D I Harries Middlesbrough Limited

Window to the Womb Middlesbrough

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?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated this service 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.
- The service had a strong, visible, person-centred culture. Staff were highly motivated and passionate. Women treated women with exceptional compassion and kindness. They respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided dedicated and personalised emotional support to women and their visitors.
- 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.
- Managers ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not have a formal strategy for what the service wanted to achieve.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	We rated this service as good overall. This is because we rated safe, responsive and well led as good with caring rated as outstanding. We do not rate the effective domain in diagnostic and screening services. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Window to the Womb Middlesbrough

The Window to the Womb service at Middlesbrough is operated by D I Harries Middlesbrough Limited. The clinic opened in 2018 and provides private ultrasound services to self-funding women who are over the age of 16 and more than six weeks pregnant. Ultrasound scans are separate from NHS standard care pathways.

The service offers an early pregnancy clinic (from six to 15 weeks of pregnancy), and a later pregnancy clinic (from 16 weeks of pregnancy).

The service has a registered manager in post.

The service is registered with CQC to undertake the regulated activity of diagnostic and screening procedures.

We have not inspected this service before.

How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties on 16 November 2021. The inspection team comprised of two CQC inspectors and an offsite CQC inspection manager. We gave the service 24 hours' notice of the inspection because we needed to be sure it would be in operation at the time we planned to visit. We held additional staff interviews on 17 and 18 November 2021.

We spoke with nine members of staff including the registered manager, senior area manager, clinical lead, sonographers, clinic manager, scan assistant manager, and scan assistants. We spoke with eight women who had used the service and reviewed feedback on website browser platforms and social media. We reviewed a range of policies, procedures and other documents relating to the running of the service including consent, scan reports and referral letters. We reviewed the appointment system.

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.

Outstanding practice

We found the following outstanding practice:

- There was a strong visible person-centred culture with staff delivering exceptional and personalised emotional care for woman.
- The service ensured staff received enhanced communication, empathy, loss and bereavement training. This meant staff could provide tailored emotional support for woman depending on different scenarios. In addition, staff attended external training with bereavement and Down's Syndrome charities.
- The service provided continuous care from the same member of staff to women during clinic visits. This meant staff were able to offer appropriate emotional and compassionate support to woman if they received any unexpected news or needed an onward referral to NHS services.

Summary of this inspection

- The service was very conscious of the emotional needs for women attending scans depending on the stage of their pregnancy. It purposely ran the early (6-16 weeks) and later (16+ weeks) pregnancy clinics at different times which ensured no cross over of woman attending. This meant that women who were anxious about their scan or had previous pregnancy losses did not share the same area with women who were much later in their pregnancy and who would be celebrating gender reveals and buying merchandise.
- The service collaborated with regional university to support leading edge psychological research on baby scanning services. Staff helped researchers collect information on measuring the effects of; maternal sickness and nutrition during the first trimester of pregnancy, maternal smoking, and auditory stimulation on the unborn baby's facial movements inside the womb.
- The service was involved in the LGBTQ+ community and have rainbow coloured gender reveal balloons and bears in order to be more inclusive.
- We observed staff creating a memorable scan experience and adapting their language and terminology when interacting with children who accompanied the woman. For example, the sonographer replayed the unborn baby's arm movement in fast forward and described this as the baby waving hello to its new family.
- We saw that external family members were asked to leave the scan room during a gender reveal to make it an extra special experience for the women and partner. The sonographer also created a suspense moment before the gender reveal and moved printed words of "it's a boy" or "it's a girl" onto the unborn baby on the screen.

Areas for improvement

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

Action the service SHOULD take to improve:

The service should ensure that their mandatory training policy reflects the specific training requirements for each staff role including continual professional development modules.

The service should consider that staff have an awareness of the safeguarding lead and their safeguarding training levels.

The service should consider that all safeguarding referral guidance includes the local authority details.

The service should ensure their safeguarding policy reflects the legal requirements for regulated health and social professionals to report female genital mutilation (FGM) directly to police.

The service should ensure that all sonography staff have an awareness of female genital mutilation (FGM).

The service should ensure that all staff personal records are kept up to date.

The service should ensure effective oversight of recruitment processes.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	☆ Outstanding	Good	Good	Good
Overall	Good	Inspected but not rated	☆ Outstanding	Good	Good	Good

Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good

We rated safe as good.

Mandatory training

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

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

Managers provided monthly staff training sessions. These had been delivered online during the pandemic and were now face to face at team meetings. The training consisted of a review of policy and procedural updates, videos, scenario examples, discussions, and quizzes.

Clinic managers recorded staff training attendance in each member of staff's training file, and these were checked as part of monthly audits by the registered manager. We observed staff files which showed all staff were compliant with mandatory training modules for example fire safety and infection control.

Staff completed mandatory training on recognising and responding to women with mental health needs, learning disabilities and autism.

However, the mandatory training policy did not indicate the complete training needs required for each staff role including their programme of continuing professional development (CPD) modules.

Safeguarding

Staff understood how to protect women from abuse. They had training on how to recognise and report abuse and they knew how to apply it.

There were up-to-date safeguarding adults and children's policies for staff to follow, which included the contact details of local authority safeguarding teams. However, this information was not documented on the safeguarding flow chart.

Good

Diagnostic and screening services

All staff received level 3 child and adult safeguarding training on how to recognise, identify and knew how to escalate any safeguarding concerns to their manager. They also undertook refresher safeguarding training twice each year or when there was specific learning from an incident or a new policy to incorporate. However, not all staff we spoke to were able to confirm their safeguarding training levels or the name the safeguarding lead (who was the registered manager). We did not see the safeguarding lead referred to in local policy or guidance.

Staff received training in female genital mutilation (FGM) at induction. They had access to FGM and safeguarding policies on how to identify and report it. The clinic manager had completed an additional e-learning continuing professional development (CPD) training module in FGM and cascaded this information to scan assistants. However, not all sonography staff had the awareness of the FGM terminology.

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

The service displayed information regarding safeguarding from abuse in the toilets. This reflected good practice as it meant women and visitors could discreetly access important information.

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

Managers had oversight of appropriate advanced and basic Disclosure and Barring Service (DBS) checks for all staff and held certificate numbers and expiry dates.

The FGM policy stated that the registered manager would make a report to the police if their staff were informed or had observed physical signs of FGM in an under 18-year-old girl. However, this does not reflect the legal requirement for regulated health and social professionals to report FGM directly to police, and this responsibility cannot be transferred to managers.

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.

All areas of the clinic were visibly clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly to address the additional risks presented by COVID-19.

Staff had designated cleaning responsibilities at the beginning and end of the day. The booking system was designed to allow for additional cleaning in-between scans.

Managers carried out regular quality checks of cleaning standards and we saw no issues with compliance.

Staff followed infection control principles including the use of personal protective equipment (PPE).

We observed appropriate COVID-19 infection control procedures such as hand washing, hand sanitisation, use of PPE and social distancing.

Good

Diagnostic and screening services

The service had hand washing facilities and sanitising hand gel in the scan room for sonography staff to decontaminate their hands and equipment following scans. There was a Window to the Womb hand hygiene poster above the sink to provide a visual guide to handwashing.

The infection control policy included clear guidance and a schedule for staff to follow for daily, weekly, and monthly deep cleaning.

Sonography staff received online cleaning tutorials for probe cleaning.

Women were provided with information about COVID-19 restrictions at the time of booking and a declaration was completed for woman visiting the clinic which covered symptoms or known exposure and the COVID-19 status was recorded. Staff encouraged women to wear masks and sanitise their hands.

Most staff continued to perform lateral flow tests in line with national guidance.

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 and non-clinical waste in a way that kept people safe.

The service had suitable facilities and enough suitable equipment to meet the needs of women and the people who accompanied them.

The service held a property file which contained key building documentation including the lease, insurance, gas, electrical and fire safety certificates. The registered manager completed monthly environmental inspections.

Managers ensured the maintenance, service and timely repair of the ultrasound scanning machine. All electrical equipment had been safety tested within the last 12 months to ensure it was safe.

Fire extinguishers were accessible, stored appropriately and there were clear fire exit signs.

Staff followed a clear process to report faults or low equipment stock to the clinic manager.

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 responded promptly to any immediate risks to women's health and followed clear policy guidance for emergency support. They gave examples of redirecting women to their local NHS clinical team or telephoned emergency services for suspected higher-risk conditions such as an ectopic pregnancy.

Staff completed fire, health, and safety mandatory training which involved open discussions about potential risks using the service and actions required to mitigate or act on risks. The clinic manager carried out monthly unannounced fire drills.

Staff completed risk assessments for each woman based on the information shared in the free text box section at the time of the booking. Although there was no clinic cut off time, staff would contact women if there were any highlighted concerns prior to booked appointment.

Good

Diagnostic and screening services

Women were advised to bring their NHS pregnancy records with them, which meant sonographers had access to women's obstetric and medical history.

Sonographers completed additional risk assessments during the scan and would re-check the reason for the scan and ask for any latex allergies if a transvaginal scan was required.

We heard positive examples of when the clinical lead viewed ultrasounds remotely to help sonographers to offer a second opinion.

We reviewed four referral letters to the NHS which showed staff shared key information to keep women safe.

The website informed women of potential risks during pregnancy and scan outcomes including sickness in pregnancy, inconclusive scans, and miscarriages.

The service strongly recommended women attend all NHS antenatal appointments.

The service displayed a pause and check list issued by The Society and College of Radiographers and BMUS however, not all sonographers had no awareness of this list.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care. Managers gave new staff a full induction.

The service had enough staff to provide the right care and treatment.

The clinic manager planned staffing rotas at least four weeks in advance. The registered manager, area manager and a clinical lead were on call at all times the clinic was open.

We were informed there had been a recent period of sickness due to COVID-19 self isolation. Staff from other clinics run by the same registered manager were able to cover staff absences.

Managers made sure all new staff had a full induction tailored to their role and a high level of support.

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.

Women's records were comprehensive.

The service kept electronic scan records and consent forms. Staff stored referral forms in a locked filing cabinet with restricted access.

We observed staff maintaining the confidentiality of women. They locked computer screens when unattended, ensured printed confidential information was not left unattended and ensured conversations were discreet.

Good

Diagnostic and screening services

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

Incidents

The service managed safety incidents well. Staff recognised and reported incidents. 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.

The service had an incident reporting policy and staff knew what incidents to report and how to report them.

Staff completed mandatory training on Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and Control of Substances Hazardous to Health (COSHH).

The registered manager demonstrated a clear knowledge of reporting and investigating incidents and submitted a monthly incident return to the franchisor.

Managers shared lessons learned from local and national Window to the Womb incidents with staff. Staff were given opportunities to discuss incidents openly.

Despite the service having a duty of candour policy, not all staff we spoke to understood the term duty of candour.

Are Diagnostic and screening services effective?

Inspected but not rated

We do not rate the effective domain in diagnostic and screening services.

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 could access up to date policies online, on the noticeboard or in the policies folder.

The Window to the Womb franchise had a dedicated team to monitor policies for compliance with national and best practice guidance. Sonographers, clinical leads and an external advisor provided input into clinical policies. Policy and guidance updates were cascaded across all clinic locations simultaneously to ensure all staff delivered care in line with requirements. This system included a record of date changes and reminders of when policies needed to be reviewed.

Staff documented their review and understanding of new policies and guidance in a tracker monitored by the management team.

Staff regularly reviewed guidance and alerts to understand best practice from the National Institute for Health and Care Excellence (NICE), the British Medical Ultrasound Society (BMUS) and the Society and College of Radiographers (SCoR).

Good

Diagnostic and screening services

The service followed the "as low as reasonably achievable" (ALARA) protocols and displayed this information prominently in the clinic. This meant sonographers used the lowest possible output power and shortest scan times possible.

We saw that sonographers followed BMUS and SCoR alternative techniques guidelines to obtain better images with scanning women on their sides.

The service followed best practice and recommended a two-week time gap between scans.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. They completed mental health awareness as part of mandatory training. The service was able to direct women appropriately if they were experiencing acute anxiety or mental health crisis.

The service had an informal process for staff to communicate any psychological and emotional needs of women and their visitors at handovers to the sonographers.

Nutrition & hydration

The service gave women appropriate information about drinking extra fluids and attend with a full bladder before trans-abdominal ultrasound scans to ensure the sonographer could gain effective ultrasound scan images.

Staff provided additional water during the appointment if necessary.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain or discomfort during scans. They stopped scans if the woman reported unusual pain.

The website contained information for women who were experiencing pain during pregnancy and signposted them to contact their midwife, GP, or NHS Website.

Patient outcomes

Managers monitored the effectiveness of care and used the findings to make improvements and achieve good outcomes for women.

The registered manager had overall responsibility for measuring the quality and safety of the service. They conducted effective audits against a wide range of key performance indicators set by the franchise to monitor performance and benchmark against other Window to the Womb clinics. For example, audits were completed for scan times, gender inaccuracies, incidents and complaints. These were submitted monthly to the franchisor who also undertook external audits to provide the service with additional assurance.

The clinical lead, and sonography colleagues, completed peer reviews to ensure the accuracy and quality of scan images and videos. Sonographers benefited from peer reviews especially when suggested comments or areas for improvements were given. We reviewed a sample of peer reviews and found them to be detailed, constructive and supported best practice. This ensured consistency when measuring sonographer's performance and was in line with British Medical Ultrasound Society (BMUS) guidance.

Managers used audit findings to make immediate improvements to the service and discussed and shared outcomes with staff at team meetings.

Good

Diagnostic and screening services

Competent staff

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

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

Staff were given protected time to complete additional continuing professional development (CPD) and Window to the Womb national training such as bereavement training and communication skills when delivering unexpected news. Staff also attended external training with bereavement and Down's Syndrome charities.

Sonographers were fully assessed at the start of employment and reassessed by clinical lead annually. The service required them to be registered with a professional regulatory body and have Society of Radiographers (SoR) insurance as well as professional indemnity insurance.

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

The service had an employee's handbook which references how managers and clinical leads would identify poor staff performance and support staff to improve.

Scan assistants and sonographers were periodically assessed to ensure a consistent quality of communication and customer care during scans and any identified learning was provided.

Multidisciplinary working

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

Managers held regular multidisciplinary meetings.

Staff spoke positively of team working, effective communication and peer support. We observed constructive examples of staff working well together.

The service had established relationships with the early pregnancy services and local NHS trusts.

Seven-day services

Services were available to support timely care and was open most days during the week and at weekends.

It did not provide emergency care and treatment.

The appointment times were flexible to accommodate women and the service was open until 9pm on weekday evenings.

The website was designed to take online bookings 24 hours a day.

Health promotion

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

Good

Diagnostic and screening services

The website and social media page promoted healthy lifestyles.

The service displayed health information and support in the waiting 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. They knew how to support women who were experiencing mental ill health.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005, Gillick competency and Fraser guidelines and knew who to contact for advice.

Staff gained and recorded consent from women for their care and treatment in line with legislation and guidance. They asked women to complete additional consent to share information for onward referrals to the NHS, display scan images or baby pictures in the clinic and for posting on social media.

Staff received consent training and made sure women consented to treatment based on all the information available. Consent information was provided in multiple languages to help women understand their rights and options. We reviewed completed consent forms and found these were completed fully.

Staff received mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards. They understood how and when to assess whether a woman had the capacity to make decisions about their care.

Are Diagnostic and screening services caring?

Outstanding ☆

We rated Caring as outstanding.

Compassionate care

The service had a strong, visible, person-centred culture. Staff were highly motivated and passionate to treat women with exceptional compassion and kindness. They respected their privacy and dignity and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with women and those close to them in a respectful and considerate way. They were welcoming and introduced themselves to women and their visitors.

We spoke to eight women who all gave positive feedback “staff treated their baby as the first baby they had scanned”, “caring was 10/10” and “at one point I felt the (staff) were just as excited as me at seeing the little one on the screen”. Feedback from social media confirmed that staff “went over and above expectations” and “went that extra mile”.

We observed staff delivering personalised care which made women and visitors feel special. The service benefited from three large wall mounted monitors so that women and visitors could view the ultrasound images at the same time. We

observed staff creating a memorable scan experience and pointed out baby's individual features such as lots of hair or fast moving limbs. They adapted their language and terminology when interacting with children who accompanied the woman. For example, the sonographer replayed the unborn baby's arm movement in fast forward and described this as the baby waving hello to its new family. Staff really treasured being part of women's pregnancy scan experience.

Staff completed equality and diversity mandatory training which covered dignity, privacy and respect and followed policy to keep patient care and scans confidential. Women we spoke to confirmed staff respected their privacy and dignity. The service planned to use a privacy screen to provide women privacy from family members during transvaginal scans.

Staff recognised, understood, and respected the personal, cultural and social needs of patients and how they may relate to care needs. The website contained a pregnancy blog which promoted in vitro fertilisation (IVF) stories and two LBGTQ+ baby scan experiences. We heard how the service was involved in the LGBTQ+ community and have rainbow coloured gender reveal balloons and bears in order to be more inclusive.

Emotional support

Staff provided exceptional dedicated and personalised emotional support and advice to women and those close to them when they needed it to help to minimise their distress.

The service was passionate about training staff to deliver emotional support to women especially those who were anxious or who had unexpected news of a fetal abnormality, miscarriage or termination. Staff received enhanced communication, empathy, loss and bereavement training. This was delivered by the registered manager who was a midwife specialising in bereavement and from the clinical lead who ensured communication was tailored to the person and scan outcome scenario. Staff also attended external training with bereavement and down syndrome charities.

The same member of staff provided continuous care for women and their visitors during the clinic visit. They welcomed them at reception, acted as chaperone during the scan, shared scan experiences and helped them choose scan images for printing. This meant that staff were able to offer the appropriate emotional support required if the women received any unexpected news or needed an onward referral to NHS services. They would ask women if they required a follow up call should they need further support following unexpected news.

The service was very conscious of the emotional needs for women attending scans depending on the stage of their pregnancy. It purposely ran the early (6-16 weeks) and later (16+ weeks) pregnancy clinics at different times which ensured no cross over of woman attending. This meant that women who were anxious about their scan or had previous pregnancy losses did not share the same area with women who were much later in their pregnancy and who would be celebrating gender reveals and buying merchandise.

We saw positive examples of emotional care from thank you cards, letters and online feedback from women who had used the service. Women expressed that they really felt cared for by staff.

Staff supported patients who became distressed in an open environment. The service had a dedicated quiet room on the first floor and access to an additional ground floor room which women and their visitors could use in the event of unexpected news. These rooms were neutrally decorated with no merchandise.

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. They demonstrated the need for sensitivity, individualised communication and good listening skills.

Good

Diagnostic and screening services

The service was mindful of supporting women who arrived on their own and had clear guidance for staff to follow, especially if unfortunate news is given. This included contacting friends or family and ensuring a safe and secure means of transport home and checking up on their welfare.

Understanding and involvement of women and those close to them

Staff provided very detailed support to women and those close to them to understand their condition and make decisions about the next stages of their care and treatment.

The service made sure women understood their treatment by providing clear information about scan options and costs on the website. They were supported to make informed decisions about their care and were guided to choose the right scan depending on the stage of their pregnancy.

Staff took time to explain the scan procedure scans to women and gave them time to understand the information and ask any questions.

We saw that external family members were asked to leave the scan room during a gender reveal to make it an extra special experience for the women and partner. The sonographer also created a suspense moment before the gender reveal and moved printed words of “it’s a boy” or “it’s a girl” onto the unborn baby on the screen.

Women had an opportunity to choose the scan images immediately after the scan which would be printed out as part of their presentation photos.

Staff supported onward referrals to NHS services when scan results indicated abnormalities or other unexpected results. This ensured women did not leave the clinic without fully understanding where they would receive help and support going forward. They were trained to signpost women to specialist support services and charities.

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

Are Diagnostic and screening services responsive?

Good

We rated responsive 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.

Facilities and premises were appropriate for the services being delivered.

It was accessible by public transport and had car parking spaces.

The opening times were flexible to meet the needs of women’s working patterns and hours.

Good

Diagnostic and screening services

Managers monitored and took action to minimise missed appointments. The booking system sent out automatic reminders ahead of appointments and offered a grace period for late attendances caused by unforeseen circumstances. Staff offered flexibility in short notice rebooking in some circumstances, such as COVID-19 isolation.

There was a 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.

Women were able to declare any reasonable adjustments they needed to attend the scan appointment safely and comfortably at the booking stage, by telephone or at arrival at the clinic.

Staff had completed equality and diversity training which ensured women with protected characteristics received care free from bias.

The entrance door to the service was on ground level and wide enough for wheelchair and pushchair access. The scan room was accessible to wheelchairs and the couches in the scanning room could be height adjusted as and when required.

The service had a policy to guide staff how to support women with a sensory loss and language translation.

Women were able to read information about scans, terms and conditions, and consent in most languages using the nationality selection option or button on the website or tablet in reception.

Most staff we spoke with knew how to access different telephone interpretation services. The exception was one staff member who told us this wasn't an issue because they don't see women with sensory or communication needs.

The website offered a 'read aloud system' to allow the visually impaired to gain information with ease. The service used British sign language on tablets to aid communication for women with hearing sensory loss.

Staff gave positive examples of how they responded and cared for women with individualised needs. For example, the sonographer verbalised what the unborn baby was doing at the time of the scan for a woman with sensory loss. Staff asked women with mobility issues to use the ground floor image viewing room to select their images in order for them to have "the same experience". We also heard of examples of how staff were sensitive to larger pregnant women.

The registered manager had plans to produce an easy read document or video which would provide information in accessible formats to meet the needs of women with sight conditions, learning difficulties or dyslexia.

The service offered women a range of baby keepsake and gender reveal merchandise which included including HD video upgrades, frames, keyrings and fridge magnets and balloons. Heartbeat bears were available which contained a recording of the unborn babies' heartbeat.

The service was involved in the LGBTQ+ community and following feedback rainbow coloured gender reveal balloons and bears were available in order to be more inclusive.

Good

Diagnostic and screening services

The service could signpost women to a number of specialist pregnancy and miscarriage charities and online pregnancy support groups.

The appointment booking system notifies staff for any late bookings and we were told women tend to phone to make urgent appointments. However, the clinic does not have a cut off time for clinic bookings which meant that managers had little or no time to review personalised requests for additional needs. When we raised this with the registered manager, they said, “it was entirely impractical for appointments to be adapted and personalised to suit personal requests” and “that their commercial business model does not accommodate widescale personalisation”.

Access and flow

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

Women were able to book same day online appointments, in person, by email or by phone. The franchise had also developed a secure smart device application, “bumpies” which had an appointment booking facility.

The service provided reassurance scans for women who could not get an early appointment in the NHS especially during the COVID-19 pandemic.

The service had the capacity to extend service provision as and when the need arose, for example we saw additional dates added on Christmas Eve and New Year’s Eve.

The appointment structure meant a rescan could take place quickly especially if the sonographer was unable to obtain a clear image due to the position of the baby. Women were advised to have a walk and a drink and were provided an approximate return rescan time.

The service kept delays and waiting times to a minimum and we heard from women that staff communicated any delays.

Staff facilitated fast access to scan images and made these available to women immediately.

Learning from complaints and concerns

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

The service clearly displayed information about how to raise a concern.

Staff understood the relevant policies on complaints and knew how to respond to and escalate complaints.

The registered manager had overall responsibility for reviewing, investigating, and responding to complaints and feedback. They logged details of the complaint along with any actions taken and reported any identified themes to the franchise for national learning.

We heard a positive example of how the last complaint was investigated and duty of candour was given, and which prompted additional training.

Good

Diagnostic and screening services

The service aimed resolve any complaints raised in the clinic immediately or provide a resolution or update by the seventh working day.

Managers shared lessons learned from complaints and feedback with staff. We heard positive ways of how these had improved the service. For example, women were provided with an approximate time to return for rescans after a walk and a drink to avoid any disappointment with waiting times. Women were also offered rescans if they were dissatisfied with the scan image quality.

Are Diagnostic and screening services well-led?

Good

We rated well-led as good.

Leadership

The service had the skills and abilities to run the service. Managers understood and managed the service's 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 service had a leadership team structure presented as an organogram. This showed the roles but not individual names for all staff and the scan assistant managers role was not included.

The registered manager held overall responsibility for the leadership of the clinic with support from the franchise directors, clinical lead, area manager and clinic managers.

An area manager was responsible operationally for clinics in the local network and a clinic manager led the individual service on a day to day basis.

Staff felt confident to discuss any concerns to all managers.

Managers encouraged staff development and supported succession planning although the pandemic had put a halt to some leadership training.

Vision and Strategy

The registered manager had a vision for what they wanted to achieve but no documented strategy to turn it into action. The vision was focused on sustainability of services.

The service had operated continuously during the COVID-19 pandemic and had offered additional capacity for women who could not access NHS services due to reduced availability.

We did not see a formal strategy for what the service wanted to achieve. However, after the inspection the registered manager shared a narrative of the vision for the service which was focused on achieving a high standard of quality and safety, ensuring the wellbeing for the woman and striving for excellence.

Good

Diagnostic and screening services

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 visitors and staff could raise concerns without fear.

Staff we met were warm, friendly, and welcoming. They spoke positively about their roles and demonstrated pride and passion.

We heard that the staff morale and culture had improved over the last few months. Staffing levels had now stabilised after a period of staff sickness and COVID-19 self isolation.

The website and social media displayed a strong emphasis of care for women.

The service had a freedom to raise concerns policy which encouraged staff to raise any concerns with their manager or the franchise's freedom to speak up guardian.

The service supported staff to promote their positive wellbeing. Staff could access an employee assist programme and free counselling from an external human resources company.

Governance

Managers operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The registered manager had overall responsibility for clinical governance with support from the franchise directors. They attended twice yearly national meetings for the Window to the Womb franchise, where clinic compliance, performance, audit, and best practice were discussed.

The service had a formalised governance framework.

The registered manager conducted audits against a wide range of key performance indicators. For example, scan times, gender inaccuracies, incidents and complaints. These were submitted monthly to the franchisor and they cascaded national learning from these audits.

The service shared learning from incidents, complaints, patient feedback and audit outcomes with staff at team meetings, emails and messaging applications. Monthly staff meetings had standard agenda items which included general issues arising from the early or later pregnancy scan clinics, feedback and performance.

Two incidents that occurred in March 2021 were not recorded in subsequent team meeting minutes. The October 2021 audit recommended all complaints, incidents and resolutions were to be logged in the monthly meeting folder. However, staff we spoke with were aware of incidents and could describe the learning.

The service had a clear recruitment and staff records policy. Managers kept staff personnel and training files in paper format and audited them monthly. However, we found information relating to staff that had recently left still on file.

Despite the recruitment policy stating that employment was subject to the receipt of satisfactory references we saw that one reference was still missing for a new member of staff from 16 October 2021 and was actively being chased up.

The staff records policy and the manager's job description stated that each staff folder must contain a DBS printed certificate. Three staff did not have printed certificates on file however, the certificate numbers were documented elsewhere.

Management of risk, issues and performance

The service used systems to manage performance effectively. They identified and escalated relevant risks and issues and 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.

The registered manager demonstrated they had the knowledge and oversight of the service's main risks and understood the challenge of risks in terms of quality, improvements, and performance.

The service had appropriate risk assessments to maintain safety for women and staff. These risks were reviewed regularly and had completed actions.

The service had valid insurance covering both public and employer liability, including professional indemnity insurance for registered professional staff.

Managers praised one member of staff who took a lead role in sales and who promoted sale offers.

Managers had taken immediate actions following an incident which occurred in March 2021 to improve the security of the service. For example they installed outside lighting and cameras to monitor the front entrance. Staff told us they always left the clinic together and were going to ask managers for the outside door to be locked and a doorbell to be installed for the evening shifts.

The service has a lone working policy which meant no member of staff or woman was left alone in the clinic without other staff being present. However, staff we spoke with raised vulnerability and safety concerns for women who were left alone in the reception area during early pregnancy evening clinics. Staff confirmed this was because staff were elsewhere printing the woman's scan images or acting as a chaperone in the scan room. This meant there was no one on reception to monitor the front entrance and reception areas.

We identified further risks on inspection such as not all staff had an awareness of, the term female genital mutilation (FGM), the name of the safeguarding lead or knew their level of safeguarding training.

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.

Staff reported sufficient numbers of computers, printers, and ultrasound machines in the service.

The service had policies and procedures in place to promote the confidential and secure processing of information held about women. The service had a privacy policy on the website.

Information technology systems were used effectively. The franchise had developed a smart device application "bumpies" which allowed women to securely view their scan images and videos remotely. The application enabled women to share their images and video on social media sites and messaging applications.

Managers and staff used a messaging application for communication. The registered manager confirmed that the information shared was confidential with no patient information shared apart from women's feedback already in the public domain.

Engagement

Managers actively and openly engaged with staff and women to plan and manage services. They collaborated with partner organisations to help improve services for women.

There were consistently high levels of constructive engagement with staff and women who use services.

We heard positive examples of how managers proactively engaged with all staff (including those with protected equality characteristics) using emails, team meetings and messaging applications. Staff were kept updated with updates and best practice developments from a monthly franchise newsletter.

Staff were encouraged to participate in active discussions to help improve the day to day running of the service and shape plans for the future.

The service shared examples of how feedback had been used to improve quality of care and service delivery. The sonographer asked the service to purchase a privacy screen to maintain women's privacy and dignity during transvaginal scans when they were accompanied by visitors including children.

When it is safe to do so following the pandemic, the service planned to reintroduce their comment cards to capture women's feedback immediately following scans.

Managers reviewed and responded appropriately to feedback provided on google and social media reviews.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Managers told us they encouraged innovation and participation in research.

The service shared positive examples of continually learning and commitment to professional development. For example, the service collaborated with local charities who provide staff with enhanced emotional and bereavement training. The mandatory training was delivered such a way which meant that staff had continuous and refresher training. In addition, sonographers had access to a Window the Womb national scan simulator and received regular clinical supervision.

We heard of positive examples of service improvements shared from this service and other Window to the Womb clinics. For example, sonographers peer-reviewed and appraised each other's clinical practice, and scan assistants periodically reviewed the patient-centredness and quality of sonographers' communication techniques.

Staff felt confident to suggest improvements to the service such as:

- introducing a privacy screen during transvaginal scans

- ideas for sales promotions.

Staff felt positively rewarded by managers and service achievements were kept in a “Wow folder” and shared on the noticeboard.

The registered manager wished to expand their portfolio of services and introduce women's health scans such as gynaecological and breast scans and in vitro fertilisation (IVF) scans. They also planned to be sustainable and environmentally conscious and wanted the franchise to move towards electronic data in order to be paper light.

The service was developing a new digital medical smart application which would monitor pregnant women’s mental health and wellbeing.

The service collaborated with regional university to support leading edge psychological research on baby scanning services. Staff helped researchers collect information on measuring the effects of; maternal sickness and nutrition during the first trimester of pregnancy, maternal smoking, and auditory stimulation on the unborn baby’s facial movements inside the womb.

Staff helped fundraise for a local charity to provide heart beat bears for neonatal families across the North East. This means that families can listen to their baby’s heart beat when they could not be at the neonatal unit.