Window to the Womb

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

We had not previously rated this service. We rated it as **Good** overall.

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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 completed and updated risk assessments and removed or minimised risks.
- 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.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed incidents well. Staff recognised and reported incidents and near misses.
- The service provided care and treatment provided was based on national guidance and good practice standards.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- People's individual needs and preferences were central to the planning and delivery of tailored services. The services are flexible, provided choice and met the needs of the range of women who used the service.
- The service used innovative approaches to provided integrated person-centred pathways of care. Care was delivered in a way that met individual needs, was accessible and promoted equality.
- People could access services in a way and at a time that suited them.
- There was an active review of how complaints were managed and responded to. People who used the services were involved in the review.
- The leadership had the skills, experience and integrity needed to run a high-quality sustainable service.
- Staff felt respected, supported and valued. They were focused on the needs of women receiving pregnancy ultrasound scans. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the service. 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 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.
- All those responsible for delivering care worked together as a team to benefit women. They supported each other to provide good care and communicated effectively.
- Staff gave women practical support and advice for a healthier pregnancy.
- Staff understood how and when to assess whether a woman had the capacity to make decisions about their care.

Summary of findings

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women their families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved women and their families and carers to understand their condition and make decisions about their care and treatment.

Dr Nigel Acheson
Deputy Chief Inspector of Hospitals

Overall summary

Window to the Womb is operated by Kent Ultrasound Studio and operates under a franchise agreement with Window to the Womb Ltd. The service provides obstetric ultrasound services to self-funding women in Maidstone and the surrounding area.

The service provides obstetric ultrasound services to women aged from 16 years. All pregnant women under the age of 18 years must be accompanied by a parent or responsible adult over the age of 25 years.

The service is registered to provide the regulated activity of diagnostic and screening procedures.

We inspected this service using our comprehensive inspection methodology. We carried out a short-notice announced inspection on the 8th and 11th July 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	This is a diagnostic imaging service run by Kent Ultrasound Studio as part of the Window to the Womb Ltd franchise. The service is based in Maidstone, Kent. We rated this service as **good** because it was safe, caring, responsive and well led. We do not rate effective for this type of service.

Summary of findings

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Diagnostic imaging

Summary of this inspection

Background to Window to the Womb

Window to the Womb is a private diagnostic service based in Maidstone, Kent. It is owned by Kent Ultrasound Studio . Window to the womb (Franchise) Ltd was established in 2003 and has 38 franchised clinics across the United Kingdom.

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

Window to the Womb Maidstone opened in November 2016 and provides diagnostic pregnancy ultrasound services to self-funding women. The service offers two clinic types. A first scan clinic between six to 15.6 weeks, offering transvaginal scans to women under 10 weeks of pregnancy. Window to the womb clinic are for women who are 16+ weeks and offers 3D and 4D ultrasound scan packages.

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. The service has links with local acute trusts maternity services and offers a service to women living within Maidstone and the surrounding area.

The hospital has had a registered manager in post since registering with the Care Quality Commission in November 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and two other CQC inspectors. The inspection team was overseen by an inspection manager and Catherine Campbell, Head of Hospital Inspection.

Information about Window to the Womb

The Window to the Womb clinic is located in a two-floor commercial building, in a courtyard within Maidstone town centre. It is easily accessible and has sufficient parking facilities. The building has two floors with the scan room being on the ground floor. Facilities include one scan room, reception area and toilet as well as a staff kitchen, storage and quiet waiting room upstairs. The waiting room upstairs had computers and facilities for women and their families to view the ultrasound scans.

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

The service provides ultrasound scans to self-funding pregnant women. The Window to the Womb clinic sees between 70 and 80 women per week and offers the following pregnancy ultrasound scans:

- First scans from six to 15+6 weeks of pregnancy.
- Wellbeing scan from 16 to 40 weeks of pregnancy.
- Wellbeing and gender confirmation scan from 16 to 22 weeks of pregnancy.
- Growth and presentation scan from 26 to 40 weeks of pregnancy.
- Wellbeing and 4D scan from 24 to 34 weeks of pregnancy.

All women accessing the service self-refer to the clinic and are all seen as private paying patients.

The service runs four first scan clinics per week and five window to the womb clinics. The service was open six days a week and closed on a Friday. The clinic offers evening and weekend appointments and was flexible with appointments opening the clinic earlier or later if required.

Summary of this inspection

The registered manager was also the owner of the Window to the Womb Maidstone franchise. A clinic manager was recently employed to help the registered manager run the daily service due to the growth of the business. The clinic manager was previously a scan assistant within the service.

The service had 11 staff in total: three sonographers six scan assistants, a registered manager and a clinic manager.

During our inspection we visited the registered location in Maidstone. We spoke with six staff members including the Window to the Womb Ltd co-owner, the franchise owner and registered manager, a sonographer, clinic manager and three scan assistants. We also observed two ultrasound scans, spoke with three women and reviewed 10 scan reports.

This was the first time the service had been inspected. There were no special reviews or investigations of the service ongoing by the Care Quality Commission at the time during the last 12 months prior to the inspection.

Activity (July 2018 to July 2019)

- In the reporting period July 2018 to July 2019. There were 3,972 pregnancy ultrasounds recorded at the clinic.
- In the reporting period July 2018 to July 2019 there were 2,907 pregnancy ultrasound scans for Window to the Womb scans recorded at the clinic.
- In the reporting period July 2018 to July 2019 there were 1,065 early pregnancy ultrasound scans for first scan clinics recorded.

Track record on safety

- The clinic had no never events.
- The clinic had no clinical or serious incidents.
- The clinic received three complaints between July 2018 and July 2019 and none were upheld.
- There were no incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff) or E-Coli.

Services provided at the hospital under service level agreement:

- Collection of clinical waste

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

Are services safe?

We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training was completed yearly, and we observed the staff training log which showed all staff were compliant in completing their mandatory training.
- 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.
- 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. The service had infection prevention and control policies in place. This provided staff with guidance on appropriate infection control practice.
- Staff completed and updated risk assessments and removed or minimised risks. All women completed a pre-scan questionnaire that included pregnancy history such as any previous miscarriages or ectopic pregnancies. The questionnaire included a declaration signed by the woman which gave consent to giving past medical information to an NHS care provider if needed. The declaration also confirmed that the woman was receiving appropriate pregnancy care from the NHS.
- 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. All staff we spoke to felt staffing levels were good. During early pregnancy scan the service operated with a minimum of three scan assistants and a qualified sonographer on site per shift.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. Staff kept detailed records of women's appointments, referrals to NHS services and completed scan documents. The service managed safety incidents well. Staff recognised and reported incidents and near misses. The service had an up-to-date incident reporting policy which staff could refer to for guidance. The service used

Summary of this inspection

a paper-based reporting system, with an accident and incident log book available for staff to access. The registered manager was responsible for investigating any incidents reported and submitted a monthly return was shared with the franchisor.

Are services effective?

We did not rate Effective. However, we found:

- The service provided care and treatment based on national guidance and good practice standards. The registered manager checked to make sure staff followed guidance. Staff had to sign and date a checklist to confirm they had read policies as part of their induction and when policies were updated. We saw evidence of these completed checklists.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women. The franchisor completed a yearly compliance audit to monitor the clinic's performance and to identify any areas where improvements could be required. The compliance audit also used key performance indicators to benchmark with other Window to the Womb services, which included number of bookings, rescan rate and accuracy of gender confirmation.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance. All staff including sonographers employed by Window to the Womb undergo a local induction over a three-day period which covered all aspects of the service. We observed the timetable for the induction and the assessments completed. The comprehensive induction process supported staff to ensure they were competent to do undertake their role.
- Staff gave women practical support and advice to lead healthier lives. The service provided clear verbal and written information to women before and during scans that the service was not a substitute for antenatal care provided by the NHS. Women were advised to attend all NHS antenatal appointments.
- Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. The Mental Capacity Act policy stated staff were to complete Mental Capacity Act training. We found that no staff had completed the training other than the registered manager. We were told by the registered manager that the service was reviewing e-learning training and staff would be completing the online training shortly.

Are services caring?

Good

We rated it as **Good** because:

Summary of this inspection

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff told us they wanted to make sure all women received a high level of care. We observed staff putting women at ease, introducing themselves and explaining their role.
- Staff provided emotional support to women, families and carers to minimise their distress. Staff spoke with women in sensitive and calming manner. The environment felt relaxed and comments from women using the service told us they felt comfortable and calm throughout their scan.
- Staff supported and involved women to make decisions about their care and treatment Staff communicated with women and those accompanying them in a way they could understand. We saw that staff use language and terminology women could understand when performing the scan. The sonographer took the time to explain the procedure to ensure women understood.

Are services responsive?

Good

Are services responsive?

We rated it as **Good** because:

- People's individual needs and preferences were central to the planning and delivery of tailored services. The services are flexible, provided choice and met the needs of the range of women who used the service. The service met the individual needs and preferences of the woman. Women were provided with a choice around their scans. The service delivered two clinics a first scan clinic for women under 16 weeks of pregnancy and Window to the womb for women who were 16 to 40 weeks of pregnancy.
- The service used innovative approaches to providing integrated person-centred pathways of care. Care was delivered in a way that met those needs, was accessible and promoted equality. The service allocated enough time throughout women's appointments for them to ask any questions they had, and to decide on their favourite scan images. We saw women were supported throughout their appointments and were not rushed at any point.
- People could access services in a way and at a time that suited them. Women did not have to wait for scan results. Sonographers completed a wellbeing check of the unborn baby at the start of each ultrasound scan. This was before the gender reveal or the 3D and 4D scan. A report was given at the end of every appointment for the woman to take away with them.

Summary of this inspection

- There was a continuous review of how complaints were managed and responded to. People who used the services were involved in the review. Window to the Womb Ltd franchise had a complaint handling policy, which was followed by the service. The policy detailed the process and staff responsibility of how to handle and support those who raised a complaint. The policy was up to date and complaints we saw were handled in line with the 21-day time frame. The registered manager told us reported serious complaints were also reviewed by the franchisor.

Are services well-led?

Good

We rated it as **Good** because:

- The leadership had the skills, experience and integrity needed to run a high-quality sustainable service. All staff we spoke to were very positive about the registered manager and their role within the service. They had met the franchise directors and they told us they were friendly and approachable.
- The service had a vision for what it wanted to achieve and a strategy to turn it into an action. The service had clear vision and values which were focused on providing safe, high quality care. The vision and values for the service were consistent with the Window to the Womb franchise. The service vision aimed to provide women with a private obstetric ultrasound service in an easily accessible environment. To provide medically relevant ultrasound findings within an obstetric report and to report any suspected abnormalities identified using the pathways we have established with our local NHS hospitals.
- Staff were respectful of each other and we observed staff working collaboratively and supporting each other. All staff we spoke with were proud to work for the service and told us they were happy. Staff felt well supported by each other, registered manager and the franchisor.
- Staff felt encouraged and supported to complete training. The clinic manager had been in place for a year and was promoted from a scanning assistant following an interest in management. Window to the womb ltd had a management and staff development programme which gave the skills and knowledge to enable staff to progress from being a scanning assistant to running their own Window to the Womb franchise.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

Mandatory training

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

- The service provided a programme of mandatory training provided by the Window to the Womb franchiser. Training was delivered through e-learning modules or during face to face sessions.
- Mandatory training completed included infection prevention and control, chaperone training, fire safety and evacuation, health and safety, basic life support and information governance.
- Mandatory training was completed yearly. We observed the staff training log which showed all staff were 100% compliant in completing their mandatory training.
- Staff told us they were able to access training and were well supported and given time to complete the training by the registered manager.
- Sonographers who worked for Window to the Womb on a zero-hour contract completed their mandatory training at their main and current NHS employment, as well as completing mandatory training provided by the service. We observed evidence of training completed by the sonographers.
- The registered manager had completed an external mandatory training course as part of the Window to the Womb franchiser mandatory training policy. Training record was observed and was up to date.

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 had training on how to recognise and report abuse, and they knew how to apply it. We observed the training log which showed us all staff had completed their safeguarding level two adult and children's safeguarding training. The sonographers working within acute trusts had completed their level three adult and children safeguarding. This level was appropriate to their role and in line with national guidance (Intercollegiate Document, Adult Safeguarding: Roles and Competencies for Health Care Staff (August 2018); Intercollegiate Document, Safeguarding children and young people: roles and competences for health care staff (March 2014)).
- The registered manager was the designated lead for both adults and children safeguarding and had completed the level three adult and level three children safeguarding training. Staff were able to contact the registered manager during working hours to obtain any safeguarding advice or support.
- The service had a safeguarding policy in place which was regularly reviewed and updated. All staff were aware of the safeguarding policy and knew where to access it.

Good

Diagnostic imaging

- The service had a safeguarding flow chart which showed the safeguarding process for staff to follow to make a safeguarding referral. The local authority's contact address and telephone number was placed with the flow chart.
- There was a child protection policy in place and all young women under the age of 18 years were required to be accompanied by a responsible adult such as a parent or carer.
- Staff we spoke with had not made any safeguarding referrals. However, they did all have a good understanding of their responsibility to recognise and report any forms of potential abuse. Staff could describe the actions they would take to report a safeguarding concern and who they would contact.
- All staff were aware of and showed good knowledge of child sexual exploitation (CSE) and female genital mutilation (FGM). CSE and FGM were included in the safeguarding training. Staff told us they would feel confident to identify and raise a concern if required.
- The service had their own chaperone policy, which was up to date and all scan assistants were chaperone trained. Staff we spoke with knew their responsibilities as a chaperone and were confident to report any issues.
- The service had not reported any safeguarding concerns to the Care Quality Commission up to or during the inspection period.

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.

- The service had infection prevention and control policies in place. This provided staff with guidance on appropriate infection control practice.
- At the time of our inspection the clinic environment was clean and tidy. The clinic was cleaned daily by staff at the end of the day and a cleaning log was completed. We observed staff cleaning between morning and afternoon clinics.
- The service employs an external contractor to complete a deep clean of the service once a month and cleaning audits were in place.
- Staff completed infection control training yearly as part of their mandatory training. The training identified measures staff should use to prevent the spread of infection.
- All staff were bare below the elbows and long hair tied up. We observed all staff wash hands and clean equipment between women. This was in accordance to NICE QS61 Statement 3: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care.
- Equipment and machines were cleaned following each use with alcohol wipes, this included such things as trans vaginal probe covers for the trans vaginal probe used for internal examinations. Couches were covered with a disposable paper towel which was changed following each scan.
- Cleaning equipment was stored in a cupboard in the staff kitchen. The kitchen was kept locked and secure. There was safe storage of substances hazardous to health (COSHH) and other chemicals which were stored in a locked cabinet.
- The hand washing technique was seen displayed above the hand washing sink in the kitchen.
- There had been no incidences of healthcare acquired infections at the service reported.

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 ground floor facilities were all accessible to women and visitors with physical disabilities.
- Staff had sufficient space to move around the ultrasound machines for scans to be carried out safely. The examination couch was height adjustable. There were three large wall mounted monitors at different angles so women and those attending them could view the scan from all areas of the room.

Good

Diagnostic imaging

- The scanning equipment used was appropriate for the ultrasound procedures provided. The manufacturer provided the maintenance and servicing of the ultrasound machine. We reviewed the service level agreement. The service records for the showed us the scanner was maintained regularly.
- However, on our first day of the inspection the scanner had broken down. We were told by the registered manager that this had not happened before. The scanner failure was reported, and a replacement scanner in place when we returned to the inspection three days later. The replacement scanner was delivered the next day minimising prolonged delays.
- Staff handled waste and disposed of it in a way that kept people safe. Staff followed correct procedures to handle and sort different types of waste. The service had an agreement with a clinical waste removal company to remove clinical waste.
- There was sufficient storage for equipment, and we observed unused items such as wipes, and paper stored in an appropriate locked storage cupboard.
- We conducted a random check of equipment and found the equipment to be in date and checked daily.
- Due to the nature of the service they did not require a resuscitation trolley, however they did have a sealed and in date first aid box. Rotas showed there was always a staff member on duty who had adult and children first aid qualifications. In the case of an emergency the service would call 999.
- Fire extinguishers were accessible, stored appropriately, and were all up to date with their services. The service held regular fire drills and documented each one.

Assessing and responding to patient risk

Staff completed and updated risk assessments and removed or minimised risks.

- All women completed a pre-scan questionnaire that included pregnancy history such as any previous miscarriages or ectopic pregnancies. The questionnaire included a declaration signed by the woman which gave consent to giving past medical information to an NHS care provider if needed. The declaration also confirmed that the woman was receiving appropriate pregnancy care from the NHS.
- The service used the 'Paused and Checked' checklist devised by the British Medical Ultrasound Society (BMUS) and Society of Radiographers. We saw a poster clearly displayed within the scanning room. The sonographer completed the checks during scans, which included confirming the woman's identity and consent, providing clear information and instructions.
- The service had pathways for early pregnancy referrals to support sonographers with the appropriate actions to take when finding an anomaly during pregnancy scans. The care pathways were developed by the franchisor and the service had access to Window to the Womb Ltd clinical leads. This was provided by the franchisor to support services and the pathways followed national guidance on antenatal care.
- We found the sonographer and scan assistants had a good understanding of the various referral pathways. Staff could refer to three local NHS hospitals and the registered manager told us they had good relationships with local NHS maternity services.
- The sonographer told us that if a pregnancy anomaly was found the referral pathway would be followed. The scan and information would be documented on dedicated referral forms, which the registered manager reviewed. During our inspection we were given an example of where the sonographer had detected an ectopic pregnancy. We found the correct pathway had been followed and a referral had been made to the local NHS trust which detailed the concern clearly.
- Sonographers were able to contact the Window to the Womb franchisor clinical leads for advice and support during clinics. The clinical leads were employed by the franchisor and was available to review ultrasound scans remotely when needed. Women were referred to either the foetal medicine unit or the antenatal clinic at the local NHS trust. Women were provided with a completed report outlining the details of scan findings along with a referral letter.
- The sonographer we spoke with told us the clinical leads were supportive and were easily available.

Good

Diagnostic imaging

- The service did not have a policy in place for woman who requested frequent scans. However, women who wanted longer scan appointments were told that their scanning time was restricted to 10 minutes as per the British medical ultrasound societies (BMUS) and followed the as low as reasonably achievable (ALARA) principles, outlined in the 'guidelines for professional ultrasound practice 2017' by the Society and College of Radiographers (SCOR) and BMUS.
- We observed clear guidance followed by staff if a woman attending the service became unwell. Staff told us they would contact 999 for urgent support if there was an emergency or a serious concern.
- Staff advised women about the importance of still attending their NHS pregnancy ultrasound scans and appointments. The sonographers ensured women understood that the ultrasound scans were in addition to those provided as part of their NHS maternity care pathway. This information was also stated in the terms and conditions for the service, which clearly advised women to access all antenatal services made available to them by the NHS.
- During each scan staff advised women on when they may need to seek further advice or help from NHS maternity services. For example, if baby's movements were reduced or if there was any pain or bleeding. The service had information and advised women on 'counting kicks'. Counting kicks is a way to monitor baby's health in the third trimester.
- The service requested a parent or responsible adult or carer to accompany young women attending the service who were aged between 16 and 18 years. If there were any concerns regarding the legitimacy of the responsible adult, the service requested identification documents.
- The service only used latex-free covers for the transvaginal ultrasound probe, which minimised the risk of an allergic reaction for women with a latex allergy.

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.

- The staff comprised of three qualified Health and Care Professions Council (HCPC) registered sonographers, six scan assistants, the registered manager who was also the franchisee owner and a clinic manager.
- All staff we spoke to felt staffing levels were good. During early pregnancy scan the service operated with a minimum of three scan assistants and a qualified sonographer on site per shift. For all other scans the service operated a minimum of four scan assistants and a qualified sonographer on site per shift. The registered manager told us there were always two or more members of staff in the scan room when scans took place, thereby eliminating any potential risk to staff or women using the service.
- The service did not use agency staff. Staff rotas were completed six weeks in advance and there was regular communication with staff to cover sickness and staff absence. In the event of any short notice sickness scan assistants and sonographers would cover between themselves to help prevent clinic cancellations.
- The registered manager monitored staff sickness rates. There had been no staff sickness absences from April to July 2019.
- The registered manager has recently appointment a clinic manager to support with administration and to provide cover and support to staff for when the registered manager was not working. The clinic manager had worked in the clinic for a year as a scan assistant before being appointed the new role.
- Scan assistants were responsible of the reception desk, managing enquiries, appointment bookings, supporting the sonographers during the ultrasound scans, and helping the families print their scan images.

Records

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

- The service obtained health information for women prior to their scan with the pre- assessment questionnaire. For example, number of pregnancies, health conditions and reasons for scan.

Good

Diagnostic imaging

- Staff kept detailed records of women's appointments, referrals to NHS services and completed scan documents. Records were clear, up-to-date and readily accessible to staff.
- All records were paper based, and the service did not have access to NHS electronic record systems.
- We observed pre-scan questionnaires and signed consent forms. If a referral had been made to an NHS provider, the referral was recorded in the notes. Records were stored in a locked filing cabinet in reception.
- Sonographers completed scan reports immediately following the scan. We reviewed ten records and saw that all scan reports had been fully completed. Scan reports included the woman's estimated due date, type of ultrasound scan performed, the findings, conclusions and recommendations.
- The ultrasound images were saved onto a data storage device which could be purchased by the woman at the end of her appointment. Each woman was also given free access to the Window to the Womb ltd smart phone application. This was an application developed by the franchisor. The application enabled women to have instant access to their scan images via their personal computer, smart phone or tablet.
- The registered manager reviewed and audited women's records and referrals to midwifery services. Sonographers completed peer review record keeping audits on scan reports.
- The franchisor had a clear data protection policy. This was followed by all staff.

Medicines

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

Incidents

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

- Staff we spoke with knew how to report incidents and could give examples of when they would do this.
- The service had an up-to-date incident reporting policy which staff could refer to for guidance. The service used a paper-based reporting system, with an accident and incident log book available for staff to access. The registered manager was responsible for investigating any incidents reported and submitted a monthly return to the franchisor.
- There were no reported serious incidents or never events for the service between April 2018 to April 2019.
- Staff were aware of the term duty of candour and could explain to us the need to be open and honest with women when incidents occurred. 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.
- Incidents and lessons learned were shared with the whole team in monthly team meetings. The service received a monthly newsletter which detailed incidents, risks and information about all Window to the Womb franchisees. The registered manager shared the newsletter with all staff and used the information to discuss and learn from at the monthly team meetings.
- The registered manager understood their responsibility to report any notifiable incidents to the CQC using the statutory notification route if this met the criteria, under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Are diagnostic imaging services effective?

We do not currently rate the effectiveness of diagnostic services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and good practice standards.

- All policies and protocols were written by a clinical lead within the franchise and were reviewed by an external consultant specialist in obstetrics and gynaecology to ensure they were in line with best

evidence-based practice and followed national standards. All policies were in date and contained a next renewal date. This ensured the service reviewed them routinely.

- Staff we spoke with had knowledge and a good understanding of current policies and protocols. The registered manager told us they routinely checked to make sure staff had read current guidance and staff had to sign and date a checklist to confirm they had read current and updated policies. During our inspection we saw evidence of completed checklists.
- We found sonographers had a good understanding of national legislation that affected their practice. The service followed national guidance from The National Institute for Health and Care Excellence (NICE) and British Medical Ultrasound Society (BMUS). They did not participate in any benchmarking clinical audits.
- Clinical leads would annually complete competency assessments with sonographers. Sonographers also completed peer reviews to monitor each other's practice and knowledge. These competency assessments were part of the internal and external checks to ensure the sonographers were competent and formed part of the clinical audit completed by the franchisor throughout the year. The clinical audit and competency assessment was detailed within the service's quality assurance policy.
- The registered manager completed monthly clinic audits. Results were shared and discussed with staff at team meetings.
- The franchisor had clear care pathways in place for sonographers and staff to follow when referring women to maternity NHS services when finding an anomaly or health concern. The care pathways followed national guidance and included guidance on ectopic pregnancies. Information leaflets were available to women, including an inconclusive scan, sickness in pregnancy and a complete miscarriage.

Nutrition and hydration

- The service did not offer food or hot drinks to women or people accompanying them. They did however provide drinking water.
- Women were advised to eat and drink as normal before the scan. If the woman was less than 20 weeks of pregnancy women were advised to come with a full bladder to help, ensure the best view of their baby.

Pain relief

- Pain relief was not available because abdominal pregnancy ultrasound scans were generally pain free procedures. However, we observed staff checking that women were not in any discomfort during their trans vaginal scan.

Patient outcomes

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

- A yearly compliance audit was completed by the franchisor to monitor the clinic's performance and to identify any areas where improvements could be required. The compliance audit also used key performance indicators to benchmark with other Window to the Womb services, this included the number of bookings, rescan rates and accuracy of gender confirmations.
- The registered manager completed monthly service audits to determine targets were met by staff and actions followed.
- The team meeting minutes showed us that compliance with audits and local team performance was discussed as well as the performance of other similar services. .
- Within the last three months the service had rescanned 24 women. The registered manager told us women were offered a rescan if the baby was in a difficult position and the sonographer was unable to obtain scan images.
- The service had completed 81 referrals to local NHS maternity services from July 2018 to July 2019. We observed the reasons for the referral and a clear report of the sonographers scan and advice given.
- 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

over all franchised clinics across the UK. However, we did not have a breakdown for the accuracy rate for the service inspected. There was a rescan guarantee in place for when it was not possible for the sonographer to confirm the gender of the baby.

- Women's outcomes and experiences were monitored through women satisfaction feedback cards. The feedback cards were available for women and those accompanying them. Cards were placed in the waiting area for people to look at them and we saw client feedback on the notice boards. We observed ten feedback cards dated from April 2019 to July 2019 all provided the service with five stars for ease of booking, initial welcome, care provided, and their overall experience.
- The registered manager told us the franchisor would conduct ad-hoc unannounced 'mystery calls' to the clinic to evaluate the standard the communication between staff and women. The service received feedback following every 'mystery call' and if necessary would follow up with additional training if required. We were told by staff that the service had received positive feedback following their mystery calls from the franchisor.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance.

- All sonographers were qualified and registered to practice with the Health and Care Professions Council (HCPC), Nursing and Midwifery Council (NMC) and Society of Radiographers (SOR).
- Scan assistants were offered a full induction on joining the service. They shadowed other staff members for a period of time and completed competencies to ascertain their competence.
- All staff including sonographers employed by Window to the Womb undergo a local induction over a three-day period which covered all aspects of the service. We observed the timetable for the induction and the assessments completed. We found the induction process was robust and covered all aspects of competence.
- The sonographers' registration, indemnity insurance and revalidation status were checked as part of the induction assessments. If any concerns were identified during the assessment process in regard to the sonographers practice the registered manager would address them immediately. Additional training or observations were provided to sonographers who required further assessment or support. Sonographers also completed yearly assessment with the franchisor clinical leads. The service also completed observations and peer assessments monthly.
- Staff felt comfortable to discuss their development with the registered manager during one to one meetings. All staff were provided with appraisals annually. Staff told us appraisals were good and they were encouraged to discuss career development and their role within the service.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit women. They supported each other to provide good care and communicated effectively with other agencies.

- At the time of our inspection we saw the team working well together and positive communication between the sonographer, registered manager/franchise owner and scan assistants.
- The team told us they had good relationships with local NHS trusts. The service liaised with maternity services to ensure their referral pathways were effective and appropriate. Staff communicated referrals at times by telephone and letter. The service used a printed referral template and hand wrote the woman's details and reason for referral. A copy of the scan report and images was attached.

Seven-day services

- The service was not an acute service and did not offer an emergency service
- The service was opened six days a week. The clinic offered daytime and evening appointments to meet with client demand.

Health promotion

Good

Diagnostic imaging

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

- The service provided clear verbal and written information to women before and during scans that the service was not a substitute for antenatal care provided by the NHS. Women were advised to attend all NHS antenatal appointments.
- The Window to the Womb Ltd had a number of articles available on their website. For example, articles about pregnancy and birth, healthy eating and exercise in pregnancy.
- The service had their own social media page which highlighted health information for expectant women such as the importance of antenatal care. We saw a wide range of leaflets and posters in clinics which included but was not restricted to healthy foods, keeping healthy, trusting your instincts, baby movements and ask your midwife. There was also a leaflet informing women to immediately call their maternity unit if they experienced swelling, severe pain, bleeding, persistent headache, high temperature, baby's movements slowing down and problems with vision. This was in line with national recommendations (NHS England, Saving Babies' Lives: A care bundle for reducing stillbirth (February 2016).

Consent and Mental Capacity Act (Deprivation of Liberty Safeguards only apply to patients receiving care in a hospital or a care home)

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care.

- All women received written information to read and sign before their scan. This included information on what is and is not included in the scan package, information on medical records, consent and use of data. The pre-scan questionnaire and declaration form included a self-declaration stating the woman was receiving appropriate pregnancy care and consent to share information with the NHS if required. We reviewed pre-scan questionnaires and saw they had all been fully completed with clear signed consent.
- The sonographer went through the pre-questionnaire with the woman, confirming names, spellings and dates of birth prior to the scan and obtained verbal consent before the ultrasound scan.
- All staff had a good awareness of gaining informed consent. They told us they would told us they would follow the policy or ask for advice if a woman was unable to give conformed consent. However, staff told us they had never been in a position where a woman was unable to give consent.
- Staff understood their responsibilities regarding consent including Gillick competence. According to Window to the Womb's terms and conditions, women who used the service must be 18 years of age or older. However, the service did see young women between the age of 16 or 17, if they were accompanied by an appropriate adult. Staff told us if they had any concerns about a young person's capacity to consent, they would not proceed with the scan. Gillick competence is concerned with determining a child or young person's capacity to consent to medical treatment without the need for parental permission.
- Window to the Womb Ltd had a position statement and policy on the Mental Capacity Act (2005) for staff to follow. This outlined the requirements for staff and the process to follow, all staff had read the statement and policy.
- The Mental Capacity Act policy stated staff were to complete Mental Capacity Act training. We found that no staff had completed the training other than the registered manager. We were told by the registered manager that the service was reviewing e-learning training and staff would be completing the online training shortly.

Are diagnostic imaging services caring?

Good

We rated caring as **good.**

Compassionate care

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

Good

Diagnostic imaging

- During our inspection we found staff were passionate about providing a relaxing and warm environment for women.
- Staff told us they wanted to make sure all women received a high level of care. We saw staff putting women at ease, introducing themselves and explaining their role.
- Staff ensured they maintained the woman's privacy and dignity at all times during the ultrasounds by using a privacy screen and towel during the transvaginal scans.
- Scan assistants chaperoned all women undergoing an ultrasound scan.
- The service provided relaxing music and appropriate lighting for later pregnancy scans.
- The service provided two clinics. Early pregnancy scans called first clinics and the window to the womb clinic for late and 4D pregnancy scans. Staff provided emotional support by running the two clinics separately with an adequate break between the two. We were told the service did not let the two clinics overlap as they did not want to cause any distress to women attending early pregnancy scans who had received sad news coming into contact with women in an advanced state of pregnancy.
- During our visit, we saw staff prepare the clinic for window to the womb appointments. Staff explained that for early scans the privacy screen was in place, no music was played, and the environment was kept clear of any pregnancy keepsake souvenirs.
- We saw a number of compliments received by women. A number of women who had attended the clinic for 4D scans had sent pictures of their baby with letters of thanks. Compliments received were:

  'I just want to take a few moments to reflect my gratitude to you all for the fantastic experience I received whilst in your care. I was greeted with the warmest of smiles and made to feel very welcome.'

  'Just wanted to thank you for all of the beautiful scans and the times you managed to get us into clinic when others let us down, it didn't go unmissed'.

  'Staff are so friendly. Pictures were perfect and an amazing experience.'

Emotional support

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

- Staff spoke with women in sensitive and calming manner. The environment felt relaxed and comments observed from women using the service told us they felt comfortable and calm throughout their scan.
- Staff provided reassurance and support for anxious women during their first scan appointments. Staff were calm so as not to increase anxiety for women and their partners. For example, we observed a woman who was nervous about having a transvaginal scan. The sonographer and scan assistant explained the benefits of the transvaginal scan, however the sonographer agreed to complete an abdominal scan first and if necessary to complete a transvaginal scan. The woman was reassured by this and as a result was made to feel relaxed. Staff listened to her concerns and discussed using an alternative method of scanning. Both the scan assistant and sonographer provided reassurance throughout the scan appointment.
- We saw staff support women and their partners through their ultrasound, ensuring they were well informed and knew what to expect.
- We saw the sonographer providing reassurance throughout an ultrasound scan because the woman and her family was anxious regarding the gender of their baby. Both the sonographer, scan assistant and other staff were seen providing calming support to the woman and her family.
- If a scan identified an anomaly, staff explained the results from the scan, to women and those accompanying them, in a supportive way. The sonographer explained the next steps to the women and arranged an appointment with the NHS provider, as well as taking time to answer any questions the women or partner had.
- The franchise employed a bereavement midwife, who provided training to staff, which was updated annually as part of their mandatory training. The training included what to say and what not to say to women who had received bad news.

Good

Diagnostic imaging

- The service had support information for women who had had a miscarriage.

Understanding and involvement of patients and those close to them

Staff supported and involved women to make decisions about their care and treatment.

- Staff took time to explain the procedure before and during the scan. We saw the sonographer explain what was happening throughout the scan. The sonographer used appropriate language to clearly explain the position of the unborn baby and the images on the monitors.
- Staff communicated with women and those accompanying them in a way they could understand. We saw that staff use language and terminology women could understand when performing the scan. The sonographer took the time to explain the procedure to ensure women understood.
- Women and their partners were fully involved with their care and given the opportunity to ask questions throughout the scan. One woman we spoke with told us that she had felt everything had been explained clearly and the scan was very thorough.
- The registered manager monitored client feedback on their social media page and was keen to follow up on feedback which was not positive in order to gain a good understanding of the woman's experience.

Are diagnostic imaging services responsive?

Good

Our rating of responsive was **good.**

Service delivery to meet the needs of local people

People's individual needs and preferences were central to the planning and delivery of tailored services. The services are flexible, provided choice and met the needs of the range of women who used the service.

- The service was close to the town centre and was easily accessible by public transport. The clinic did not provide free parking. However, there was a number of car parks within the local area. We saw a number of Window to the Womb signs to direct women to the clinic and women we spoke with told us they found the clinic easily.
- The premises and the facilities fully met the needs of the women attending and those accompanying them. We found the building to be spacious and light with plenty of comfortable seating. Women could either wait in the waiting area downstairs or there was a quiet area and space for children upstairs. The service provided toys and seating for children. There were two computers and seating available for women and families to look at scan pictures also.
- The service met the individual needs and preferences of the woman. Women were provided with a choice around their scans. The service delivered two clinics a first scan clinic for women under 16 weeks of pregnancy and Window to the womb for women who were 16 to 40 weeks of pregnancy.
- All women were asked at the time of booking whether they were accessing NHS antenatal care. We saw staff informing women on the importance of continuing to receive their antenatal care. Women over 20 weeks were asked if they had attended their 20-week antenatal appointment.
- All scans started with a thorough wellbeing check of baby. Baby's movement, heartbeat, position and placental position were assessed. The service offered gender confirmation and growth scans as well as 4D images.
- The services provided private pregnancy ultrasound scans and did not undertake imaging on behalf of the NHS.
- The scanning room had three large wall-mounted screens which projected the scan images from the ultrasound machine. These screens enabled women and their families to view their baby scan more easily and from anywhere in the room. This was in line with recommendations (Royal College of Radiologists, Standards for the provision of an ultrasound service (December 2014).
- 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, could choose to receive a sealed envelope with a note telling them whether they were expecting a boy or a girl. The other option available was a box with coloured balloons.

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

Meeting people's individual needs

The service used innovative approaches to providing integrated person-centred pathways of care. Care was delivered in a way that met those needs, was accessible and promoted equality.

- The scanning room was located on the ground floor and was accessible to wheelchair users. The scanning room had an adjustable couch and there was a computer and workstation available downstairs for women to view their scan pictures. However, the service did not have disabled toilet facilities.
- Women received written information to read and sign prior to their scan appointment. This was available in languages other than English. The terms and conditions and other key information was also available on the service's website and could be accessed in any recognised world language. For example, the website contained information about the scan, when to call your maternity unit and advice about common pregnancy conditions.
- Window to the Womb Ltd provide a number of information leaflets in different languages. Staff were able to access them easily online. Information leaflets with key information for pregnant women were seen. For example, an ectopic pregnancy, a miscarriage or an inconclusive scan. The leaflets detailed what the sonographer had identified, advice, and the next steps. The service had access to an online 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.
- The waiting area had adequate seating for women and those accompanying them. The seating was suitable for very overweight people, as was the examination couch.
- The scanning room was relaxing, and staff did not enter during scan appointments. The room had plenty of space for women to invite their partners and family.
- We saw a scan assistant at reception greeting women when they arrived for their appointment. Staff explained their scan package and ask them to complete their pre-scan questionnaire. The scan assistants told us they would see the woman throughout their appointment and it was important to make the woman feel relaxed and calm.
- The service allocated enough time throughout women's appointments for them to ask any questions they had, and to decide on their favourite scan images. The appointments lasted around 40 minutes, with the ultrasound scan taking around 10 minutes. We saw women were supported throughout their appointments and were not rushed at any point.
- The clinic had a quiet area upstairs. The quiet area provided a space where women could go following any difficult news or if staff needed to have sensitive conversations with women. This was an area for women to maintain their privacy and dignity if they became distressed or needed some time on their own following the scan.
- The service had access to a bereavement midwife who was employed by the franchisor. The bereavement midwife provided annual training to staff. They were also available to provide support and guidance to staff.
- The service provided services to all women and adapted to individual needs. The service provided a 'read aloud' system to women who were visually impaired, had hearing loss, could not read, or had a learning disability. The couch in the scan room could accommodate a weight of up to 260kg, which meant bariatric women could use the service.

Access and flow

People could access services in a way and at a time that suits them.

Good

Diagnostic imaging

- The service did not have a waiting list for ultrasound appointments. Women could usually request an appointment for the same day especially first scan appointments. The registered manager told us they were flexible with appointments and tried to accommodate appointment requests. One woman we spoke with told us that she had been surprised and happy to ring for an appointment and receive one for the following day. Women could book appointments online or over the telephone.
- The service had put thought into the clinic opening times. The service recognised that women often wanted appointments either in the evenings or at weekends and they accommodated this.
- Staff were flexible and allowed women to change their scan package to meet their needs. Women received information about their chosen scan package. Staff were flexible and allowed women to change their scan package if required.
- Staff told usclinics run to time and there were rarely women waiting for appointments. Feedback comments we read and women we spoke with confirmed this.
- During the time between the 1 July 2018 to 1 July 2019 the service had completed 3,972 ultrasound scans. First scan scans under 16 weeks there were 1,065 ultrasound scans and Window to the Womb over 16 weeks ultrasound scans there were 2,907 scans.
- Prior to the service inspection there had been no cancelled of appointments. However, on the first day of our inspection the scanner broke down and 16 scans had to be cancelled. When we returned to the service a replacement scanner was in place and all of the cancelled appointments had been rescheduled for the same week.
- Women did not have to wait for scan results. Sonographers completed a wellbeing check of the unborn baby at the start of each ultrasound scan. This was before the gender reveal or the 3D and 4D scan. A report was given at the end of every appointment for the woman to take away with them.
- The service monitored rates of non-attendance. This information was submitted to the franchisor monthly. The service had a low rate of non-attendance. From April 2019 to June 2019 the service had only two missed appointments.

Learning from complaints and concerns

There was an active review of complaints and how they were managed and responded to. People who used the services were involved in the review.

- Window to the Womb Ltd franchise had a complaint handling policy, which reflected national guidance and was followed by the service. The policy detailed the process of complaints and staff responsibility. The policy was up to date and complaints we saw were handled in line with the 21-day time frame. The registered manager told us serious complaints were also reviewed by the franchisor.
- Information on how to make a complaint was displayed in the clinic. Feedback forms were readily available, and staff were actively encouraged to identify any potential dissatisfaction during the appointment.
- The registered manager investigated any complaint received through the comment's cards, website or social media. We saw a clear process of following up the complaint and actions taken. There was also evidence that complaints were discussed with staff to prevent recurrence and promote learning.
- Formal complaints were reviewed by clinical leads as well as performance reviews. The leads also completed an annual audit check of the clinic.
- From April 2018 to April 2019 the service received three complaints. None of these complaints went through a formal complaints procedure and the registered manager spoke with each complainant.
- The registered manager told us the service used any complaints received as a tool for learning and improving the service. Window to the Womb Ltd the franchisor completed an audit of complaints received by all franchisees. This was to highlight any areas or concerns within staff or service practice and to provide training if necessary to improve quality.

Good

Diagnostic imaging

Are diagnostic imaging services well-led?

Good

We rated well-led as **good.**

Leadership

The leadership had the skills, experience and integrity needed to run a high-quality sustainable service.

- The registered manager was also the franchise owner of Window to the Womb and the owner of Kent Ultrasound Studio.
- The everyday running of the service was overseen by the registered manager as well as the supervision and appraisals of all sonographers and scanning assistants. However, the registered manager had recently promoted a scan assistant to the role of manager to help with administration tasks and the everyday running of the service.
- All staff including the registered manager was subject to a pre-employment check through the Disclosure and Barring Service (DBS) and we saw a copy of all DBS information.
- All staff we spoke to were very positive about the registered manager and their role within the service. They had met the franchise directors and they told us they were friendly and approachable.
- Staff felt confident they could raiseconcerns with the registered manager and told us there was a supportive culture in the team.
- Leadership and management courses were available, and the registered manager had undertaken a number of management courses. These included customer service skills manager induction, behavioural styles, problem solving, performance appraisals and development plans.
- The Window to the Womb Ltd franchisor was contractually responsible for providing the registered manager with ongoing training. This was undertaken at clinic visits, training events and the biannual national franchise meetings. The registered manager told us they found these events and meetings very informative and enabled the franchisees to share their knowledge, learning and improvement ideas. These meetings there were used as an opportunity to network, share best practice and service improvement initiative.
- Staff could access clinical leadership from three clinical leads employed by Window to the Womb Ltd. This included a consultant radiographer and specialist nurse in early pregnancy. The clinical leads assessed all new sonographers and were available to offer clinical advice when needed.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into an action.

- The service had clear vision and values which were focused on providing safe, high quality care. The vision and values for the service were consistent with the Window to the Womb Ltd franchise. These were to provide women with a private obstetric ultrasound service in an easily accessible environment. To provide medically relevant ultrasound findings within an obstetric report and to report any suspected abnormalities identified using the pathways established with the local NHS hospitals.
- The registered manager told us that it was important the service to provide the highest possible standards ofcare every time.
- Over the last year the service had achieved its vision to provide first scan clinics for women under 10 weeks. This service provided early pregnancy scans to women from six weeks gestation. The service increased its staffing to meet the demand for the first scan clinic in order to provide a responsive service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of women receiving pregnancy ultrasound scans. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear.

- All staff we met were warm and welcoming and keen to talk to us about the service.

Good

Diagnostic imaging

- Information was available in and around the clinic, including posters on the walls explaining scan packages and optional available extras.
- Staff were respectful of each other and we saw staff working collaboratively and supporting each other. All staff we spoke with told us they were proud and happy to work for the service. Staff felt well supported by each other and told us there was a healthy team culture.
- We spoke with a scan assistant who had recently been employed with the service. They told us they had applied for the position after attending the service as a client.
- The service promoted an open and honest culture. The franchisors had a freedom to raise a concern policy in place and had appointed a 'freedom to speak up guardian'. Staff were encouraged to raise concerns with the registered manager and all staff knew who to contact within Window to the Womb Ltd. There was also a confidential phone line for staff to contact should they wish to discuss anything that had affected them at work.
- Staff felt the was a 'no blame' culture within the service. The registered manager would speak with staff if a complaint had been made and would contact the woman as soon as possible to discuss and rectify any issues identified.

Governance

Leaders operated effective governance processes, throughout the service and with other franchisees. 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 and undertook regular audits and clinical reviews. The registered manager told us the governance processes for the service and the service shares information with the franchisor and other franchisees.
- The registered manager had overall responsibility for the governance processes and quality monitoring. They investigated incidents and responded to complaints. The franchisor attended bi-annual national franchise meetings where franchisees reviewed and clinic compliance, performance, audits and best practice.
- Staff were clear about their roles and the governance processes when reporting incidents or complaints. Staff in the first instance would report incidents to the registered manager, and the clinic manager if the registered manager was unavailable. The franchisor was passed any serious incident information. Information was audited to identify any themes or trends in complaints or incidents between the franchisees.
- Monthly staff meetings were held. We reviewed three staff meeting minutes that showed governance was discussed with all staff. Meeting minutes showed information such as client feedback and complaints, incidents were discussed, and outcomes and learning was shared. Staff were informed of updated policies, pathways and service audits during the meeting. The franchisor produced a franchisee newsletter which included updates, franchisee news and business performance. The meeting minutes showed staff meetings were well attended by all members of the team, including sonographers.
- The service had policies and procedures for the operation of the service and these were available to staff in a folder in the clinic. All policies were up-to-date and reviewed annually.
- All staff underwent appropriate recruitment checks prior to employment to ensure they had the skills, competence and experience needed for their roles. We reviewed the personnel records for staff and found all required information was available, such as employment reference, photo identification, disclosure and barring service (DBS) checks, full employment history, evidence of qualifications and professional registration.
- Window to the Womb Ltd had indemnity and medical liability insurance which covered all staff working within the service.

Managing risks, issues and performance

Good

Diagnostic imaging

The service had systems in place to identify and escalate relevant risks and issues and identified actions to reduce their impact.

- We saw appropriate policies and pathways in place for business continuity and major incident planning. The policies highlighted clear actions staff needed to take in the event of an emergency such as severe weather, staff shortages and extended power loss. This included the contact details of relevant individuals or services for staff to contact in an emergency. During our inspection the scanner had broken down. We saw the registered manager following procedure, contacting the company and discussing an alternative solution so that disruption to clinic appointments were minimal.
- The service did not have a risk register however, we saw evidence the registered manager reviewed all risk assessments monthly to ensure they documented any changes or identified new risks.
- We saw up to date risk assessments for fire, health and safety, legionnaires' disease and the Control of Substances Hazardous to Health (COSHH). The registered manager recorded risk assessments on a form which identified the risk and control measures and the member of staff responsible for monitoring and managing the risk. We saw risk assessments were easily accessible to all staff and all staff had seen them.
- To mitigate the risks of lone working, there was a clear lone working policy in place. The service always had at least three staff on site when the service was open.
- A monthly performance report was completed by the registered manager. The report detailed the number and type of complaints received, the number of pregnancy ultrasounds scans completed within the month, the number of women rescanned, missed appointments and referrals made to other healthcare services. This information was given to the franchisor and benchmarked against other Window to the Womb Ltd franchisees.

Managing information

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

- All records and scan reports were paper based. They were easily accessible and were securely kept in a locked filing cabinet. We saw staff lock computer terminals when not in use and electronic systems were password protected. This prevented unauthorised people from accessing women's records.
- Women consented for the service to store their records.This was part of their signed agreement within the form detailing the ultrasound process. This demonstrated the service's compliance with the General data protection regulation (GDPR) 2018.
- The terms and conditions of the service were displayed on the Window to the Womb website. This information was also available when women attended appointments.
- Window to the Womb Ltd was registered with the Information Commissioner's Office (ICO), which was in line with The Data Protection (Charges and Information) Regulations (2018). The ICO is the UK's independent authority set up to uphold information rights.
- The service had an up-to-date information governance policy which staff could refer to for guidance when needed. All staff had completed information governance training.

Engagement

The service engaged well with women and staff to plan and manage appropriate services and collaborated with partner organisations effectively.

- The service had comment cards for client feedback and women and their families were asked to complete. Women were also able to leave reviews of the service on the website and social media pages.
- We saw the registered manager engage positively and very well with staff. All staff we spoke to told us the management were supportive and we saw good working relationships between manager and staff.

Good

Diagnostic imaging

- The Window to the Womb website provides health and pregnancy information as well as information about pregnancy ultrasound scans.
- The service had good links with three NHS trusts and staff old us they would liaise with NHS trusts when women needed support following an anomaly found on an ultrasound scan.
- Feedback from women was shared and discussed at the monthly team meeting and any actions for improvement agreed.
- The service did not complete staff surveys. However, the registered manager informed us that as a small team of 11 staff, feedback from staff was received regularly. Staff would also give feedback to the franchisee during visits to the service.
- Information was shared with staff in a variety of ways such as face-to-face, email, the staff noticeboard and the franchisor newsletter. The newsletter was sent to all franchises monthly and included important updates such as new clinic openings, training and policies.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well or wrong and promoting training.

- Staff felt encouraged and supported to complete training. The clinic manager had been in place for a year and was promoted from a scanning assistant following an interest in management. Window to the womb Ltd had a management and staff development programme which gave the skills and knowledge to enable staff to progress from being a scanning assistant to running their own Window to the Womb franchise.
- The franchisor had developed a professional development programme for sonographers. This included in house training videos which covered all aspects of obstetric and foetal anomalies.
- Window to the Womb Ltd had developed a mobile phone app to engage with women who had attended the service for a pregnancy ultrasound scan. The app enabled women to share scan images with friends and family. The app enabled women to document and share images of their pregnancy bump and could create a time lapse video of their pregnancy.
- The service increased staffing numbers to reflect the growing service, and the addition of early pregnancy scans due to the demand. Opening times were adjusted to suit the demand and feedback received.

Outstanding practice and areas for improvement

Outstanding practice

- The franchise employed a bereavement midwife, who provided training to staff. The training included what to say and what not to say to women who had received bad news. Staff could also contact the bereavement midwife for support and guidance.

Areas for improvement

Action the provider SHOULD take to improve

The service SHOULD provide Mental Capacity Act training to all staff working within the service.