation (FGM) policy provided staff with clear guidance on how to identify and report FGM. Child sexual exploitation (CSE) and FGM were included in safeguarding training.

The provider had recently improved their national safeguarding policy, which was applicable to all locations. The new policy provided up to date guidance on recognising abuse and escalating concerns in the specific context of the service. The policy included processes for staff to obtain support in the event a woman under the age of 16 attempted to obtain a scan.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Clinic rooms, toilets, reception and waiting areas were visibly clean. The service followed the franchise scan room safety and hygiene policy. Cleaning schedules were displayed in the clinic in line with this policy.

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

Staff completed a daily cleaning log and undertook hourly cleanliness visibility checks of clinical areas throughout their shifts. Staff documented and rectified any areas of concern as necessary. The registered manager had introduced more detailed cleaning logs in response to COVID-19 which prompted staff to clean every surface in the room they were cleaning.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were appropriate hand washing facilities and sanitising hand gel was available. Staff had their arms bare below their elbows and washed their hands before and after each scan. Personal and protective equipment such as latex-free gloves and antiseptic wipes were readily available for staff to use at the service.

In the twelve months before the inspection, there had been no incidences of healthcare acquired infections at the location.

Staff cleaned equipment and waiting areas after customer contact. The registered manager had updated the COVID-19 policy to provide guidance for staff to help reduce the spread of infection. Staff were following this policy.

Staff cleaned equipment after use. For example, the couch in the treatment room used by customers was covered with a disposable cloth which was changed between patients. Staff disinfected the couch with an antibacterial wipe before laying out a new disposable cloth.

The sonographer followed the manufacturer's and infection prevention and control (IPC) guidance for routine disinfection of equipment. The sonographer wore gloves when carrying out scans in line with IPC compliance.

Good

Community health services for adults

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 service had suitable facilities and had enough suitable equipment to meet the needs of women. The clinic's environment was fit for the purpose of service provided. Staff completed regular checks of stock, first aid kit and equipment.

The service did not require a resuscitation trolley. There was a first aid box which was sealed and within expiration date. Staff were up-to-date with adult and children first aid training. Staff told us in case of an emergency they would call 999.

Staff carried out daily safety checks of specialist equipment. The electrical equipment had been safety tested within the last 12 months. This was in line with the provider's safety policy.

Staff disposed of clinical waste safely. Staff carried out waste streaming in line with Department of Health and Social Care Health Technical Memorandum 07-01, which reflected national best practice.

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 risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. 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 provider had health and safety policies that included identifying when women's conditions or any anomalies put them at risk. This meant that staff knew what to do and acted quickly when there was an emergency.

The sonographer was able to contact the Window To The Womb lead sonographer for advice and support during clinics. The lead sonographer was employed by the provider and was available to review any ultrasound scan remotely. The sonographer confirmed they were able to access support in a timely way.

The clinical manager told us they had referred 97 women to NHS services because of potential concerns found. Dedicated referral forms were available to document any referrals made. These included a description of the scan findings, the reason for referral, who the receiving healthcare professional was and what action they were going to take.

The service provided clear guidance for sonographers to follow when they identified unexpected results during a scan. Staff gave examples of redirecting women who were experiencing pain or bleeding to their local NHS clinical team. Sonographers made rapid referrals when they found concerns about a woman's health and documented their phone calls with NHS services to maintain an audit trail of referrals.

Staffing

Good

Community health services for adults

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 and gave locum staff a full induction.

The service had enough staff to keep women safe. The clinic manager planned staffing levels to meet demand on the service, measured by the number of bookings made in advance. The service employed one sonographer, six scan assistants and two senior scan assistants. There was also an assistant manager and a registered manager for the service. Scan assistants were responsible for managing enquiries, appointment bookings, supporting the sonographers during ultrasound scan procedures and printing scan images.

The provider's staff recruitment policy stated all staff had to have a Disclosure and Barring Service (DBS) check before starting their employment at the location. All staff had an up to date DBS check. We reviewed three personnel files and all staff had proof of identification, residence, and an up-to-date curriculum vitae on file. The service had obtained two references for all staff in line with their policy. We also saw employment offer letters, contracts, and evidence of induction training, qualifications, and professional membership were kept on file.

The service had low vacancy, turnover, and sickness rates and staff described the team as consistent and stable. The service did not use bank or agency staff. The registered manager had service level agreements with other clinics in the group to cover any absenteeism.

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.

The service had an up to date information governance policy, and a data retention policy. The registered manager was the information governance lead for the service.

Patient notes were comprehensive and all staff could access them easily. Pre-scan questionnaires and consent forms at the service ensured sufficient information was obtained from women prior to their scans; for example, in relation to number of weeks pregnant, and number of previous pregnancies. Women were also required to declare medical conditions that might affect their scan.

Staff ensured women's confidential personal information (CPI) was maintained and not accessible to others. For example, women's registration forms were kept at reception in a covered clip board prior to the woman being called in to the scanning room.

Records were stored securely. Paper documents were securely stored in lockable filing cabinets, and computers were password protected. Electronic records such as ultrasound images stored on the scanner were password protected.

Incident reporting, learning and improvement

The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.

Good

Community health services for adults

Staff knew what incidents to report and how to report them. The service had an up-to-date incident reporting policy, which detailed all staff responsibilities to report, manage and monitor incidents. The service used a paper-based reporting system, and an incident log was available in the clinic. The registered manager was responsible for conducting investigations into all incidents at the location and submitted a monthly incident return to the provider.

The clinical manager understood their responsibility to report any notifiable incidents to the CQC.

The service had no 'never events'. In the reporting period from the last inspection in April 2019 to this inspection, there were no 'never events', or serious incidents at the location. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

Staff understood the duty of candour. In the same period, there were no duty of candour notifications. 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. The clinical manager 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.

Staff met to discuss feedback and look at improvements to patient care. Staff had access to feedback and updates during monthly staff meetings, which were held online.

Staff told us they were given feedback from investigation of incidents, both internal and external to the service.

Are Community health services for adults effective?

Inspected but not rated

We inspected but do not rate Effective.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff were aware of how to access policies, which were stored both electronically on an internal computer drive and paper based. Local policies and protocols were in line with current legislation and national evidence-based guidance from professional organisations, such as the National Institute for Health and Care Excellence (NICE) and the British Medical Ultrasound Society (BMUS). The policies were written centrally by the franchise. However, policies were adapted to provide effective guidelines for each clinic location. Staff were made aware of updates to policies at monthly team meetings. All seven policies and protocols we looked at had a next renewal date, which ensured they were reviewed by the service in a timely manner.

Good

Community health services for adults

The service followed the 'As Low As Reasonably Achievable' (ALARA) principles. This was in line with national guidance (Society and College of Radiographers (SCoR) and British Medical Ultrasound Society (BMUS), Guidelines for Professional Ultrasound Practice (December 2018)). This meant sonographers used minimum frequency levels for a minimum amount of time to achieve the best result.

The service had an effective audit programme that provided assurance about the quality and safety of the service. The registered manager carried out audits where they monitored women's experience, cleanliness, health and safety, ultrasound scan reports, equipment, policies and procedures. The provider conducted an annual clinic audit. This included a review of risk assessments, policies and staff training. The provider also completed annual sonographer competency assessments.

The service used technology and equipment to enhance the delivery of effective care and treatment to women. The service utilised up-to-date scanning equipment and benefitted from a new scanner which was serviced annually, to provide high-quality ultrasound images. They also had two large wall-mounted screens and one projector situated in the scan room which enabled women and their families to view their baby more easily.

Women had access to the Window To The Womb mobile phone application (app). The app enabled women to record and share images of their pregnancy 'bump' with their family and friends. They could also create a time-lapse video of their pregnancy journey. Each woman's scan images taken during a Window To The Womb appointment was also saved on the app. This meant women had instant access to their scan images. There was also a website version available for women who did not have smart phones.

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.

Nutrition and hydration

Staff took into account women's individual needs where fluids were necessary for the procedure.

Due to the nature of the service, food and drink was not routinely offered to women. However, bottles of drinking water were available. To improve the quality of the ultrasound image, women were asked to drink extra fluids on the lead up to their appointment. Women who were having a gender scan were encouraged to attend their appointment with a full bladder. This information was given to women when they contacted the clinic to book their appointment. It was also included in the 'frequently asked questions' on the service's website.

Pain relief

Staff assessed and monitored women regularly to see if they were in pain during scans.

Pain relief was not available at the service. Staff checked women were comfortable during their scan and halted scans if women experienced any discomfort.

Patient outcomes

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

Good

Community health services for adults

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 every month to monitor performance. 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.

Sonographers were part of a peer review process to ensure the accuracy and quality of ultrasound scan images, videos, and reports. The franchise clinical lead sonographer reviewed the service sonographer's scans against internal targets and considered areas for improvement, such as scan times and gender or health inaccuracies. These were shared and discussed and used for improvement.

From November 2020 to October 2021, the service had referred 97 women to antenatal (NHS) care providers due to the detection of potential concerns.

The registered manager ensured there were clear criteria for doing scans and repeat scans. This was to ensure women were not persuaded to have multiple scans, which would not have given them any more information than they already had.

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. Staff accessed their training through the service's electronic training portal. Training records confirmed staff had completed role-specific training. The provider's lead sonographer conducted an initial competency assessment of sonographers when they had first joined the service. The clinical lead also completed a competency assessment which included checking their registration, indemnity insurance and revalidation status.

Managers gave all new staff a full induction tailored to their role before they started work. All staff underwent an induction programme which included providing information about staff roles and responsibilities, and mandatory and role-specific training. Inductions were tailored to each specific role and their experience. For example, sonographers who had trained outside the UK undertook qualification conversion training during their induction.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Clinical leads managed performance issues of sonographers or scan assistants. The IT system meant clinical leads could securely support sonographers on or off site and identify specific types of scans during which to target support.

Managers made sure staff received any specialist training for their role. The provider produced video training logs (VLOGs)for additional training and continuing professional development tools for sonographers and scan assistants who wanted to learn more about sonography. For example, training had been provided to ensure sonographers could recognise spina bifida. Spina bifida is when a baby's spine and spinal cord does not develop properly in the womb, causing a gap in the spine.

Good

Community health services for adults

Managers had an appraisal process in place to support staff to develop through yearly, constructive appraisals of their work. All members of staff had received an annual appraisal at the time of our inspection.

Multidisciplinary working

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

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

Staff worked across health care disciplines and with other agencies when required to care for women. The service had links with the local NHS trusts to ensure they had effective referral pathways for women when needed. Staff had established good working relationships with local trusts and were able to telephone the service to secure an appointment for the woman before she left the clinic. The service had also developed good working relationships with the Miscarriage Association and Positive About Down Syndrome (PADS). The clinical manager said how amazing PADS were because they had advised how best to support women.

We observed positive staff working relationships which promoted a relaxed environment and helped put women and their families at ease.

Seven-day services

Window To The Womb was not an acute service and did not offer emergency tests or treatment, although they reminded women to call emergency services if necessary and gave women contact details of other NHS services available to them. This meant services did not need to be delivered seven days a week to be effective.

Services were supplied according to patient demand. This meant the location was not always open all day, seven days a week. Services at the location were typically provided on Monday, Tuesday, Thursday, and clinics were available on Saturday and Sunday. This offered flexible service provision for women and their companions to attend around work and family commitments. However, the clinical manager advised that if enough bookings had not been made, changes may be made the night before a clinic was due to run.

Booking for appointments was available seven days a week, 24 hours a day using the provider's online booking system available to their website. Booking forms allowed customers to select their preferred language.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in waiting areas. The service had a TV in the waiting area which showed a slide show, which promoted healthy eating, exercise and what to expect. 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. Women were advised to contact their maternity unit immediately if they thought their baby's movements had changed and/or reduced. This was in line with national recommendations (NHS England, Saving Babies' Lives: A care bundle for reducing stillbirth (February 2016)).

The service provided clear written information that the scanning services they provided were not a substitute for the antenatal care pathway provided by the NHS.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff completed training in relation to consent and the Mental Capacity Act (2005), as part of their induction and mandatory training programme. There was a Mental Capacity Act (2005) policy for staff to follow, which clearly outlined the service's expectations and processes. Staff understood the relevant consent and decision-making requirements of legislation and guidance. The service followed the franchise policy relating to individuals who suffered from any condition covered under MCA. This detailed how staff should support women and ensure they acted in their best interests.

Staff gained consent from women for their care and treatment in line with legislation and guidance. Before their scan all women received written information to read and sign. This included information about ultrasound scanning and safety information, a pre-scan questionnaire and declaration form which included the franchise terms and conditions, such as scan limitations, referral consent, and use of data. Staff made sure customers consented to treatment based on all the information available.

Customers signed electronically when signing in at the reception desk, then were asked to give verbal consent throughout the process, which was also recorded. Staff gained women's verbal consent before the sonographer began their ultrasound scan. Sonographers were responsible for obtaining the informed consent of women and completing ultrasound (digital) reports during the woman's appointment, with the support of the scan assistant. Early scans had both a digital and a paper copy. Women who had 16 weeks plus scans had images which were available digitally unless they asked for a print-out.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff received and kept up-to-date with mandatory training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were aware of the providers polices for Mental Health. They understood how and when to assess whether a woman had the capacity to make decisions about their care.

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.

Good

Community health services for adults

Are Community health services for adults caring?

Good

Our rating of caring stayed the same. 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. Staff were very passionate about their roles and were committed to providing personalised care.

Women consistently and emphatically said staff treated them well and with kindness. Staff were very warm, kind and welcoming whey they interacted with women and their companions. Staff took time to interact with women and those close to them in a respectful and considerate way. For example, staff asked the woman's name upon arrival and would support them throughout their appointment. The scan assistants acted as chaperones during ultrasound scans to ensure women felt comfortable and received enough emotional support. Women told us they were happy with the way staff engaged with them and the information given to them before, during and after the scan.

Women and their companions were also able to leave feedback on open social media platforms, which the registered manager frequently monitored. We found the service was very highly rated (five stars), and feedback was overwhelmingly positive.

Staff followed policy to keep women's care and treatment confidential. Staff ensured scans were conducted in a way that protected women's privacy and dignity. Staff kept the door to the scanning room locked during the scan to ensure women's privacy was maintained and women were covered throughout. A privacy screen was used for women who needed to remove clothing.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. For example, the clinical manager explained that if women wanted a female sonographer, they were given contact details for another service within the group where a female sonographer was employed.

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. The service held separate clinics for early pregnancy and over 16-week scans. Staff were mindful early scans held a higher risk of complications being identified. The sonographer initially started scans without the other screens in the room being turned on. This meant if any anomalies were identified the sonographer could make their diagnosis and share the information in an informed, compassionate manner. Staff were calm and reassuring throughout the scan. The sonographer provided reassurance about the scan images and clearly explained what they observed.

Good

Community health services for adults

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff supported women who received upsetting news. The sonographer delivered initial feedback to women. Sonographers used a discreet code with scan assistants to inform them to give women more time and emotional support, for example, in the event of a scan revealing an anomaly or the lack of a heartbeat. Staff gave women aftercare and offered them a drink. Staff could offer women an early scan leaflet with information referring to their next medical steps or signpost women to the miscarriage trust.

Staff understood the emotional and social impact that a woman's care, treatment or condition had on their wellbeing and on those close to them. Bereavement counselling was available to women via the provider. The service had access to written patient information to give to women who had received difficult news. Staff would arrange appropriate follow-up care where appropriate.

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 procedures. communicated with women and those accompanying them in a way they could understand. Staff adapted the language and terminology they used when performing the scan. They took the time to explain the procedure to ensure women understood. Family and friends were welcome in the scan room and there were two TV screens and a wall for a projected image positioned in the scan room to ensure everyone could see the scan images. The clinical manager told us since the COVID-19 pandemic started they had restricted women to one visitor accompanying each woman, however the number of people women could bring with them was five at the time of the inspection. Children were welcomed in the waiting area and the scan room.

Women and their families could give feedback on the service and their treatment and staff supported them to do this. Women and their partners felt they were fully involved in their care and had been given the opportunity to ask questions throughout their appointment. Staff took time explaining procedures to women before and during ultrasound scans and left adequate time for women and their companions to ask questions.

The clinic offered women apps available on smartphones and tablets through 4G available locally. Women were given a unique code to a maternity mobile phone application which gave them access to their scan images and videos. Women could choose when to share these with their wider families, friends and support network if they wished to.

Staff supported patients to make informed decisions about their care. Staff made sure women were told about the different scans available and the costs associated with them. Staff provided women with various leaflets signposting them to other care providers and reminded women they should attend their NHS appointments.

Are Community health services for adults responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

Good

Community health services for adults

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. The service also worked with others in the wider system and local organisations to plan care.

Women we spoke with were delighted with the service they received. Four couples told us they had used the service previously. Two women told us the sonographer explained the information and the details on the scan better than their NHS scan. The sonographer ensured he gave them his time and attention. They told us staff were very friendly and kind and this made them feel very comfortable.

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 provider had introduced foetal health scans in response to requests from women, many of whom said they had concerns about the impact the COVID-19 pandemic may have on their pregnancies. Women were also able to book appointments during school hours if they preferred or if they had difficulties with childcare arrangements. Women were provided with an information leaflet giving them details of early pregnancy units in the area.

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act, and people who were in vulnerable circumstances or who have complex needs. The clinical manager told us anyone with any special needs would be asked at the time they contacted the service what arrangements they would need to have in place.

Information about services offered at the location were accessible online. The service offered a range of ultrasound scans for pregnant women; such as wellbeing, viability, growth, presentation, and gender scans. Staff gave women relevant information about their ultrasound scan when they booked their appointment. This included whether they needed a full bladder and when was the best gestation for their scan. Ultrasound scan prices were detailed on the service's website, and we observed staff clearly explaining costs and payment options to women during their appointments.

Technology was used innovatively to ensure people had timely access to treatment, support and care. Women were given free access to an application (app) developed by the provider. The app enabled women to have instant access to their scan images via their personal computer, smart phone or tablet. The application enabled women to share their images and video to social media sites, or other individuals, as they so wished.

Facilities and premises were appropriate for the services being delivered. The environment was appropriate for the service being delivered and was customer centred. The scan room was large with ample seating and additional standing room for several guests, and children of all ages were welcome to attend. The scanning room had two large wall-mounted screens which projected the scan images from the ultrasound machine. These screens enabled women and their families to view their baby scan more easily and from anywhere in the room. This was in line with recommendations (Royal College of Radiologists, Standards for the provision of an ultrasound service (December 2014).

There was a comfortable waiting area, scan room and toilet with baby changing facilities, which was suitable for people with a disability, for women and those accompanying them.

The service did not formally monitor rates of patient non-attendance. However, the clinical manager said there was a very low rate of non-attendance because the service requested a non-refundable deposit payment on appointment booking. If a woman suffered a miscarriage before their appointment, staff would refund the deposit payment immediately.

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.

Window To The Womb separated their services into two clinics: the 'Firstscan' clinic, which specialised in early pregnancy scans; and the 'Window To The womb' clinic, which offered later pregnancy scans. This meant that women who may have experienced a miscarriage did not share the same area with women who were much later in their pregnancy. Staff told us the posters available in the waiting area were changed depending on the clinic being run and the questions they asked women were different. The service had systems to help care for women in need of additional support or specialist intervention.

All scans started with a wellbeing check. The sonographer looked at the baby's movements, heartbeat, position, and placental position. Early scans included the wellbeing check, but also included information about baby's position, heartbeat, head, chest, abdomen, limbs, fluid level and position of the placenta. Measurements of femur, head and other measurements were included if the woman had paid for this as part of their package or if the sonographer had any concerns. Well-being scans later in pregnancy looked at the four chambers of the heart, the heartbeat, the position of the baby and the placenta, abdominal contents and the brain and women were provided with a well-being report.

The service also specialised in providing antenatal scans for women from 16 to 40 weeks of pregnancy. Gender confirmation and growth scans were also available. Women who mostly wanted a scan for souvenir purposes could view their baby in 4D as well as 2D. NHS pregnancy scans show a two-dimensional image. A 4D scan enables women to see their baby moving as a 3D image, although the clinical manager told us the service had not provided any 4D scans during the COVID-19 pandemic. Women with a history of ectopic or failed pregnancy had a range of scans they could access. The service only provided private pregnancy ultrasound scans. They did not undertake any ultrasound imaging on behalf of the NHS or other private providers.

Women who wanted to find out the gender of their baby outside of their appointment, such as at a gender reveal party with their family and friends, were given a sealed envelope with a note telling them whether they were expecting a boy or a girl.

The service offered women a range of baby keepsake and souvenir options which could be purchased. This included heartbeat bears, a selection of photo frames, fridge magnets and gender reveal products such as scratch cards and shooting cannons. Heartbeat bears contained a recording of the unborn baby's heartbeat. The clinical manager told us they had not offered the full range of products during the COVID-19 pandemic so they wouldn't encourage families to have large gatherings.

All clinics had access to the Window To The Womb franchise translation service through the provider's website. The service also had access to a web-based spoken interpreting service for non-English speaking women when needed. The service provided easy to read and large print information leaflets for women with sight impairment. The service also used an online 'read aloud' function.

Good

Community health services for adults

Access and flow

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

All women self-referred to the service. The service recognised women often preferred to use the internet, or a mobile phone application so offered different booking methods. Women could book their scan appointments in person, by phone, or through the service's website. During our inspection, clinics ran on time. The provider had also developed a secure smart device application; which had an appointment booking facility. Women were given a written report and access to the Window To The Womb app at the end of their appointment.

The service was flexible. The service held separate clinics for early pregnancy scans (6-15+6 weeks) and window scans (16 + weeks). Window scans was the term the service used for later pregnancy and wellbeing scans. As there was a higher likelihood of abnormalities being detected in early stages of pregnancy the service held separate clinics which meant if a woman was given bad news, had experienced pregnancy loss or were anxious about their pregnancy they did not have to share the same waiting area with women who were much later in their pregnancy. There was a quiet room where women could sit if they received bad news.

The service followed the franchise foetal abnormality policy which detailed the process to follow if these were identified.

Reasonable adjustments were made to ensure people with a physical disability could easily access and use the service. The premises were located on the ground floor of the building with easy access for wheelchairs. There was one toilet which had been adapted to meet the needs of people who had a physical disability. The scanning room contained an adjustable couch which staff used to support women with limited mobility.

Staff supported women when they were referred or transferred between services. Women were phoned a couple of days later and checked on.

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. The service had an up-to- date complaints policy, which outlined procedures for accepting, investigating, recording and responding to local, informal, and formal complaints about the service. The policy confirmed that 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 patient areas. Staff understood the policy on complaints and knew how to handle them. The registered manager investigated any complaint received through the service's comments cards, website or social media. The registered manager attempted to deal with concerns at the time to resolve women's concerns. Staff asked women if they were happy with the service, they received at the end of their appointments this helped identify any potential dissatisfaction whilst still on-site.

Staff could give examples of how they used patient feedback to improve daily practice. The service actively encouraged feedback, through comments cards available in clinics, and via open platform social media sites. The service had acted on feedback. For example, the service offered a wider range of gender reveal items, the app available to women had been further developed and women were able to use an iPad when they arrived at the service to book in; with the ability to change the language on the iPad if so wished.

Good

Community health services for adults

Managers investigated complaints and identified themes. In the reporting period from November 2020 to the inspection date on November 2021, there had been one complaint. This complaint had been investigated and closed in a timely manner in line with the complaints policy. Action was taken in response to complaints received to help improve customers' experience and service provision. For example, the layout of the building had been changed to create a private area for women who needed somewhere quiet to sit.

Window To The Womb's induction programme included a course on customer care and dealing with complaints which all staff had completed.

Are Community health services for adults well-led?

Good

Our rating of well-led stayed the same. 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. They supported staff to develop their skills and take on more senior roles.

The registered manager led the service, although at the time of our inspection they had started a period of leave. They were supported by the nominated individual, who was a director and manager of the business and a clinical manager. The regional manager explained the service had an assistant manager and a duty manager to cover the registered manager's absence. Managers all demonstrated an awareness of the service's performance, limitations and the challenges it faced. They were also aware of the actions needed to address those challenges.

Staff informed us that the registered manager, clinical manager and managing director were very friendly, approachable, and effective in their roles. Staff felt confident to discuss any concerns they had with them; and were able to approach the registered manager directly, should the need arise.

There were twice-yearly national provider meetings for all Window To The Womb services which registered managers were encouraged to attend. The provider gave leadership and support and were approachable and responsive when staff contacted them. The provider offered on-going training to registered managers including clinic visits and training events. The clinical manager found these events and meetings very informative and enabled them to share their knowledge, learning and improvement ideas.

Vision and Strategy

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

Good

Community health services for adults

The service had a clear vision and values which were focused on providing safe, high quality care and consistent with the Window To The Womb vision and values. The vision was 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". Staff told us the ethos for the service was to deliver happiness in a safe environment.

The Window To The Womb's statement of purpose, which included the vision, aims and objectives and values for the service, was publicly displayed in the clinic.

The clinical manager had a detailed business strategy which outlined what they wanted to achieve over the upcoming year; for example, the service had teamed up with a university and were looking at developing technology to provide another layer of assurance. The technology was around developing a 'digital sonographer' who could see what the in-clinic sonographer was looking at and identify what the scan was picking up.

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 and provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear.

Staff we met were friendly, welcoming and confident. Staff told us they felt supported, respected, and valued. They enjoyed coming to work and were proud to work for the service. Staff were aware of the whistleblowing policy.

The clinical manager explained how the ethos of management was to identify improvements and encourage everyone to work as a team to overcome challenges. Staff told us it meant so much to them to have colleagues who were so supportive.

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.

Staff were clear about their roles and understood what they were accountable for and to whom. Staff reported any governance matters such as complaints or incidents to the registered manager, who would in turn informed the provider.

The service used key performance indicators to monitor performance, with key quality measures set by the provider. This enabled the service to benchmark themselves against other clinics in the peer group.

Staff had feedback from clinical governance and national franchise meetings. Monthly local team meetings were held at the clinic. Team meetings also covered any complaints, incidents, women's feedback, performance, compliance with policies and procedures, any clinic issues, audit results, staffing and rotas. Meetings began with a recap of the previous month's agenda items to ensure all staff were aware of the actions and completed them. Any actions identified were followed up at the next review. Fire-up meetings were held at the start of a clinic, where staff could look at what was planned and any issues which needed to be resolved.

Staff could describe the governance processes for incidents and complaints and how they were investigated.

Good

Community health services for adults

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Managers had an effective audit programme to provide assurance of the quality and safety of the service. Local audits, such as clinical and compliance audits were undertaken regularly; data was collected and reported to the franchisor every month to monitor performance. Where issues were identified, we saw these were and addressed quickly and openly. Additional assurance was provided by external audits undertaken by the franchisor.

Sonographer peer review audits were undertaken in accordance with recommendations made by the British Medical Ultrasound Society, and the franchisor completed annual sonographer competency assessments.

The registered manager had completed risk assessments for identified risks such as fire, health and safety and Legionella. Legionella is a bacterium that causes illnesses such as Legionnaires' disease or a fly-like illness. 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. Staff were aware of the risk assessments because they had been circulated to all employees and the management team. All risk assessments were reviewed annually or sooner if indicated; for example, risk assessments had been reviewed every three months during COVID-19.

The service had a clinic 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, short notice staff sickness and equipment failure. The contingency plan included contact details of relevant individuals or services for staff to contact.

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 consistently submitted to external organisations as required.

The service was up-to-date with information governance, and had data retention policies. These stipulated the requirements of managing patients' personal information in line with current data protection laws. The service was registered with the Information Commissioner's Office (ICO), which is 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.

Scan reports were retained for a period of 30-60 days in order that any issues following the scan could be rectified. This information was clearly detailed in the terms and conditions of the service. After this time, scan reports were archived. Scan reports could be reviewed remotely by the lead sonographer to enable timely advice and interpretation of results when needed, to inform patient care.

We saw that appropriate and accurate information was effectively processed, challenged and acted upon. Key performance, audit, and patient feedback data was frequently collated and reviewed to improve service delivery.

Good

Community health services for adults

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 collaborated with other organisations such as the Miscarriage Association and Positive About Down Syndrome to support women. The service was working with a university to develop technology which would support the sonographer. The service also held charity events to support a local hospital; these events were stopped during COVID-19 but staff were hoping to restart the events.

The service used feedback cards to obtain feedback from women and their families. The feedback cards captured one overall rating of one to five stars. Women were also able to add a comment to the feedback cards. Women were also able to provide feedback via the internet and social media, as well as emailing the service. We saw thank you cards were also displayed. All feedback was positive, for example, “Staff were amazing, they made me very comfortable.”

There was transparency and openness with the provider about performance. The registered manager submitted performance data to them every month such as clinic activity and complaints received

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.

Staff provided examples of improvements and changes made based on patient feedback and staff suggestion. For example, the clinical manager explained how the layout of the building had changed to create a staff area and a quiet area; this was particularly beneficial to women who received bad news. The service demonstrated a strong commitment to professional development. This included on-line and site based continuous professional development training for personal and professional growth.

Window To The Womb had developed a mobile phone application (app) to support and engage with women. The app had been designed following feedback from women who wanted to be able to share their scan images with friends and family. The app enabled women to document and share week-by-week images of their pregnancy bump with their family and friends. They could also create a time-lapse video of their pregnancy journey. Any scan image taken during a Window To The Womb appointment was saved on the app. This enabled women instant access to their scan images. Women could also book scan appointments through the app. Women were also able to have questions answered via Instant Midwife. Instant Midwife is a 24-hour service where women could get answers to all pregnancy and maternity questions and concerns from trying to conceive right through to having a new-born.

The provider produced video training logs (VLOGs), these were used as additional training and continuing professional development tools for sonographers, and scan assistants who wanted to learn more about sonography.

Learning from concerns raised at other Window To The Womb services were addressed by the provider and shared all of the locations. Examples included the introduction of hand hygiene audits and interpretation services.

Good

Community health services for adults

The service used patient feedback, complaints, and audit results to help identify any necessary improvements and ensure they provided an effective service. We saw these metrics, and policy compliance and training were discussed at monthly team meetings; with actions and completion dates documented.