Canterbury Ultrasound Ltd

Window to the Womb Canterbury

Inspection report

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Date of inspection visit: 23 February 2023
Date of publication: 26/04/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This is our first inspection of the service.

We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families, and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported, and valued. They 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

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	This is our first inspection of the service. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Window to the Womb Canterbury

Window to the Womb is operated by Canterbury Ultrasound Limited and trades as Window to the Womb. It is part of a national franchise.

The service opened in February 2022 and had not been inspected before.

The service provides diagnostic imaging for self-referring women through a range of ultrasound scan examinations during pregnancy. Ultrasound scan packages include early reassurance scans (from 6 to 15 weeks and six days), gender scans (from 16 weeks), growth and wellbeing scans (from 24 to 40 weeks, pre-birth) and 4D scan packages (from 24 -34 weeks).

Appointments include scan findings and images for keepsake purposes. In the event of anomaly detection, women are referred to the local NHS early pregnancy assessment unit or maternity service depending on the stage or gestation of pregnancy.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activity of diagnostic and screening procedures.

The service had a registered manager in post since their initial registration.

How we carried out this inspection

We carried out this announced inspection using our comprehensive inspection methodology on 23 February 2023.

During the inspection process, the inspection team:
- Spoke with the registered manager, sonographer, and scanning assistants.
- Spoke with 3 women.
- Reviewed 5 care records.
- Reviewed staff records.
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic and screening services

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

Is the service safe?

Good

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 told us they were encouraged and given time to complete their mandatory training that was delivered both online and face to face. The service set a target of 100% completion rate for mandatory training. At the time of the inspection all staff had completed their mandatory training and the service was meeting the target.

The mandatory training was comprehensive and met the needs of women and staff. Mandatory training included a range of topics such as health and safety, equality and diversity, female genital mutilation, chaperone, mental capacity act, information governance and infection, prevention, and control.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager monitored mandatory training monthly and alerted staff when they needed to update their training. Refresher training and updates took place during the team's quarterly staff meetings and dedicated training days.

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. All staff were 100% compliant with their safeguarding training. All staff had completed level 2 adults and level 2 children's safeguarding training. The registered manager had completed level 3 adults and level 3 children's safeguarding training.

Staff we spoke with could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act. The service displayed information regarding safeguarding from abuse in the toilet, so women could discreetly access important information.

Good

Diagnostic and screening services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with had not made any safeguarding referrals. However, they had a good understanding of their responsibility to recognise and report any forms of potential or suspected abuse. Staff could describe the actions they would take to report a safeguarding concern and who they would contact.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a safeguarding policy in place which was regularly reviewed and updated. All staff were aware of the safeguarding policy and knew where to access it.

The service had a safeguarding flow chart which showed the safeguarding process for staff to follow to make a safeguarding referral.

The registered manager was the designated lead for both adults and children safeguarding and had completed the level 3 adult and level 3 children safeguarding training. Staff were able to contact the registered manager and the franchisor during and outside of working hours to obtain any safeguarding advice or support.

Staff followed safe procedures for children visiting the service /department. The clinic offered scans to women over 16 years of age. The service's policy states that young women aged between 16 and 18 years could only be scanned if a legal guardian or parent accompanied them. Staff told us they would check the ID of the legal guardian or parent before the scan.

The service had their own chaperone policy which was up to date, Scan assistants were chaperone trained and was always in the room with the woman.

Staff we spoke with knew their responsibilities as a chaperone and were confident to report any issues.

Cleanliness, infection control and hygiene

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

All areas of the clinic were visibly clean including the reception area, scanning room, rest room and staff kitchen.The scanning room was clean and had suitable furnishings which were clean and well-maintained

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The clinic was cleaned daily before and after each patient. Cleaning checklists were used throughout the day, and it was the responsibility of the manager to check that this was completed and signed by staff each day. The service had a monthly deep clean. Toilets were checked hourly and cleaned as required. We viewed cleaning audits and logs and saw they were completed.

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.

Staff cleaned equipment after patient contact. Disposable paper roll was used to cover the examination couch, this was changed, and the couch cleaned between each patient.

Good

Diagnostic and screening services

The sonographer cleaned the transvaginal probes in line with *British Medical Ultrasound Society (BMUS)* and manufacturers guidelines. The service used latex free covers for the transvaginal probe, this was to avoid any allergic reactions.

We conducted a random check of equipment to ensure this had been serviced regularly and found the equipment to be in date and checked daily for any faults or defects.

Environment and equipment

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

The design of the environment followed national guidance. The ground floor facilities were all accessible to women and visitors with physical disabilities. There was a large bright waiting area which was welcoming, clean and tidy. There were two toilets, one was accessible for wheelchairs. The couch in the scanning room was adjustable and could be lowered and raised for women.

The service had a kitchen area which was accessible by staff only. Substances which met the *Control of Substances Hazardous to Health (COSHH) regulations* were stored in a locked cupboard. Risk assessments were reviewed yearly or sooner if required. Staff trained in the use and safe handling of these chemicals. COSHH training was part of the health and safety training, which was mandatory for all staff.

Staff carried out daily safety checks of specialist equipment. Sonographers received training on the use of the scanning machine by the franchisor's clinical lead. The scanning machine was serviced annually, and we saw records showing the most recent service was in March 2023.

All equipment had in date portable appliance testing. There was a sign on the door of the scanning room to indicate when the room was in use.

The service had suitable facilities to meet the needs of women's families. Staff had sufficient space to move around the ultrasound machines for scans to be carried out safely. The examination couch was height adjustable. There were three large wall mounted monitors at different angles so women and those attending them could view the scan from all areas of the room.

Staff disposed of clinical waste safely. We saw clinical waste in the scanning room was segregated and stored securely before collection. The service had an agreement with a clinical waste removal company to remove clinical waste.

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.

The service ensured women were made aware of the terms and conditions, they completed and signed a pre-scan questionnaire and declaration form. This declaration gave consent for information to be shared with an NHS care provider if required. It also enabled women to confirm they were receiving appropriate pregnancy care from the NHS.

Good

Diagnostic and screening services

Women were asked to bring their NHS pregnancy notes to each appointment unless attending for an early pregnancy scan. Sonographers were able to assess women's pregnancy and medical history through the pregnancy notes and see whether NHS appointments had been attended. Women were still able to have a scan if they had forgotten their maternity notes. However, staff informed women that they might not be able to provide the gender information without the certainty of gestational age.

The service used the 'Paused and Checked' checklist devised by BMUS and the Society of Radiographers (SOR). We saw a poster clearly displayed within the scanning room. The sonographer completed the checks during scans, which included confirming the woman's identity and consent, providing clear information and instructions.

The service had pathways for early pregnancy referrals to support sonographers with the appropriate actions to take when finding an anomaly during pregnancy scans. Staff had a good understanding of the various referral pathways. Staff could refer to local NHS hospitals and the registered manager told us they had good relationships with local NHS maternity services. All referrals to the local pregnancy assessment unit were followed up by staff and information was fed back to women if appropriate.

Sonographers were able to contact the Window to the Womb franchisor clinical leads for advice and support during clinics. The clinical leads were employed by the franchisor and were available to review ultrasound scans remotely when needed. Women were referred to either the foetal medicine unit or the antenatal clinic at the local NHS trust. Women were provided with a completed report outlining the details of scan findings along with a referral letter. The sonographer we spoke with told us the clinical leads were supportive and easily available.

Staff advised women about the importance of still attending their NHS pregnancy ultrasound scans and appointments. The sonographers ensured women understood that the ultrasound scans were in addition to those provided as part of their NHS maternity care pathway. This information was also stated in the terms and conditions for the service, which clearly advised women to access all antenatal services made available to them by the NHS.

Due to the nature of the service, there was no emergency resuscitation equipment on site. There were clear guidelines for staff to follow if a woman suddenly became unwell whilst attending the clinic and staff could describe the action they would take.

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.

The service had enough staff to keep patients safe. The service employed 4 scan assistants which included the registered manager, who was also the franchisee owner and a qualified Health and Care Professions Council (HCPC) registered sonographer.

Scan assistants were responsible of the reception desk, managing enquiries, appointment bookings, supporting the sonographers during the ultrasound scans, and helping the families print their scan images.

The registered manager told us there were always 2 or more members of staff in the scan room when scans took place, thereby eliminating any potential risk to staff or women using the service.

Good

Diagnostic and screening services

The registered manager told us the clinic had low sickness levels. Staff we spoke felt staffing levels were good. If a staff member went off sick the service did not use bank or agency staff. Instead, the scan assistants and sonographers would cross-cover between themselves to help prevent clinic cancellations. Where this was not possible, the registered manager covered the scan assistant role to prevent clinic cancellations.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely on an electronic system. We reviewed 5 patient records and found all had been fully completed. Patient records included details of patients' personal information, general practice (GP) and local hospital, pregnancy information and previous history. It also included the batch and expiry numbers for Tristel DUO. This is a chlorine dioxide foam for the disinfection of non-invasive ultrasound transducers, transducer holders, cables, keyboards, and ultrasound stations.

All records contained pre-scan questionnaires and signed consent. If a referral had been made to an NHS provider, the referral was recorded in the notes.

Sonographers completed scan reports immediately following the scan. Scan reports included the woman's estimated due date, type of ultrasound scan performed, the findings, conclusions, and recommendations.

The pre-scan questionnaire was comprehensive and contained details about the woman's NHS details, reason for appointment and medical history, such as number of previous pregnancies and births, caesareans, miscarriages, ectopic pregnancies. The questionnaire also gathered details of the woman's last menstrual period, first positive test, previous scans, and allergies.

Staff received training on information governance and records management as part of their mandatory training programme.

Medicines

The service did not store or administer any medicines.

Incidents

Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them. There was an incident reporting policy which explained the process of reporting incidents. Staff told us any incidents would be recorded within the incident book in reception and investigated by the manager. However, they said there had been no reportable incidents at this location.

The registered manager demonstrated clear knowledge of reporting, investigating, and sharing lessons learned. The manager gave examples of how incidents between franchises were shared by the franchisor for learning purposes and staff learning. Staff meetings were held quarterly, and results were shared and discussed with staff at team meetings.

There were no reported serious incidents or never events for the service.

Good

Diagnostic and screening services

The franchisor's clinical leads completed annual competency assessments with sonographers. Sonographers also completed peer reviews to monitor each other's practice and knowledge. The competency assessments were part of the internal and external checks to ensure sonographers were competent and formed part of the wider clinical audit completed by the franchisor throughout the year. We reviewed the last competency assessment and saw it was comprehensive and fully completed.

Staff understood the duty of candour. They were open, transparent, and gave women and families a full explanation when things went wrong. 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 clients (or other relevant persons) of certain "notifiable safety incidents" and provide reasonable support to that person. This is provided for by regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no reported incidents requiring duty of candour notifications since the clinic had opened in 2022.

The registered manager understood their responsibility to report any notifiable incidents to the CQC using the statutory notification route if this met the criteria, under Regulation 18 of the CQC (Registration) Regulations 2009.

Is the service effective?

Inspected but not rated

We do not currently rate the effectiveness of diagnostic services.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff were aware of how to access policies, which were stored electronically as well as in paper format. 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 BMUS.*

Local policies and protocols we reviewed were up to date. Policies were written centrally by the franchise and were adapted to provide effective guidelines for each clinic location. Staff were made aware of updates to policies via email and were further discussed at staff meetings.

The service followed as low as reasonably achievable (ALARA) principles outlined by BMUS. This meant sonographers kept scanning times to a minimum, did not offer scans that lasted longer than 10 minutes and would not do a repeat scan within 7 days of the previous scan. As per guidance, the service did not scan women who had received a scan within the previous 14 days and informed them of the risks of frequent scanning. This was checked at the point of booking.

The registered manager told us they received up to date information through newsletters from BMUS and the franchisor's clinical leads and cascaded any key updates to staff.

The service used technology and equipment to enhance the delivery of effective care and treatment to women. Women had access to the Window to the Womb mobile phone application (app). The pregnancy app uses artificial intelligence

(AI) technology to support mood management, track key pregnancy metrics, manage private scan appointments, wellbeing reports and scan images. This enabled women to record and share images of their pregnancy with their family and friends. Each woman's scan images taken during a Window to the Womb appointment were also saved on the app. This meant women had instant access to their scan images.

Nutrition and hydration

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.

Staff assessed and monitored women regularly to see if they were in pain. During scans we observed the sonographer asked women if they were comfortable or experiencing any pain.

Patient outcomes

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

A yearly compliance audit was completed by the franchisor to monitor the clinic's performance and to identify any areas where improvements could be required. The compliance audit also used key performance indicators to benchmark with other Window to the Womb services, this included the number of bookings, rescan rates and accuracy of gender confirmations.

The service had achieved 100% accuracy rate for gender confirmation since opening the service. If the sonographer was not able to confirm the gender of the baby, then the clinic offered a rescan free of charge. This information was displayed in the clinic.

The registered manager told us women were offered a rescan if the baby was in a difficult position and the sonographer was unable to obtain scan images.

The service had completed 45 referrals to local NHS maternity services since it opened. We observed the reasons for the referral and a clear report of the sonographer's scan and advice was recorded.

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of women. All sonographers were qualified and registered to practice with the Health and Care Professions Council (HCPC), Nursing and Midwifery Council (NMC) and Society of Radiographers (SOR).

Good

Diagnostic and screening services

Managers provided a full induction to new staff, tailored to their role before they started work. All staff including sonographers employed by Window to the Womb completed a local induction over a two-day period which covered all aspects of the service. The registered manager told us new sonographers are shadowed by an experienced peer prior to starting to check they are competent in scanning. Scans are then remotely checked by our clinical leads to ensure scans are carried out to protocol and if so signed off as competent. As part of the sonographer's employment probation, the clinical lead will again remotely check scans and then again after a year. We reviewed the induction checklist for a new starter and saw it was comprehensive and fully completed.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff felt comfortable to discuss their development with the registered manager during one-to-one meetings. All staff were provided with appraisals annually.

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

Multidisciplinary working

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

Staff told us they had good relationships with local NHS trusts including early pregnancy units, midwives, and GP.

Sonographers used referral pathways to ensure women received timely on-going care, such as when they identified foetal deformities or a miscarriage. Staff submitted referrals via letter and ensured patients left with an appointment. Staff ensured this by contacting the early pregnancy unit via telephone straight away to book an appointment for the patient. If this were not possible, staff would follow this up the next day.

Seven-day services

Services were available to support timely patient care.

The registered manager monitored the demands of the clinic and planned opening hours accordingly.

The service operated 4 days a week and provided flexible opening times, including at evenings and weekends.

Staff provided women and their partners with out of hours contact information of maternity and early pregnancy services at their local NHS hospitals. This meant women always knew who to contact if they needed urgent care.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. 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.

Good

Diagnostic and screening services

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 understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff followed the service's Mental Capacity Act (2005) policy, which clearly outlined the service's expectations and processes. Staff completed training in relation to consent, and the Mental Capacity Act (2005), as part of their induction and mandatory training programme.

Staff made sure women consented to treatment based on all the information available. All women received written information to read and sign before their scan. This included information on what is and is not included in the scan package, information on medical records, consent, and use of data. The pre-scan questionnaire and declaration form included a self-declaration stating the woman was receiving appropriate pregnancy care and consent to share information with the NHS if required. We reviewed pre-scan questionnaires and saw they had all been fully completed with clear signed consent.

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 told us that if they were unsure a woman using the service had capacity then they would speak to the registered manager and the scan would not be carried out. However, staff told us they had never been in a position where a woman was unable to give consent.

Staff gained consent from women for their care and treatment in line with legislation and guidance. This included written and verbal consent. Consent was gained upon arrival when women signed in at reception, using an electronic tablet which included terms and conditions as well as information about their scan. Consent was also gained at various stages throughout the scanning process.

Staff clearly recorded consent within women's records. We observed the sonographer and scan assistant confirming the woman's identity by asking their name and date of birth and checked that they had consented to the scan before they proceeded.

Is the service caring?

Good

We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way. We observed staff working on reception welcome women and those accompanying them warmly and with compassion. Scan assistants chaperoned all women undergoing an ultrasound scan.

Good

Diagnostic and screening services

Women said staff treated them well and with kindness. We saw comments and feedback were overwhelmingly positive from women who used the service and their partners. Women thought staff went the extra mile and their care and support exceeded their expectations. Women consistently said staff treated them well and with kindness. Examples of feedback we saw were "Absolutely amazing experience, I have been here for both my pregnancies and the staff are so lovely and welcoming and really make you feel comfortable. They go above and beyond for you and your little ones.''

"The sonographer always works to get the best angles and images and makes sure they interact with you, your partner and even your baby throughout the whole experience."

''This was the most amazing experience. All the staff are amazing and excited for you, and they just make you feel so welcome and involved.''

Staff followed policy to keep patient care and treatment confidential. Staff ensured they always maintained the woman's privacy and dignity during the ultrasounds by using a privacy screen and disposable paper towel during the transvaginal scans.

The service provided two clinics: early pregnancy scans called 'firstScan' for women in the first trimester and scans for women post 16 weeks. Staff provided emotional support by running the two clinics separately with an adequate break between the two. We were told the service did not let the two clinics overlap as they did not want to cause any distress to women attending early pregnancy scans who had received sad news coming into contact with women in an advanced state of pregnancy.

Staff told us that they would make sure women and their families who had received bad news were given all the time and support they needed. Scan result discussions were held in the scanning room where conversations could not be overheard, and time was given to the woman and their family to ask questions and to go through relevant leaflets and information with staff.

We observed a scan for a woman who was in the stages of early pregnancy, but no pregnancy was seen in their womb despite a positive urine pregnancy test; this condition is called 'Pregnancy of Unknown Location.' The sonographer explained the results from the scan to the woman and those accompanying them, in a supportive way. The sonographer explained the next steps to the women and arranged an appointment with the NHS provider, as well as taking time to answer any questions the women or partner had.

Staff understood and respected the individual needs of each woman and showed understanding and a non-judgmental attitude when caring for or discussing women with mental health needs. Sonographers and scan assistants completed training in recognising and managing distress amongst women and their partners.

Emotional support

Staff provided emotional support to women, families, and carers to minimise their distress. They understood women's personal, cultural, and religious needs.

Staff gave women and those close to them help, emotional support and advice when they needed it. Staff reviewed women's information prior to their scan so that they were aware if women were attending who had a history of miscarriage and anxious, so they could provide extra support and time. Clinics purposely ran at different times to ensure that women who had experienced pregnancy loss or were anxious about their pregnancy were not in a room with women who were in the later stages of pregnancy.

Good

Diagnostic and screening services

Staff supported women who became distressed in an open environment and helped them maintain their privacy and dignity. Staff gave women and those close to them help, emotional support, and advice when they needed it. We saw staff support women and their partners through their ultrasound, ensuring they were well informed and knew what to expect.

If a scan identified an anomaly, staff explained the results from the scan to women and those accompanying them, in a supportive way. The sonographer explained the next steps to the women and arranged an appointment with the NHS provider, as well as taking time to answer any questions the women or partner had.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff recognised the trauma of a miscarriage and they worked hard to provide support and gain rapid referrals to NHS services. Staff signposted women to the Miscarriage Association for support. The Miscarriage Association provides support and information to anyone affected by miscarriage, ectopic pregnancy, or molar pregnancy.

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. Staff took time to explain the procedure before and during the scan. We observed the sonographer explain what was happening throughout the scan. The sonographer used appropriate language to clearly explain the images on the monitors.

Staff talked with women, families, and carers in a way they could understand, using communication aids where necessary. Staff made sure women and those close to them understood their care and treatment. They provided clear information about scanning options available and the appropriate time in a pregnancy for these to take place. The service also provided information on its website, through leaflets that were available in different languages, posters in the clinic and by referring women to specialist organisations. Women understood when and how they would receive their scan images and results.

Staff told us the clinic policy was to ensure each woman attending fully understood all information and was able to make an informed choice when consenting to any scan. For example, for patients that did not speak English, staff could arrange translation services through a telephone translation service.

Sonographers supported women to make decisions about the next stages of their care. This included onward referral 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

Women and their families could give feedback on the service and their treatment and staff supported them to do this. The registered manager monitored patient feedback on their social media page and was keen to follow up on feedback which was not positive to gain a further understanding of the woman's experience.

The registered manager identified through patient feedback that the first trimester can be a lonely time and that the services available were not suited for this trimester. The service has partnered with a local perinatal provider to provide workshops for women from the local community. The workshop aims to provide free support for women through pregnancy, birth, and post-partum.

Good

Diagnostic and screening services

The registered manager has planned a 'Mummy meetup' for women that have previously used the clinic as they understand how lonely and daunting becoming a new mum can be. This meetup is a free tea and cake event where women can come together and connect with other local mums, forge new friendships, and share experiences.

Is the service responsive?

Good

We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services, so they met the changing needs of the local population. The service offered a range of ultrasound scan procedures for private fee-paying adults and young people aged 16 to 18 years old. Staff told us they were clear to women that their scans were to complement the NHS maternity pathway through information on the web page and at each scan appointment.

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 and 4D 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.

Facilities and premises were appropriate for the services being delivered. The scanning room was located on the ground floor and was accessible to wheelchair users. The scanning room had an adjustable couch and there was a computer and workstation available downstairs for women to view their scan pictures.

The clinic had a quiet area upstairs. The quiet area provided a space where women could go following any difficult news or if staff needed to have sensitive conversations with women. This was an area for women to maintain their privacy and dignity if they became distressed or needed time on their own following the scan.

The service provided clinics 4 days a week and offered both day and evening appointments. Women could book appointments either on the website or contacting the clinic directly.

Staff told us they always tried to accommodate women, especially those requesting reassurance scans and women told us they had not had to wait to book an appointment and booking was easy.

Managers monitored and took action to minimise missed appointments. The registered manager said there was 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.

Good

Diagnostic and screening services

Meeting people's individual needs

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

The premises were accessible for people attending the clinic with a disability. The clinic was accessible via a ramp and had disabled toilet facilities. The clinic was on the ground floor and the reception and scanning rooms was spacious.

The service had separate clinic sessions for women going for early pregnancy scans. This ensured that women who were there for reassurance scans, for example those who had suffered previous miscarriages, did not have to share the waiting room with women who were much later in their pregnancy.

Women received written information to read and sign prior to their scan appointment. This was available in languages other than English. The service had access to information leaflets available in languages other than English to remain inclusive to the diversity of women and local community. Managers made sure staff, and women, loved ones and carers could get help from interpreters or signers when needed. The terms and conditions and other key information was also available on the service's website and could be accessed in any recognised world language. For example, the website contained information about the scan, when to call your maternity unit and advice about common pregnancy conditions.

Access and flow

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

The service did not overbook clinics and did not operate a waiting list.

All women self-referred to the service. Women could book their scan appointments in person, by phone, or through the service's website. During our inspection, clinics ran on time. Appointments were booked for 10 minutes with a 5 minute scanning time, this included time for women to ask the sonographer any questions.

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 about their pregnancy, they did not have to share the same waiting area with women who were much later in their pregnancy.

Women did not have to wait for scan results. Sonographers completed a wellbeing check of the unborn baby at the start of each ultrasound scan. This was before the gender reveal or the 3D and 4D scan. A report was given at the end of every appointment for the woman to take away with them.

Learning from complaints and concerns

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

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 service clearly displayed information about how to raise a concern in patient areas. Feedback forms were readily available, and staff were actively encouraged to identify any potential dissatisfaction during the appointment.

Good

Diagnostic and screening services

Staff understood the policy on complaints and knew how to handle them. We also viewed the complaints policy and saw that it was up to date.

The registered manager told us there had been no formal complaints since the service opened. The registered manager monitored patient feedback on their social media page and was keen to follow up on feedback which was not positive to gain a further understanding of the woman's experience.

Is the service well-led?

Good

We rated it as good.

Leadership

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

The registered manager was the director of the business and held overall responsibility for regulatory compliance. They also ran and owned another window to the womb franchise. Both franchises worked closely together.

The registered manager had oversight of the everyday running of the service, as well as the supervision and appraisals of all sonographers and scanning assistants.

Staff felt the registered manager was supportive, visible, and always approachable. We saw staff worked well together and there were positive working relationships between staff and senior leadership.

Staff felt confident they could raise concerns with the registered manager and told us there was a supportive culture in the team.

The Window to the Womb Ltd franchisor was contractually responsible for providing the registered manager with ongoing training. This was undertaken at clinic visits, training events and the biannual national franchise meetings. The registered manager told us they found these events and meetings informative and enabled the franchisees to share their knowledge, learning and improvement ideas. These meetings there were used as an opportunity to network, share best practice and service improvement.

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.

The service had a clear vision and values which were focused on providing safe, high-quality care, consistent with the Window to the Womb vision and values. 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." The registered manager told us the ethos for the service was to provide the highest possible standards of service and care every time.

Good

Diagnostic and screening services

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 values included treated everyone with respect, working with integrity, ensuring everyone's privacy, valuing diversity, and working safely.

The registered manager identified through patient feedback that the first trimester can be a lonely time and that the services available were not suited for this trimester. The service has partnered with a local perinatal provider to provide workshops for women from the local community. The workshop aims to provide free support for women through pregnancy, birth, and post-partum.

The registered manager has planned a 'Mummy meetup' for women that have previously used the clinic as they understand how lonely and daunting becoming a new mum can be. This meetup is a free tea and cake event where women can come together and connect with other local mums, forge new friendships, and share experiences.

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. They spoke positively about what they do and demonstrated pride in their work.

Staff were proud to work at the service and spoke highly of the whole team and registered manager. Staff felt able to report any concerns or feedback to their manager.

The service promoted an open and honest culture. The franchisors had freedom to raise a concern policy in place and had appointed a 'freedom to speak up guardian.' Staff were encouraged to raise concerns with the registered manager and all staff knew who to contact within Window to the Womb Ltd. There was also a confidential phone line for staff to contact should they wish to discuss anything that had affected them at work.

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.

The registered manager had overall responsibility for the governance processes and quality monitoring. We saw evidence of this clearly through staff meeting minutes and during discussion with staff. Team meeting minutes showed staff were given updates, refresher training and informed of guidance changes during the team quarterly meetings.

The service had policies and procedures for the operation of the service, and these were available to staff in a folder in the clinic. All policies were up-to-date and reviewed annually. The registered manager carried out regular audits and provided feedback to the team.

All staff underwent appropriate recruitment checks prior to employment to ensure they had the skills, competence and experience needed for their roles. We reviewed staff records for staff and found all required information was available, such as employment reference, photo identification, disclosure and barring service (DBS) checks, full employment history, evidence of qualifications and professional registration.

Sonographers were registered with the Society of Radiographers. The registered manager audited personnel files quarterly. The Window to the Womb franchise had medical liability and indemnity insurance which covered all staff working for the service.

Management of risk, issues, and performance

The service identified and escalated relevant risks and issues and identified actions to reduce their impact.

The service had arrangements for identifying, recording, and managing risks, issues, and mitigating actions. The service did not have a risk register; however, risk was discussed and documented at staff meetings.

There was an audit programme in place which included bimonthly local audits, annual audits, and peer review audits. The registered manager conducted regular audits which covered a check on staff documentation, registration, and training. This audit also covered checks on staffs understanding of policies and emergency plans as ensuring maintenance of equipment was up to date.

The registered manager completed a monthly performance report. The report detailed the number and type of complaints received, the number of pregnancy ultrasounds scans completed within the month, the number of women rescanned, missed appointments and referrals made to other healthcare services. This information was given to the franchisor and benchmarked against other Window to the Womb Ltd franchisees.

The service had up to date risk assessments for fire, health, and safety and the Control of Substances Hazardous to Health (COSHH). The registered manager recorded risk assessments on a form which identified the risk and control measures and the member of staff responsible for monitoring and managing the risk.

The registered manager was responsible for overall risk management in the clinic.

Information Management

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The service had an up-to-date information governance policy which staff could refer to for guidance when needed. All staff had completed information governance training.

There were effective arrangements in place to ensure the confidentiality of client identifiable data was secure. The electronic booking system and customer database were maintained on a secure, cloud-based server.

The service had a data protection and retention policy that reflected national guidance. The service retained a copy of the scan report to refer to the information if required and to identify any concerns following the scan.

Window to the Womb Ltd was registered with the Information Commissioner's Office (ICO), which was in line with The Data Protection (Charges and Information) Regulations (2018). The ICO is the UK's independent authority set up to uphold information rights.

Engagement

Leaders and staff actively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services.

Good

Diagnostic and screening services

The service used feedback from clients to improve service provision and quality. The service encouraged women to provide feedback through online reviews, social media reviews or email. The registered manager told us after a scan, women would get a reminder via email to leave feedback. We saw that the service monitored online reviews and responded to them.

We saw the registered manager engage positively and very well with staff. All staff we spoke to told us the management were supportive and we saw good working relationships between manager and staff. Staff told us they were given the opportunity to feel involved in the running of the service and were able to give feedback and suggestions.

The Window to the Womb website provides health and pregnancy information as well as information about pregnancy ultrasound scans.

The service did not complete staff surveys. However, the registered manager informed us that as a small team of 5 staff, feedback from staff was received regularly through meetings and informal chats with the team.

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.

The service made use of technology to gain instant feedback from women and families using QR codes and social media to help the service continuously improve. Women were offered the option to download a mobile application which allowed them to log in and instantly access to scan pictures that could be easily shared with friends and family.

The service made effective use of internal and external reviews, and learning is shared effectively and used to make improvements. For example, the Franchisor found through patient feedback across the country that there was a need for women to be able to access gynaecological assessments in good time without having to wait too long for an NHS appointment. Following this feedback, the service aims to provide these scans for women.