

Peterborough Ultraasound Scans Limited

Window to the Womb

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was the first inspection for Window to the Womb. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. Staff assessed risks to women, acted on them 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 their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Ultrasound gel was decanted from large containers into smaller containers. This did not follow recent updates to national guidance and increased the risk of infection.
- Although we saw evidence of risk assessments and a centrally held risk register, we did not see evidence of a local risk register for the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	<p>This is the first time we have rated this service. We rated it as good overall.</p> <p>We rated this service as good because it was safe, caring, responsive and well led. We do not rate the effective domain in diagnostic and screening services. Please refer to overall summary above.</p>

Summary of findings

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Summary of this inspection

Background to Window to the Womb

Window to the Womb is owned by the provider, Peterborough Ultraasound Scans Limited, and operates under a franchise agreement with Window to the Womb (WTTW) (Franchise) Ltd. The service provides diagnostic pregnancy ultrasound services to self-funding women living in Peterborough, Ipswich, Nottingham, Northampton and surrounding areas.

Window to the Womb opened in December 2018 and provides early pregnancy scans from six weeks and diagnostic pregnancy ultrasound services to women from 16 to 42 weeks of pregnancy.

The service is available to women aged 18 years and above. However, young women from the age of 16 can also use the service if accompanied by an appropriate adult. All ultrasound scans performed at Window to the Womb are in addition to those provided through the NHS as part of a pregnancy care pathway.

As part of the agreement, the franchisor (Window to the Womb Ltd) provides the clinic with regular onsite support, access to their guidelines and policies, training and the use of their business model and brand.

At the time of our inspection, the clinic employed one registered manager, one clinic manager, four sonographers and five scan assistants. The service did not employ any medical staff. The clinic did not store or administer any medicines or controlled drugs.

The service had a registered manager in post and was registered to carry out the following regulated activities:

- Diagnostic and screening procedures

Window to the Womb was registered in 2018 and had not been previously inspected.

How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties. The inspection team comprised of a lead CQC inspector, a specialist advisor and an offsite CQC inspection manager.

We inspected the service using our comprehensive methodology using the CQC Diagnostic Imaging and Baby Keepsake Scan Frameworks. We carried out a short notice announced inspection on 11 May 2022 to ensure the service was open at the time we planned to visit.

We spoke with five members of staff including the registered manager, clinic manager, regional manager, sonographer and a scan assistant. We observed the environment and spoke with four patients. We reviewed five patient records. We also looked at a range of performance data and documents including policies, meeting minutes, audits and action plans.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Summary of this inspection

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

Areas for improvement

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

Action the service **SHOULD take to improve:**

- The service should ensure ultrasound gel is not decanted into smaller containers, in line with national guidance. (Regulation 12)
- The service should ensure a local risk register is kept to record all risks. (Regulation 17)

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

Diagnostic and screening services

Good 

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

Are Diagnostic and screening services safe?

Good 

This is the first time we have rated this service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Training was provided through e-learning and face-to-face sessions and was tailored to the skill requirement of staff and was dependent on their role. Topics included, but were not limited to, fire safety; infection control; safeguarding adults and children; mental capacity and information governance.

At the time of our inspection, the overall mandatory training completion rate was 100%.

Managers monitored mandatory training and alerted staff when they needed to update their training. This was monitored on a monthly basis and the clinic manager identified staff who were coming up for, or who had missed their training anniversary.

Staff within the service understood their responsibility to complete training and told us training was relevant to their roles.

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.

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. Safeguarding adults and children policies were in-date and accessible to all staff.

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 demonstrated a good understanding of their responsibilities in relation to safeguarding adults in vulnerable circumstances. Staff knew how to make a safeguarding referral and who to inform if they had concerns, despite it being infrequently needed.

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

The 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.

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to safeguarding adults and children's level three. Yearly updates to safeguarding training were mandatory and the clinic's compliance rate was 100%.

Safety was promoted through recruitment procedures and employment checks. Staff had Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The clinic had a chaperoning policy and staff knew how to access it. All patients were entitled to have a chaperone present for scans.

There had been no safeguarding concerns reported to the CQC in the reporting period, from June 2021 to May 2022.

Cleanliness, infection control and hygiene

The service mostly 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. However, ultrasound gel was decanted from a large container into small containers, increasing the risk of infection.

The service mostly controlled infection risk well. Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The clinic room, toilet, reception and waiting area were visibly clean. The service followed the franchise scan room safety and hygiene policy.

Cleaning schedules were displayed in the clinic in line with this policy. Cleaning records were up to date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly to address the additional risks presented by COVID-19. Staff did a weekly deep clean following a cleaning checklist.

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

Sonography staff received online cleaning tutorials for probe cleaning. Scanning equipment was cleaned by the sonographer following each appointment. The sonographers used a nationally recommended decontamination process for probes to improve infection control.

Diagnostic and screening services

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 adhered to 'bare below the elbows' principles to enable effective hand washing and reduce the risk of spreading infections. Personal and protective equipment such as latex-free gloves and antiseptic wipes were readily available for staff to use at the service.

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

We found the ultrasound gel was decanted from a large container into smaller containers. This increased the risk of infection. Guidance from the UK Health Security Agency advises ultrasound gel should not be decanted from a larger container into other bottles due to the risk of infection. The National Patient Safety Alerting Committee (NPSAC) recently issued a National Patient Safety Alert (PSA) about the safe use of ultrasound gel within healthcare settings. The PSA advises that large containers of ultrasound gel intended for decanting should no longer be used in clinical practice. Services should only be using non-refillable bottles or sachets. Non refillable bottles should be dated once opened and disposed of when either empty, after one month or on the expiry date, whichever comes first. We raised this with the registered manager who advised they would take immediate action to discontinue this practice.

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 clinic was located on the ground floor of a suite of offices within a business park. It had a reception area, large waiting room and a scan room, as well as a toilet (for both patients and staff) and a staff kitchen. The rooms were accessible to all women and visitors, including those with physical disabilities.

The scan room had adequate seating for those attending the scan with the woman, including wipeable sofas and chairs. Staff had sufficient space to move around the ultrasound machine for scans to be carried out safely. There were two large wall mounted monitors at different angles so women and those attending them could view the scan from all areas of the room.

The service used a privacy screen to provide women privacy from family members during transvaginal scans.

The service's ultrasound machine was maintained and regularly serviced by the manufacturers. We reviewed the service level agreement and the service records for the equipment, which detailed the maintenance history and service due dates of equipment. All electrical equipment had been safety tested within the last 12 months to ensure it was safe.

The service had a first aid kit available, upon checking we found all the contents to be in date.

Staff disposed of clinical waste safely. The service stored clinical waste correctly and an external company collected it regularly. Waste bins located outside the unit were locked and secure.

Staff stored substances which met the 'Control of Substances Hazardous to Health' (COSHH) regulations in a locked cupboard. The COSHH risk assessment was completed and reviewed annually. All risk assessments for COSHH substances were complete and up to date.

Diagnostic and screening services

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient before their appointment, and reviewed this regularly. Staff would not scan a woman within two weeks of a previous scan. Staff asked women when they arrived when their last scan was and advised of the risks of frequent scanning. Women were advised to bring their NHS pregnancy records with them, which meant sonographers had access to women's obstetric and medical history. Staff advised women to continue with their NHS scans as part of the maternity pathway.

Scans were carried out following 'As Low As Reasonably Achievable' (ALARA) guidance and women were given the information which allowed them to make informed decisions about the risk of scanning.

Staff knew about and dealt with any specific risk issues. The clinic had a clear pathway staff could follow in the event of anomalies seen by the sonographer on the ultrasound scan. The website informed women of potential risks during pregnancy and scan outcomes including sickness in pregnancy, inconclusive scans, and miscarriages.

Staff responded promptly to any immediate risks to women's health. The provider had health and safety policies that included identifying when women's conditions or any anomalies put them at risk. This meant that staff knew what to do and acted quickly when there was an emergency.

Sonographers were able to contact the Window to the Womb lead sonographer for advice and support during clinics. The sonographer confirmed they were able to access support in a timely way.

The registered manager told us they had referred 218 women between 1 May 2021 and 31 April 2022 to NHS services because of potential concerns found. Dedicated referral forms were available to document any referrals made. These included a description of the scan findings, the reason for referral, who the receiving healthcare professional was and what action they were going to take.

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

Due to the nature of the service, there was no emergency resuscitation trolley on site. However, staff could access a first aid box and all staff had up to date first aid training. A standard operating procedure was in place for staff to follow in case of an emergency.

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

Diagnostic and screening services

All staff had an up to date DBS check. We reviewed five personnel files and all staff had proof of identification, residence, and an up-to-date curriculum vitae on file. The service had obtained two references for all staff in line with their policy. We also saw employment offer letters, contracts, and evidence of induction training, qualifications, and professional membership were kept on file.

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

The service had low vacancy, turnover, and sickness rates and staff described the team as consistent and stable.

The service did not employ any bank or agency staff.

Records

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

The service used electronic-based patient records. Pre-scan questionnaires and consent forms ensured sufficient information was obtained from women before their scans; for example, in relation to number of weeks pregnant, and number of previous pregnancies.

We reviewed five patient records and found they were clear, up-to-date and comprehensive and staff could access them easily.

Electronic records were stored securely when not in use. Electronic records were stored using passwords and access only given to authorised members of staff.

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.

Medicines

The service did not store or administer any medicines or controlled drugs.

Incidents

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

The service had an up-to-date incident reporting policy, which detailed all staff responsibilities to report, manage and monitor incidents. A paper-based reporting system was available which all grades of staff had access to. Staff we spoke with knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so.

There had been no never events or serious incidents at the service from June 2021 to May 2022. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Diagnostic and screening services

From June 2021 to May 2022, six incidents were reported. Each incident had been reported and investigated in accordance with the provider's policy for incident management.

The provider had a duty of candour policy which staff could access through the services' intranet. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A notifiable safety incident includes any incident that could result in, or appears to have resulted in, the death of the person using the service or severe, moderate or prolonged psychological harm. Staff we spoke with were aware of the importance of being open and honest with patients and families when something went wrong, and of the need to offer an appropriate remedy or support to put matters right and explain the effects of what had happened.

Learning from incidents was shared in a variety of means including; newsletters, emails, and monthly team meetings.

Are Diagnostic and screening services effective?

Inspected but not rated 

We do not currently rate effective for 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 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 the British Medical Ultrasound Society (BMUS). The policies were written centrally by the franchise. However, policies were adapted to provide effective guidelines for each clinic location. Staff were made aware of updates to policies through monthly meetings. Staff documented their review and understanding of new policies and guidance in a tracker monitored by the management team. All nine policies and protocols we looked at had a next renewal date, which ensured they were reviewed by the service in a timely manner.

The service followed the 'As Low As Reasonably Achievable' (ALARA) principles. This was in line with national guidance (Society and College of Radiographers (SCoR) and British Medical Ultrasound Society, Guidelines for Professional Ultrasound Practice (December 2018)). This meant sonographers used the lowest possible output power and shortest scan times possible consistent with achieving the required results.

The service had an effective audit programme that provided assurance about the quality and safety of the service. The registered manager carried out audits where they monitored women's experience, cleanliness, health and safety, ultrasound scan reports, equipment, policies and procedures. The provider conducted an annual clinic audit in December 2021. This included a review of risk assessments, policies and staff training. The provider also completed annual sonographer competency assessments.

Diagnostic and screening services

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

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 was inclusive to all pregnant women and supported all women regardless of their age, disability, pregnancy and maternity status, race, religion or belief, and sexual orientation to make their own care and treatment decisions.

Nutrition and hydration

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

Due to the nature of the service, food and drink was not routinely offered to women. However, drinking water was available if required. 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.

Patient outcomes

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

The service had an effective system to regularly assess the quality of its services to ensure patient outcomes were monitored and measured. Regular audits and monitoring of key performance indicators facilitated this.

The service used key performance indicators to monitor objectives, which were set by the provider. This enabled the service to benchmark themselves against other Window to the Womb clinics. The registered manager collected data and reported to the provider every month to monitor performance. This included information about the number of ultrasound scans completed, the number of re-scans, scan times, number of referrals made to other healthcare services, and complaints. The franchisor also undertook external audits to provide the service with additional assurance.

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

From 1 May 2021 to 31 April 2022, the service had referred 218 women to antenatal (NHS) care providers due to the detection of potential concerns.

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

Diagnostic and screening services

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. Staff accessed their training through the service's electronic training portal. Training records confirmed staff had completed role-specific training. The provider's lead sonographer conducted an initial competency assessment of sonographers when they had first joined the service and reassessed annually. The clinical lead also completed a competency assessment which included checking their registration and indemnity insurance.

Managers gave all new staff a full induction tailored to their role before they started work. All staff underwent an induction programme which included providing information about staff roles and responsibilities, and mandatory and role-specific training. Inductions were tailored to each specific role and their experience.

Managers supported staff to develop through regular constructive clinical supervision of their work.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff we spoke to confirmed the provider offered update training as necessary.

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

Managers supported staff to develop through yearly, constructive appraisals of their work. As of May 2022, 100% of staff received an appraisal.

Multidisciplinary working

Staff worked together and supported each other to provide good care.

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

Staff worked across health care disciplines and with other agencies when required to care for women. The service had established links with the local NHS trusts to ensure they had effective referral pathways for women when needed. Staff told us they had good working relationships with local trusts.

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

Managers held regular multidisciplinary meetings. Staff reported that they were a good method to communicate important information to the team.

Seven-day services

Services were available to support timely care and was open seven days a week.

Services at the location were provided seven days a week with varied opening times. This offered flexible service provision for women and their companions to attend around work and family commitments.

Diagnostic and screening services

Booking for appointments was available seven days a week, 24 hours a day using the provider's online booking system available on their website. Telephone lines were open from 9am till 7pm daily.

Health promotion

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

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.

The service had relevant information to support women. We noted there were various information leaflets available to women in the main waiting area. This included, but was not limited to sickness in pregnancy; pregnancy of unknown location; information following scan suggesting a missed miscarriage; inconclusive scan; sub-chorionic bleed; and information about scan reports.

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

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

Staff recorded consent in women's records. Sonographers were responsible for obtaining the informed consent of women and completing ultrasound reports during the woman's appointment, with the support of the scan assistant.

Staff were aware of consent procedures for those aged under 18 years of age; for example, the use of the Gillick competency test. Gillick competence is when children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. Women aged 16 to 18 years who wanted to use the service had to attend with a responsible adult (for example, someone with parental responsibility); and the responsible adult was required to countersign their consent form. Under 16-year olds were not scanned but would be advised to seek NHS support.

Are Diagnostic and screening services caring?

This is the first time we have rated this service. We rated it as good.

Diagnostic and screening services

Compassionate care

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

Feedback from women who used the service and those close to them was continually positive about the way staff treat people. We spoke with four patients who told us staff were discreet and responsive when caring for them. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were friendly and spent time with women to ensure they were comfortable.

Staff were very passionate about their roles and were committed to providing personalised care. Patients said staff treated them well and with kindness. Women reported feeling well looked after and were happy with the service they received.

Staff followed policy to keep patient care and treatment confidential. There were separate areas to ensure women had privacy before and after their scans.

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 operated a chaperone policy, which all staff received training on. Women's privacy and dignity was protected by ensuring a scan assistant attended the ultrasound scan as a chaperone.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff held discussions in a respectful manner with showed compassion for women's circumstances.

Women and their companions were also able to leave feedback on open social media platforms, which the registered manager frequently monitored. We reviewed a selection of reviews and found the service was very highly rated (five stars), and feedback was overwhelmingly positive. For example, responses included statements such as, "Lovely experience, it was really nice to see our baby on the 4D scan. The staff were really helpful", and "Highly recommend, lovely staff, friendly atmosphere, great service".

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it. The service held separate clinics for early pregnancy and over 16-week scans. Staff were mindful early scans held a higher risk of complications being identified. Staff were able to support women following bad news. Staff could help women to book appointments at the local NHS hospital if needed, and signposted them to support networks.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. The service gave staff additional training on supporting women after unexpected news. Staff gave women information leaflets post-scan which had information on the diagnosis and what to expect after they had left the clinic.

Diagnostic and screening services

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

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

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 took time to explain the scan procedure scans to women and gave them time to understand the information. Women and their partners felt they were fully involved in their care and had been given the opportunity to ask questions throughout their appointment.

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

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. Patients gave positive feedback about the service through an online feedback platform or through comment cards.

Are Diagnostic and screening services responsive?

Good 

This is the first time we have rated this service. We rated it as good.

Service delivery to meet the needs of local people

Women's individual needs and preferences were central to the delivery of tailored services and were delivered in a way to ensure flexibility and choice.

The environment, facilities and premises were appropriate for the services being delivered and was customer centred. The scan room was large with ample seating and additional standing room for other guests. The scanning room had two large wall-mounted screens which projected the scan images from the ultrasound machine. These screens enabled women and their families to view their baby scan more easily and from anywhere in the room. The clinic provided free car parking for their customers.

Diagnostic and screening services

Information about services offered at the location were accessible online and in the waiting area. The service offered a range of ultrasound scans for pregnant women; such as wellbeing, viability, growth, presentation, and gender scans. Staff gave women relevant information about their ultrasound scan when they booked their appointment. This included whether they needed a full bladder and when was the best gestation for their scan.

The service offered a range of scan packages, all included a wellbeing scan. Costs and details of deposit and full payment was clearly explained on the website, in information at the clinic, and by staff when women attended their appointment.

Staff planned and organised services so they met the changing needs of people who used the service. People could access services and appointments in a way and at a time that suited them. The service had varied opening hours and operated clinics seven days a week. Women could book an appointment to suit them either through the website or calling the clinic directly. The telephone line was accessible everyday 9am-7pm.

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

Window to the Womb separated their services into two clinics: the 'Firstscan' clinic, which specialised in early pregnancy scans; and the 'Window to the Womb' clinic, which offered later pregnancy scans. This meant that women who may have experienced a miscarriage did not share the same area with women who were much later in their pregnancy.

The service had reasonable adjustments in place for people with a disability. The premises were located on the ground floor with enough space for wheelchair access. In the scan room, the couch could be lowered electronically to assist women.

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

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

The service offered a range of baby keepsakes and souvenirs for woman to purchase after their scan. This included photo frames, keyrings, heartbeat bears, which included a recording of the unborn baby's heartbeat, scan movies detailing a video of the scan image, and gender reveal products.

Feedback from patients was used to help provide treatment in a person-centred way, so that they could relax as much as possible. Patients were asked to complete comment cards to address any issues as soon as possible. Any concerns were actioned promptly by staff. The clinic manager cascaded any action from feedback at monthly staff meetings.

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

Diagnostic and screening services

Access and flow

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

Women could access the service when required, as the clinic opened seven days a week at varied times, including evenings. Women self-referred to the service, and booked appointments at a time to suit them, either in person, by using the online appointment system or contacting the clinic by telephone.

Managers monitored waiting times and made sure women could access services. If there was not an appointment to suit the woman at the Peterborough location then the service arranged a scan at a different branch.

Women had timely access to results, as scan images were provided during their appointment.

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

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 informal and formal complaints about the service. The policy confirmed that all complaints should be acknowledged within three working days and resolved within 21 working days.

The service clearly displayed information about how to raise a concern in the waiting area. Staff understood the policy on complaints and knew how to handle them. The registered manager investigated any complaint received through the service's comments cards, website or social media. The clinic manager attempted to deal with concerns at the time to resolve women's concerns. Staff asked women if they were happy with the service they received at the end of their appointments. This helped identify any potential dissatisfaction whilst still on-site.

Managers investigated complaints and identified themes. In the reporting period from 1 May 2021 and 31 April 2022, there had been 21 complaints. Complaints were investigated and closed in a timely manner in line with the complaints policy. Action was taken in response to complaints received to help improve customers' experience and service provision.

Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback was shared at monthly team meetings.

Are Diagnostic and screening services well-led?

This is the first time we have rated this service. We rated it as good.

Diagnostic and screening services

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.

There was a clear management structure with defined lines of responsibility and accountability. The registered manager held overall responsibility for the leadership of the clinic with support from the franchise directors, clinical lead, regional manager and clinic manager. The regional manager was responsible operationally for clinics in the local network and the clinic manager led the individual service on a day to day basis.

Staff told us that there was good leadership within the service and the organisation and that leaders were well respected, visible, and approachable. Staff felt confident to discuss any concerns to all managers.

Managers were passionate about the service they led and worked well with the team of staff in their clinic. They demonstrated an awareness of the service's performance, limitations and the challenges it faced. They were also aware of the actions needed to address those challenges.

There were annual national provider conferences for all Window to the Womb services which registered managers were encouraged to attend. Registered managers also had the opportunity to meet with the franchise directors twice-yearly. The provider gave leadership and support and were approachable and responsive when staff contacted them. The provider offered on-going training to registered managers including clinic visits and training events.

Staff told us they held regular monthly staff meetings and that they felt that their views were heard and valued. All staff we spoke with were motivated and positive about their work.

Vision and Strategy

The service had a vision for what it wanted to achieve.

The service had a clear vision and values which were focused on providing safe, high quality care and consistent with the Window to the Womb vision and values. The vision was to provide, "High quality, efficient and compassionate care to our customers and their families, through the safe and efficient use of obstetric ultrasound imaging technology".

The service had identified values which underpinned their vision. The service values included focus, dignity, integrity, privacy, diversity, staff and safety. During our inspection we saw that staff worked in line with the services values. Staff we spoke to were committed to providing a high-quality service to all women who used it.

Staff we spoke with knew and understood the vision, values and objectives for their service, and their role in achieving them.

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.

Culture

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

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

Diagnostic and screening services

The service had a caring culture. Staff told us that they enjoyed working in the clinic and felt supported by their managers. Senior managers told us that they had an open-door policy and they were proud of their staff.

The culture encouraged openness and honesty at all levels. Staff, patients and families were encouraged to provide feedback and raise concerns without fear of reprisal. Processes and procedures were in place to meet the duty of candour.

Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame. All staff said they felt that their managers were very approachable and felt they could raise any concerns.

The service provided emotional support for staff when they had difficult conversations with women. The franchisor offered confidential line for staff to discuss anything which emotionally impacted them.

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.

There were effective governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard high standards of care.

All levels of governance and management functioned effectively and interacted with each other appropriately. There were a range of systems and processes of accountability which supported the delivery of safe and high-quality services, including regular team meetings. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.

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

Staff had feedback from clinical governance and national franchise meetings. Monthly local team meetings were held at the clinic. Team meetings also covered any complaints, incidents, women's feedback, performance, compliance with policies and procedures, any clinic issues, audit results, staffing and rotas.

There was an audit programme which included monthly local audits, annual audits and peer review audits. Annual compliance audits included premises checks, health and safety, emergency planning, accuracy and completion of scan reports, completion of pre-scan questionnaires, professional registration and staff records.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Diagnostic and screening services

An effective audit programme was in place to provide assurance of the quality and safety of the service. Local audits, such as clinical and compliance audits were undertaken regularly; data was collected and reported to the franchisor every month to monitor performance. Where issues were identified, we saw these were addressed promptly.

The registered manager demonstrated knowledge and oversight of the service's main risks and understood the challenge of risks in terms of quality, improvements, and performance. The service did not hold a local risk register, although one was held centrally by the head office. However, we observed completed risk assessments for identified risks such as fire, health and safety and infection control. A standard template was used to ensure consistent information was captured. The risk assessments identified who or what was at risk, the hazards and their potential effects, existing control measures in place, the risk rating, whether the risk was adequately controlled, and additional control measures needed. Most of the risks were graded low and had adequate controls in place to minimise each risk. Staff were aware of the risk assessments because they had been circulated to all employees and the management team. All risk assessments were reviewed annually or sooner if indicated.

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

The service had a clinic emergency contingency plan in place to identify actions to be taken in the event of an incident that would impact the service. For example, extended power loss, severe weather events, short notice staff sickness and equipment failure. The contingency plan included contact details of relevant individuals or services for staff to contact.

Information Management

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

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

The service retained records in line with General Data Protection Regulations (GDPR).

We saw that appropriate and accurate information was effectively processed, challenged and acted upon. Key performance, audit, and patient feedback data was frequently collated and reviewed to improve service delivery. A number of metrics were considered at monthly team, managers and regional meetings to ensure consistency across the region. This included complaints, feedback from women, audit results, and re-scan figures.

During our inspection, we saw the arrangements in place to ensure confidentiality of patient records were robust. Computer terminals were locked when not in use, to prevent unauthorised staff from accessing confidential information.

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.

Diagnostic and screening services

The service collaborated with other organisations, such as baby loss counselling charities and stillbirth charities, to support women. The service was working with a university to develop technology which would support the sonographer. The service also held charity events to support local hospitals.

The service had established good links with local NHS trusts. Staff told us they liaised with NHS trusts when women needed a referral following an unexpected scan result.

The service gathered feedback from women and families and used this to improve the service. Women could leave feedback on comments cards, online review sites and social media pages. The website included details on how women could leave feedback. The website also showed stories of women's experience of using the service and their pregnancy. All feedback was positive, for example, "Highly recommended, attended for three scans through this pregnancy! Nice to share the journey with such a lovely team."

Team meetings were held monthly, and staff told us that the meetings supported them in feeling actively engaged in service planning and development.

The franchise produced a newsletter to share information with staff members. This included information on staffing, updates to the service, any changes and announcements. Staff had to sign to indicate they had read the newsletter.

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

Learning, continuous improvement and innovation

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

There was a focus on continuous improvement and quality. Managers were responsive to any concerns raised and performance issues and sought to learn from them and improve services. Staff took time together in team meetings and franchise meetings to review the service's performance and objectives.

The registered manager wished to expand their portfolio of services and introduce women's health scans such as gynaecological scans.

The service collaborated with a regional university to support research on baby scanning services.

Staff helped fundraise for local charities and neighbouring NHS trusts.

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