SPS Retail Services Ltd

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

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 had systems in place to manage safety incidents well and learn lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.
- Women were very complimentary about the service they received. The service increased the range of options available to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. Women could access the service when they needed it and did not have to wait for their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	This is the first inspection of the service. We rated it as good. See the summary above for details. We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

Contents

Summary of this inspection

Background to Window to the Womb

Window to the Womb is owned by SPS Retail Services Ltd, 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 Birmingham and surrounding areas in the West Midlands.

Window to the Womb in Birmingham opened in November 2016 and provides scans pregnancy scans from six to 40 weeks to self-funding women. The scans offered by the service are early pregnancy scans, foetal health scans, gender scans and 4D scans.

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

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

Diagnostic and screening procedures

How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties. The inspection team comprised of a lead CQC inspector and an offsite CQC inspection manager. We gave the service short notice of the inspection because we needed to be sure it would be in operation at the time we planned to visit.

We undertook this inspection as part of our regular inspection schedule. This was the first inspection of the service.

We spoke with the registered manager, two site managers, one sonographer, two scan assistants, three women and one relative. We also reviewed four patient records.

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

Outstanding practice

We found the following outstanding practice:

- If the woman or relative who were receiving the scan was deaf, the sonographer allowed them to place their hands on the speaker to allow them to feel the heartbeat.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

This was our first inspection of the service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. At the time of our inspection, 100% of staff had completed their mandatory training.

The registered manager monitored compliance with mandatory training and alerted staff when they needed to update their training. Staff confirmed they were given time to do training. Sonographers who worked within the NHS provided the service with yearly updates to demonstrate they had completed their mandatory training.

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

The registered manager ensured staff completed a range of mandatory training which included first aid, safeguarding adults and children, equality and diversity, health and safety, infection control and information governance.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so.
Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. The clinic had clear safeguarding processes and procedures in place. All clinic staff were trained to at least safeguarding level two for both vulnerable adults and children.

The service had a designated safeguarding lead who was the area manager. The safeguarding lead was trained to safeguarding level three for both vulnerable adults and children. The care manager was always available on call.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Good

Diagnostic imaging

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with were able to clearly articulate signs of different types of abuse, and the types of concerns they would report or escalate to the registered manager. Staff were able to provide examples of safeguarding referrals they had made.

The service had an up-to-date safeguarding policy. The policy provided all the relevant safeguarding information required to recognise and identify abuse and how to escalate concerns. Staff had access to relevant local authority contacts it needed to escalate safeguarding concerns.

Staff had mandatory training in female genital mutilation (FGM) and the service had an FGM policy in place.

Cleanliness, infection control and hygiene

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

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

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff completed daily cleaning records for each area of the building (scan room, toilet, reception and printing area) and a monthly deep clean of the entire building. We reviewed three of each of these records and found 100% completion.

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. The service had disposable masks available for patients and encouraged patients to wear them. 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 were cleaning down surfaces in the reception area between each patient as well as well as in the scan room.

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

Environment and equipment

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

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

The service had enough suitable equipment to help them to safely care for patients.

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

Good

Diagnostic imaging

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

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

Assessing and responding to patient risk

Staff completed and updated risk assessments for each woman and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff completed risk assessments for each patient on arrival, and reviewed this regularly, including after any incident. Staff knew about and dealt with any specific risk issues. The clinic had a clear pathway staff could follow in the event of anomalies seen by the sonographer on the ultrasound scan. Staff had clear referral routes into local NHS hospitals early pregnancy units.

Staff responded promptly to any immediate risks to women's health. The provider had health and safety policies that included a deteriorating patient policy. This meant that staff knew what to do and acted quickly when there was an emergency.

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

Staff shared key information with the NHS services when carrying out referrals with the patients permission. The service told us between 1 May 2021 and 30 April 2022 they had referred 126 women to NHS services because of potential concerns found. Dedicated referral forms were available to document any referrals made. These included a description of the scan findings, the reason for referral, who the receiving healthcare professional was and what action they were going to take.

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

Staff also had meetings prior to each shift starting where they could discuss any potential known issues or concerns with the women who were being scanned that day.

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 and treatment. Managers regularly reviewed and adjusted staffing levels and gave staff a full induction.

Good

Diagnostic imaging

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 five sonographers and five scan assistants on a part time basis. Scan assistants were responsible for managing enquiries, appointment bookings, supporting the sonographers during ultrasound scan procedures and printing scan images, as well as acting as chaperones.

The service ensured all staff had a Disclosure and Barring Service (DBS) check before starting their employment at the location. All staff had an up to date DBS check. We reviewed six 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, or one if not possible, for all staff in line with their policy. We also saw employment offer letters, contracts, and evidence of induction training, qualifications, and professional membership were kept on file.

The service had low vacancy, turnover, and sickness rates and staff described the team as consistent and stable. The service did not use bank or agency staff. The registered manager worked with other franchises to cover any absenteeism if required.

Records

Staff kept detailed records of patients' care and treatment. 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. Pre-scan questionnaires and consent forms at the service ensured sufficient information was obtained from women prior to their scans; for example, in relation to number of weeks pregnant, and number of previous pregnancies. Women were also required to declare medical conditions that might affect their scan.

Staff ensured women's confidential personal information was maintained and not accessible to others.

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

Incidents

Although there were no patient safety incidents reported, staff knew how to recognise incidents and near misses and knew how to report them appropriately. Managers had processes for investigating incidents. When things went wrong, staff knew to apologise and give women honest information and suitable support.

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

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

The service had no never events. Between the service opening to this inspection, there were no 'never events', or serious incidents at the location.

Good

Diagnostic imaging

Staff understood the duty of candour. In the same period, there were no duty of candour notifications. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager could explain the process they would undertake if they needed to implement the duty of candour because of an incident, which was in line with the requirements.

Staff would have the opportunity to discuss feedback and look at improvements to patient care. Staff had access to feedback and updates during monthly staff meetings. The service also had meetings with the staff working that day where information could be shared. The registered manager also provided feedback and updates via the service's Facebook page.

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

Are Diagnostic imaging effective?

Inspected but not rated

This was our first inspection of the service. We do not currently rate effective.

Evidence-based care and treatment

The service provided care and treatment 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 on an internal computer drive. 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 and reviewed centrally by the franchise. Staff were made aware of updates to policies at monthly team meetings and via the service's social media page. All seven policies and protocols we looked at had a next renewal date, which ensured they were reviewed by the service in a timely manner. Policies available included safeguarding, infection control, data retention, incident reporting, duty of candour, recruitment, complaints and Mental Capacity Act.

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

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

easily. Women had access to the Window To The Womb mobile phone application (app). The app enabled women to record and share images with their family and friends. They could also create a time-lapse video of their pregnancy journey. Each woman's scan images taken during a Window To The Womb appointment was also saved on the app. This meant women had personal and instant access to their scan images and they weren't shared with everyone.

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

Due to the nature of the service, food and drink was not routinely offered to women.

Bottles of drinking water and other drinks were available. To improve the quality of the ultrasound image, women were asked to drink extra fluids on the lead up to their appointment. Women who were having a gender scan were encouraged to attend their appointment with a full bladder. This information was given to women when they contacted the clinic to book their appointment. It was also included in the 'frequently asked questions' on the service's website.

Pain relief

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

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

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.

The service used key performance indicators to monitor performance, which were set by the provider. This enabled the service to benchmark themselves against other Window To The Womb clinics. The registered manager collected data and reported to the provider every month to monitor performance. This included information about the number of ultrasound scans completed including the number of re-scans, and the number of referrals made to other healthcare services.

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

From 1 May 2021 to 30 April 2022, the service had referred 126 women to antenatal (NHS) care providers due to the detection of potential concerns.

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

Competent staff

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

Good

Diagnostic imaging

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

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

Managers supported staff to develop through yearly, constructive appraisals of their work. We saw evidence of these happening yearly in staff files and staff told us they were effective.

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

Managers made sure staff attended monthly team meetings or had access to full notes when they could not attend. Staff were able to learn from any incidents that occurred in other services because the information was shared between services.

Managers identified poor staff performance promptly and supported staff to improve. The registered manager was able to provide of evidence of how they had followed the process of managing poor staff performance.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.

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

Staff worked across health care disciplines and with other agencies when required to care for women. The service had links with the local NHS trusts to ensure they had effective referral pathways for women when needed. Staff had established good working relationships with local trusts and were able to telephone the service to secure an appointment for the woman before she left the clinic. The service had established pathways in place to refer women to their GP, midwife or local NHS trust if any abnormalities or concerns were identified.

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

Good

Diagnostic imaging

Seven-day services

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

Services were supplied according to patient demand. Early scan services at the location were typically provided on Wednesday, Friday and Sunday. Post 16 weeks scans were generally provided on Tuesday, Thursday and Saturday. This offered flexible service provision for women and their companions to attend around work and family commitments.

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

Health promotion

Staff gave patients 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. The service also offered and app for patients to use which contained health promotion information.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain womens' consent. They knew how to support women who lacked capacity to make their own decisions.

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

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

Staff gained consent from women prior to the scan and clearly 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. A copy was provided to the woman to take away. Staff were also observed getting informed consent and clearly explaining when there was a change in the procedure, for example, if the sonographer was about to change the type of scan and conduct a transvaginal scan.

Good

Diagnostic imaging

Staff were aware of consent procedures for those aged under 18 years of age. Women under the age of 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.

Are Diagnostic imaging caring?

Good

This was our first inspection of the service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way. Staff were very passionate about their roles and were committed to providing personalised care.

Women consistently said staff treated them well and with kindness. Staff were very warm, kind and welcoming whey they interacted with women and their companions. Staff took time to interact with women and those close to them in a respectful and considerate way. The scan assistants acted as chaperones during ultrasound scans to ensure women felt comfortable and received enough emotional support. Feedback from women included; “Staff were so friendly and welcoming” and “An amazing experience! Staff were really friendly and make you feel comfortable”.

Staff kept feedback cards they received from women who used the service. Women and their companions were able to rate the service provided from one to five stars. There were 848 ratings online between the service opening and the time on inspection, the service had an average rating of 4.9/5.

Staff followed policy to keep women’s care and treatment confidential. Staff ensured scans were conducted in a way that protected women’s privacy and dignity. Staff kept the door to the scanning room shut during the scan to ensure women’s privacy was maintained and women were covered throughout. Staff pulled a privacy screen across the clinic room door during intimate examinations and when women were changing.

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

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it. Staff were mindful early scans held a higher risk of complications being identified. The sonographer initially started scans without the other screens in the room being turned on. This meant if any anomalies were identified the sonographer could make their diagnosis and share the information in an informed, compassionate manner. Staff were calm and reassuring throughout the scan. The sonographer provided reassurance about the scan images and clearly explained what they observed.

Good

Diagnostic imaging

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

Women who have a miscarriage receive a support pack from the service. This support pack contains small gifts and also the contact information for the foundation for infant loss.

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

Understanding and involvement of patients and those close to them

Staff supported women and families 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 communicated with women and those accompanying them in a way they could understand. They took the time to explain the procedure to ensure women understood. Family and friends were welcome in the scan room and there were three screens positioned in the scan room to ensure everyone could see the scan images. Children were welcomed in the waiting area and the scan room. The registered manager told us since the COVID-19 pandemic started they had restricted women to two visitors accompanying each woman, but they would make exceptions in certain family situations.

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

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

Are Diagnostic imaging responsive?

Good

This was our first inspection of the 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 service also worked with others in the wider system and local organisations to plan care.

Good

Diagnostic imaging

Women we spoke with were 'delighted' with the service they received. Women told us they felt the service they received was 'excellent' and couldn't praise the staff highly enough. They told us staff were very friendly and kind and this made them feel very comfortable.

Staff planned and organised services so they met the changing needs of women who used the service. Women could access services and appointments in a way and at a time that suited them. The service had increased their opening hours to accommodate women's requests and operated clinics six days a week, including evenings and weekends.

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

Facilities and premises were appropriate for the services being delivered. The environment was appropriate for the service being delivered and was customer centred. The scan room was large with ample seating and additional standing room, and children of all ages were welcome to attend. The scanning room had three large wall-mounted screens which projected the scan images from the ultrasound machine. These screens enabled women and other in attendance to view their baby scan more easily and from anywhere in the room.

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

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

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

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

All scans started with a wellbeing check. The sonographer looked at the baby's movements, heartbeat, position, and placental position. Early scans included the wellbeing check, but also included presentation of the baby, head and abdominal circumference measurements, femur length measurements and estimated foetal weight. The service had systems to help care for women in need of additional support or specialist intervention.

The service also specialised in providing antenatal scans for women from 16 to 40 weeks of pregnancy. Gender confirmation and growth scans were available. Women who wanted a scan for souvenir purposes could view their baby

in 4D as well as 2D. These scans also allowed women to listen to the heartbeat of the baby. NHS pregnancy scans show a two-dimensional image. A 4D scan enables women to see their baby moving as a 3D image. Women with a history of ectopic or miscarriage had a range of scans they could access. The service only provided private pregnancy ultrasound scans. They did not undertake any ultrasound imaging on behalf of the NHS or other private providers.

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

The service offered women a range of baby keepsake and souvenir options which could be purchased. The registered manager told us they had not offered the full range of products during the COVID-19 pandemic so they wouldn't encourage families to have large gatherings.

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

The service made appropriate changes to meet women's and relatives' individual needs. If the woman or relative was deaf, the sonographer allowed them to place their hands on the speaker to allow them to feel the heartbeat as they couldn't hear it. The service had access to a web-based spoken interpreting service for non-English speaking women when needed. The service provided easy to read and large print information leaflets for women with sight impairment. The service also used an online 'read aloud' function.

Access and flow

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

All women self-referred to the service. The service recognised women often preferred to use the internet, or a mobile phone application so offered different booking methods. Women could book their scan appointments in person, by phone, or through the service's website. During our inspection, clinics ran on time. The provider had also developed a secure smart device application; which had an appointment booking facility. Women were given a written report and access to the Window To The Womb app at the end of their appointment. If the potential scan result was not achievable at the time of the appointment a free re-scan was offered and arranged for as soon as possible.

The service was flexible. The service held separate clinics for early pregnancy scans (6 to15+ weeks) and window scans (16 + weeks). Window scans was the term the service used for later pregnancy and wellbeing scans.

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

Staff supported women when they were referred or transferred between services. If needed, they would maintain contact throughout the transfer to ensure the family was supported at this difficult time.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had a process for treating concerns and complaints seriously, which included investigating them and sharing lessons learned with all staff.

Good

Diagnostic imaging

Women, relatives and carers knew how to complain or raise concerns. The service had an up-to- date complaints policy, which outlined procedures for accepting, investigating, recording and responding to local, informal, and formal complaints about the service. The policy confirmed that all complaints should be acknowledged within three working days and resolved within 21 working days.

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

Staff could give examples of how they used patient feedback to improve daily practice. The service actively encouraged feedback, through comments cards available in clinics, and via open platform social media sites. The service had acted on feedback. For example, the service had introduced a guide dog policy as a result of patient feedback.

Managers knew how to investigate complaints. In the reporting period from 1 May 2021 to the inspection date on 30 April 2022, there had been no formal complaints. The registered manager did explain the response the service gave to a bad review, which resulted in the woman getting a refund.

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

Are Diagnostic imaging well-led?

Good

This was our first inspection of the service. We rated it as good.

Leadership

Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager led the service. They were supported by the nominated individual, who was a director and manager of the business. They both demonstrated an awareness of the service's performance, limitations and the challenges it faced. They were also aware of the actions needed to address those challenges.

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

There were twice-yearly national provider meetings for all Window To The Womb services which registered managers were encouraged to attend. The provider gave leadership and support and were approachable and responsive when staff contacted them. The provider offered on-going training to registered managers including clinic visits and training events.

Good

Diagnostic imaging

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.

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 registered manager told us the ethos for the service was to provide the highest possible standards of service and care every time.

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. The service had an open culture where women, staff could raise concerns without fear.

Staff we met were friendly and welcoming. They told us they enjoyed coming to work and were proud to work for the service.

Staff told us they felt supported, respected, and valued. Staff told us there were opportunities for career development at the service, and they were supported by managers if the wanted to progress.

Staff told us they could raise concerns with management without fear. Staff were aware of the whistleblowing policy.

Governance

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

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

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

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

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

Good

Diagnostic imaging

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.

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

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

The registered manager had completed risk assessments for identified risks such as fire, health and safety and Legionella. Legionella is a bacterium that causes illnesses such as Legionnaires' disease or a flu-like illness. A standard template was used to ensure consistent information was captured. The risk assessments identified who or what was at risk, the hazards and their potential effects, existing control measures in place, the risk rating, whether the risk was adequately controlled and additional control measures needed. 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.

Information Management

The service collected reliable data and analysed it.

The service was up-to-date with information governance and had data retention policies. These stipulated the requirements of managing patients' personal information in line with current data protection laws. The service was registered with the Information Commissioner's Office (ICO), which is in line with 'The Data Protection (Charges and Information) Regulations' (2018). The ICO is the UK's independent authority set up to uphold information rights.

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

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

Engagement

Leaders and staff actively and openly engaged with women and staff.

Staff and the service actively and openly engaged with the women who used the service. The service used feedback cards to obtain feedback from women and their families, as well as getting information from social media and the internet. Feedback cards allowed customers to rate the ease of booking an appointment, their initial welcome, the care they received during the scan, the hygiene and comfort of the clinic and their overall experience individually. We looked at a total of 12 feedback cards out of the hundreds the service had received which rated all aspects, all the feedback cards were 100% five stars.

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.

Good

Diagnostic imaging

The service collaborated well with partner NHS organisations in order to allow women to easily access service is needed.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

Staff provided examples of improvements and changes made based on patient feedback and staff suggestion. The service demonstrated a strong commitment to professional development. This included on-line and site based continuous professional development training for personal and professional growth.

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

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