Cocoro Group 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

This was the first inspection of this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care to patients. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients 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 patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for a scan.
- 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 patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The local leadership had limited oversight of the risk register.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	This was the first inspection of the service. We rated it as good because: See the summary above for details

Summary of findings

Contents

Summary of this inspection

Background to Window To The Womb

Window To The Womb is operated by Cocoro Group Ltd and operates under a franchise agreement with Window to The Womb (Franchise) Ltd. The service provides diagnostic pregnancy ultrasound services to self-funding women.

The service provides ultrasound baby imaging for pregnant women from the gestation of six weeks. This includes four dimensional (4D), three dimensional (3D) and two dimensional (2D) early scans starting from 6 week gestation, scans starting from seven to eight weeks as reassurance, gender scans from 16 weeks, baby growth scan from 16 weeks, 'baby bonding' scans from 27 weeks and keepsake scans. There were 7 members of staff employed by the service.

The service provides pregnancy scanning services for people over the age of 16 years. It is registered to provide the regulated activity of diagnostic and screening procedures.

There was a registered manager who had been in the post since October 2021.

This was the first inspection of this service.

How we carried out 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.

page

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust 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 management has oversight of the risk register.
- The provider should consider providing 16- and 17-year-olds a Gillick competency assessment for assessing if the young person has the maturity to make a decision and to understand the impact of their decision, rather than requiring an adult present before scanning.

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 the first inspection of the service. We rated safe 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 was comprehensive and met the needs of patients and staff. E-learning was provided by the franchise and included chaperoning, first scan inductions, and supporting people with bad news. Senior staff had completed first aid training. All staff had up to date Mental Capacity Act training. There was also monthly training provided through meetings. At the time of inspection, all staff were up to date with their mandatory training.

The registered manager monitored mandatory training and alerted staff when they needed to update their training. They checked training records as part of their monthly audit program and alerted staff accordingly.

Safeguarding

Staff understood how to protect patients 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. Sonography assistants were trained to Level two and the registered manager was Level 3. The registered manager was the safeguarding lead and staff we spoke with were aware of this. There was access to level 4 trained staff for advice and support, provided by the main franchise

We reviewed the safeguarding policy and saw it was in date and included contact details for reporting safeguarding concerns. The service had a separate female genital mutilation (FGM) policy which provided staff with clear guidance on how to identify and report concerns. Staff we spoke with understood FGM and were aware of what to look for and how to raise concerns.

Good

Diagnostic imaging

Staff we spoke with knew how to identify adults and children at risk of, or suffering, harm. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had not had to make any referrals within the last 12 months, however, the registered manager spoke of another safeguarding incident relating to another clinic that was part of the franchise and was able to tell us how learning was shared with staff at this clinic.

Cleanliness, infection control and hygiene

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

All areas of the clinic were visibly clean including the reception area, scanning room, rest room and staff kitchen.

The scanning room was clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. There was an end of day clean each day the clinic was open. Cleaning checklists were used throughout the day and it was the responsibility of the manager or on duty senior staff member to check that this was completed and signed by staff each day. The service had a fortnightly deep clean.

We viewed cleaning audits and checklists and saw they were appropriately completed with any actions clearly identified.

Staff followed infection control principles including the use of personal protective equipment (PPE). The sonographer used disposable gloves during scans. They used appropriate covers for the transvaginal probe. Staff cleaned equipment after patient contact.

We observed appropriate hand washing between patients. We reviewed the two most recent hand hygiene audits which showed 100% compliance.

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 to meet the needs of patients' families. There was a large waiting area which was visibly clean and tidy. There was ample space to enable social distancing for clients to wait for their appointment, including space for anyone they brought along with them.

The service had enough suitable equipment to help them to safely care for patients. The scanning machine was serviced annually, and we saw records showing the most recent service was in June 2021. The registered manager told us that any issues with the scanning machine were addressed promptly by the manufacturer, and that it was rare they had any problems with it. They said in the event of the machine being out of order they could redirect clients to other local clinics that were part of the franchise.

There was appropriate first aid equipment available for staff to use in the case of an emergency.

There was up to date portable appliance testing with equipment clearly labelled indicating the date.

Staff disposed of clinical waste safely. We saw appropriate clinical waste management in the scanning room.

Good

Diagnostic imaging

There was a designated COSHH cupboard where hazardous substances were stored securely.

Assessing and responding to patient risk

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

Clients were advised to leave a minimum of two weeks between ultrasound scans. When signing in at the clinic, the on duty senior staff member would ask if the client had had their 12 weeks scan (for those who were 12 weeks pregnant or more), and if there was anything they should be aware of such as fetal abnormalities. They would then inform the sonographer. If the client was 12 weeks or over and had not been seen by an NHS maternity team, the service would not scan them and would advise them to contact their local hospital.

Staff knew about and dealt with any specific risk issues. Clients were required to complete a Covid declaration before attending the clinic. The manager or on duty senior scanning assistant led a huddle at the beginning of each shift. We observed a huddle during our inspection which included key information about patients, for example, one client had had several miscarriages.

Clients were asked to bring their hospital maternity notes with them to the clinic. If they did not have hospital notes, the senior staff member on duty recorded their hospital details including midwife.

Staff shared key information to keep clients safe when handing over their care to others. Referrals to midwifery units or early pregnancy units included the scan report.

In case of a medical emergency staff would call 999. There was an emergency procedure in place for suspected ectopic pregnancies.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough staff to keep patients safe. The unit employed a sonographer and seven scan assistants who worked on rota basis. Scan assistants were responsible for managing enquiries, appointment bookings, supporting sonographers during ultrasound scans and helping clients print their scan images.

There was always a scan assistant in the scan room with the sonographer when scans took place.

The clinic ran on set days with a set number of staff each day. In the case of sickness absence, the clinic could call on staff from other clinics run by the company.

The service had no vacancies and did not use agency staff.

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.

Good

Diagnostic imaging

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely on an electronic system. We reviewed six patient records and found all had been fully completed. Patient records included details of patients' personal information, GP and local hospital, pregnancy information and previous history. All records contained pre-scan questionnaires and signed consent. If a referral had been made to an NHS provider, the referral was recorded in the notes.

Clients' personal data and information were kept secure and only authorised staff had access to the information. Staff received training on information governance and records management as part of their mandatory training programme.

When patients were referred to hospital, there were no delays in accessing their records. Paper copies of the scan report were given to the client immediately if they were transported by an ambulance from the clinic, such as in the case of suspected ectopic pregnancy, so that this could be given to the relevant healthcare professionals. Scan reports could also be shared electronically with the hospital if required.

Medicines

The service did not use any medicines for any of their procedures and therefore did not have a medicines policy and did not store or administer medications on site.

Incidents

The service had appropriate processes for staff to raise concerns and report incidents. Staff understood their roles and responsibilities to raise concerns and record safety incidents.

Staff were aware of their incident reporting roles and responsibilities. There was an incident reporting policy which explained the process of reporting incidents. Staff told us any incidents would be recorded within the incident book in reception and investigated by the manager. However, they said there had been no reportable incidents at this location.

Learning from incidents would be shared in monthly staff meetings. This included incidents at other clinics and the registered manager gave an example of one.

Duty of candour was part of the incident reporting policy.

Are Diagnostic imaging effective?

Inspected but not rated

This was the first inspection of the service. We do not rate effective for these types of services.

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 protected the rights of patients 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. Local policies and protocols we reviewed were up to date. We reviewed staff records which showed staff had signed to indicate they had read local policies.

Good

Diagnostic imaging

The service had an audit programme to assure itself of the quality and safety of the clinic. The franchisor (Window to the Womb Limited) completed annual sonographer competency assessments and an annual clinic audit. Peer reviews took place in line with British Medical Ultrasound Society recommendations. The registered manager completed monthly clinic audits.

Nutrition and hydration

There was no food or drink provided to clients at the clinic. There were local amenities within a very short walking distance.

Pain relief

Staff asked clients if they were comfortable during their ultrasound scans.

Patient outcomes

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

The registered manager informed us the service recorded unexpected outcomes in the referrals log, including the scan outcome and reason for referral, and any abnormalities.

Staff told us if they identified any findings which required escalation to another health provider, they communicated with relevant healthcare professionals. This included local early pregnancy units and midwife services.

Window to the Womb Ltd reported a 99.9% accuracy rate for their gender confirmation scans. This figure was based on over 20,000 gender scans completed at the 44 franchised clinics across the UK. There was a rescan guarantee in place for when it was not possible for the sonographer to confirm the gender of the baby.

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 patients. Managers gave all new staff a full induction tailored to their role before they started work. The sonographer at the clinic had started working for the service five months prior to the inspection and told us about their induction process. This included three days training with the clinical director and reviewing scanning protocols.

The sonographer was registered with the Health Care Professional Council (HCPC) and they were also members of the Society of Radiographers. Staff records showed the provider conducted recruitment checks including checks with relevant professional bodies to make sure staff were up to date with their registration.

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

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Some scan assistants had been promoted to senior scan assistants which included being trained in first aid and making referrals to NHS services such as the early pregnancy unit. The sonographer was supported with ongoing personal development including courses run by the British Medical Ultrasound Society (BMUS).

Good

Diagnostic imaging

Managers supported staff to develop through yearly, constructive appraisals of their work. The service had a clear performance management process. This included a sonographer care and service assessment and peer review of sonographer scans. We reviewed the most recent assessment reports which showed the sonographer had maintained a high standard for all clients.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff appraisals were all up to date except one, however, this was booked for the week following inspection.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. There were monthly staff team meetings within the clinic, and the manager attended monthly meetings with other managers in the franchise group. The sonographer was supported by a lead sonographer within the local group of nine clinics, as well as the franchise's lead sonographer, a doctor and a midwife with early pregnancy specialist experience. We saw evidence that the sonographer had liaised with a senior sonographer when they required a second opinion on their scans.

Staff of all grades told us they had good working relationships with each other, and we observed this during our inspection.

The clinic manager or senior staff member on shift held a daily huddle before the start of clinics, to ensure all staff had key information.

Seven-day services

Key services were available to support timely patient care.

The clinic was open on Mondays, Tuesdays, Thursdays, Saturdays and Sundays. Clinic times included daytime and evening appointments to fit around clients' needs.

Staff could call for support from colleagues including a lead radiologist and a midwife who worked for the franchise. They were able to access support out of hours including evenings and weekends.

Health promotion

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

The clinic had a slide show on the TV in the waiting area with advice on vitamins, lifestyle changes, and access to a digital app providing pregnancy information and advice. The franchise was planning to launch a new app two weeks after our inspection. It would allow clients to access their scan report, pictures and videos as well as pregnancy information and guidance.

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 patients' consent.

Good

Diagnostic imaging

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

Staff made sure patients consented to treatment based on all the information available and clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act.

The service saw young people from the age of 16 years old. They required 16- and 17-year olds to be accompanied by a parent or guardian and requested identification. There was no use of a Gillick competency assessment, which can be used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are Diagnostic imaging caring?

Good

This was the first inspection of the service. We rated caring 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 patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Clients said staff treated them well and with kindness. One client we spoke with said staff were "brilliant" and that the clinic environment was homely. Another told us the clinic was nice and relaxing, and the family members with them said they were very comfortable there. A recent online review from October 2021 left by a client who had attended for reassurance scans following a previous pregnancy loss stated, "The team were outstanding and went above and beyond". Others said staff were "patient and kind", "amazing", "friendly", and "knowledgeable".

Staff followed policy to keep patient care and treatment confidential.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Sonographers and scan assistants undertook training on breaking bad news. The registered manager told us the service worked with a miscarriage charity, and they had cards in the side room that they were dedicated to using for such conversations. They also worked with an organisation to provide information about Down's Syndrome and had their information book on the waiting room table, and posters displayed. The organisation had also completed a talk at one of the franchise's meetings.

Good

Diagnostic imaging

The registered manager told us they were sensitive in the language and terminology used, for example, they would talk of 'chance' not 'risk' when discussing the possibility of a baby having Down's Syndrome, and would say 'unexpected' news not 'bad' news.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure clients and those close to them understood their care and treatment. Clients we spoke with told us that information given to them was clear and they were involved in their care.

Staff talked with women, their families and carers in a way they could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. They said they were able to ask questions about their scan and staff were friendly and approachable.

Are Diagnostic imaging responsive?

Good

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

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The services provided reflected the needs of the population served and ensured flexibility and choice. Clinics were run in the daytime and evenings, as well as at weekends. This meant it could fit around the needs of people's lives and work commitments. Appointments were booked using the provider's website or clients could call the clinic to make an appointment.

Facilities and premises were appropriate for the services being delivered. The reception area was clean and tidy with access to leaflets about baby scans. There was a spacious waiting area with sofas and space for clients to sit with their family or friends. The scanning room included space and seating for the client to bring a friend, partner or family member into the room.

The service had a separate room with the option of dim lighting for clients who were receiving unexpected news.

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.

Good

Diagnostic imaging

Individual needs were discussed on the telephone when booking the scan. The service was on the ground floor and accessible for wheelchair users.

For clients whom English was not their first language, staff would use translation services. They were also able to use the computer tablet used for booking patients in to translate patient information and information needed for patients to consent.

The registered manager told us they would make reasonable adjustments so that people with a disability could access and use services on an equal basis to others.

Access and flow

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

The manager monitored waiting times and worked with staff to make sure patients did not stay longer than they needed to. The registered manager told us appointments tended to run on time. The team worked closely together to ensure appointment times ran smoothly.

Appointment were booked every 15 minutes. This included a five-minute scanning time and allowed for time either end. Clients could spend time afterwards choosing photos and any souvenirs they wished to purchase. The service used a digital system so the manager could monitor waiting times remotely and address any issues.

The service had a lot of availability for scans. Clients could book early pregnancy scans promptly and were also able to book ahead for later scans of 16 weeks' gestation and above.

Clients were usually able to book same day and next day appointments. The registered manager gave a recent example of someone who couldn't get seen at their local early pregnancy unit until next day, so staff at the clinic took time off their lunch break to fit her in.

If a patient did not attend (DNA), staff would contact them. Staff told us DNAs were rare.

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.

Clients, relatives and carers knew how to complain or raise concerns. Clients we spoke with said they would know how to make a complaint but had not had cause to.

The service had a complaints policy which identified who to complain to and the code of practice for dealing with complaints. Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Three senior scan assistants had also had training on managing complaints. We saw the complaints log which had two complaints within the last year and five the previous year. Themes identified included clients not being happy with the pictures from their scan, and the clinic offered them partial refunds.

Good

Diagnostic imaging

Managers shared feedback from complaints with staff and learning was used to improve the service. One example was a complaint regarding communication by a sonographer (who no longer worked at the clinic). We saw that appropriate action was taken and the sonographer involved had had additional training support from the lead sonographer. Learning was shared with staff in the clinic.

Are Diagnostic imaging well-led?

Good

This was the first inspection of the service. We rated well-led as good.

Leadership

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

The registered manager was also the clinic manager for two other locations run by the provider. They were supported by three senior scan assistants. There were plans to create an assistant manager post in the near future. The manager worked closely with other managers in the 'pod' of nine clinics that were part of the franchise and run by the same director.

The clinic had access to clinical leadership from the Window to the Womb franchise. This included a clinical lead sonographer and a midwife who specialised in early pregnancy.

Staff we spoke with said the clinic manager was visible and approachable, and always available to contact if they were not at the clinic. They said they were also easily able to contact members of the franchise leadership team when needed.

Vision and Strategy

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

The service's statement of purpose states it is committed to providing high quality, efficient and compassionate care to customers and their families, through the safe and efficient use of obstetric ultrasound imaging technology. The service outlined their aims and objectives in their statement of purpose. This included meeting the demand to provide pregnant ladies with a private obstetric ultrasound service in an easily accessible local environment.

Staff understood the service's primary focus on customer care and comfort, and we found this embedded within the unit.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development.

The manager told us they were very well supported in their role and the franchise was a good place to work. They told us staff were very responsive to change and were always looking for ways to improve services. There was a mindset of being open and listening to clients.

Staff we spoke with told us they were happy working at the clinic and that staff of all levels worked well together. We observed a positive and friendly culture.

There was a culture of promoting diversity and equality. The service frequently saw same sex couples, including cisgender males with surrogates. Staff discussed equality and diversity in meetings and were open minded and understanding.

There were opportunities for staff development. The sonographer was supported to attend training run by the franchise as well as external organisations such as BMUS. Three scan assistants had been trained to become senior scan assistants. The registered manager had started with the service as a scan assistant and been promoted.

Governance

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

The service had a clear governance policy which outlined the responsibility of board members, the relationship between the franchisor and franchisee and the requirement for regular audits. The registered manager had overall responsibility for clinical governance and quality monitoring and reporting this to the provider and the franchisor.

There was an audit programme in place 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. We saw clear actions were identified and agreed.

Staff were clear about their roles and understood what they were accountable for. There were monthly staff meetings for all staff in the clinic, and daily huddles at the start of each clinic. The manager met monthly with other managers from the franchise.

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.

The service had arrangements for identifying, recording and managing risks, issues and mitigating actions. We saw the risk register included sonographer availability, scan machine failure or fault, and customer self-discharges following a diagnosis of suspected ectopic pregnancy. The risk register included impact and probability levels, and mitigating actions. However, the registered manager did not have full oversight of the risk register as this was primarily managed by the franchise.

Good

Diagnostic imaging

The clinic manager had oversight of staff Disclosure and Barring Service (DBS) checks. We saw records which showed all staff had a DBS check. The manager told us they renewed the checks every three years for scan assistants, and every five years for managers and sonographers. We noted that staff records also included background checks from the previous country of residence for staff who had recently moved to the UK.

Information Management

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

The electronic booking system and customer database were maintained on a secure server. All systems and access to the ultrasound machine were password protected.

The service was registered with the Information Commissioner's Office (ICO), the UK's independent authority set up to uphold information rights.

The service had appropriate and up-to-date policies for managing personal information that were in line with relevant legislation and the requirements of the General Data Protection Regulations.

Engagement

The service engaged well with clients and staff to plan and manage appropriate services effectively.

Before the Covid-19 pandemic the service held a coffee morning for mums who'd had babies and for pregnant women. They had also undertaken fund raising for the local neonatal unit.

Staff were engaged through regular monthly meetings in person in the clinic. There was also a group online chat using an encrypted messaging app.

The service gathered feedback from women and families and used this improve the service. People could leave feedback on comment cards, online review sites and social media pages. The website had links to online review sites and social media pages which showed positive feedback from women. We saw that the service monitored online reviews and responded to them.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The Window To The Womb franchise was working with a university and a digital company on computer technology that could be used to check sonographer work. The registered manager told us they had seen the early stages of it at a recent franchise meeting. They described the technology as a 'digital sonographer', a safety net for sonographers.

An app was also under development by the franchise and was due to be released in the weeks following inspection. The app included week-by-week pregnancy advice and information, and patients could attach scan reports, images and videos. For women given unexpected news, the app would allow the service to attach a video explanation, for example for a pregnancy of unknown location. This would help the client to understand their condition and be able to go back to the information afterwards if they were unable to take it all in at the clinic.