

D. I. Harries Greater Manchester 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

The service had not been inspected before. 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 people 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. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, and worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff treated people with compassion and kindness and respected their privacy and dignity. People are truly respected and valued as individuals, and are empowered as partners in their care, both practically and emotionally.
- The service had a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. Leaders ran services well using reliable information systems and supported staff to develop their skills.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	The service had not been inspected before. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Window to the Womb

Window to the Womb Stockport is operated by D. I. Harries Greater Manchester Ltd.

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

Window to the Womb Stockport opened in 2022 and provides diagnostic pregnancy ultrasound services to self-funding people, who are more than 6 weeks pregnant and aged 16 years and above. All ultrasound scans performed at Window to the Womb are in addition to those provided through the NHS.

The service also provides diagnostic gynaecological scans.

The service is registered with the CQC to undertake the regulated activity of diagnostic and screening procedures.

We have not previously inspected this service.

How we carried out this inspection

Two inspectors carried out this short announced inspection, using our risk-based methodology, as the service has not previously been inspected. An operations manager oversaw this inspection.

We observed the service in operation and spoke with 4 staff and 5 people and their families using the service.

We reviewed a wide range of policies and 5 sets of patient records. We also reviewed 3 staff recruitment records to determine if there was safe recruitment and competent staff. Directors and registered managers records had been reviewed on previous inspections of other services within the franchise.

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

Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic and screening services

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

Is the service safe?

Good 

The service had not been inspected before. We rated safe as good.

Mandatory training

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

All staff received and kept up-to-date with their mandatory training which covered first aid and infection control.

The mandatory training was comprehensive and met the needs of patients and staff. The clinic manager monitored training compliance through a matrix and records showed compliance with training was consistently above 90%. Staff had protected time to undertake training.

Staff had completed training for people with mental health needs and the Oliver McGowan training, to support those with a learning disability and/or autism.

The provider had also developed a training checklist to ensure all training had been completed.

Safeguarding

Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had safeguarding policies which included clear definitions of safeguarding, female genital mutilation (FGM) and domestic violence.

Staff received training specific for their role on how to recognise and report abuse. All clinic staff had level 3 training in safeguarding of adults and children with additional training in FGM.

The service had had no safeguarding incidents in the previous 12 months; however, staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew who the safeguarding lead was for the service and details of the local authority safeguarding team was available to staff.

Diagnostic and screening services

The service safeguarding lead had level 4 training in safeguarding of children and adults in line with the intercollegiate guidance.

Staff followed safe procedures for children visiting the service and ID checks were sought for all young people attending. We saw prompts were also in place on the booking system to ensure these checks were made.

Posters were placed in private communal areas which provided emergency contact information and support for people experiencing harm such as harassment and domestic violence.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff performed cleaning checks of areas throughout the time the clinic was running, they cleaned used areas at the end of each working day and had a system in place for monthly deep cleans that were recorded.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service had hand washing facilities and sanitising hand gel in the scan room for sonography staff to decontaminate their hands and equipment following scans. We observed handwashing guidance posters displayed throughout the clinic. The service carried out handwashing audits which we reviewed and found consistently high levels of compliance.

Staff cleaned equipment after patient contact using the specific cleaning agents recommended by the manufacturer. Staff had training on the use of these cleaning agents and the decontamination of ultrasound probes following trans-vaginal ultrasound.

We reviewed the service's infection control policy, which included clear guidance on the cleaning and disinfection of transvaginal probes, cleaning and storage of mops, which were also colour coded. However, reusable mops were stored open in the kitchen area which was an infection risk.

Environment and equipment

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

The clinic had been designed to enable efficient patient flow through the clinic and ensure patient dignity. The clinic was secure, with visitors required to use the buzzer to ring through to reception to gain access to the building,

Staff carried out daily safety checks of specialist equipment. The ultrasound machine was tested every day and the service had a contract for annual service and maintenance of this equipment.

The service had suitable facilities to meet the needs of patients' families. The service also had a quiet room for people who were distressed.

Managers reported facilities and maintenance issues with the appropriate people.

Diagnostic and screening services

Fire extinguishers were accessible, stored appropriately and there were clear fire exit signs.

Staff followed a clear process to report faults or low equipment stock to the clinic manager. No ongoing concerns or faults were noted as part of our inspection.

Staff disposed of clinical waste safely. A contract was in place with a third-party provider to ensure safe disposal.

Staff used ultrasound gel in multi-patient use containers that had expiry dates on in line with government guidance.

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.

Staff completed risk assessments for each patient on admission. People seeking early pregnancy scans were contacted prior to the appointments, to ensure the provider had additional information such as allergies, health conditions, COVID-19 status, previous infections, and likely gestation.

The service had an exclusion criterion for example would not provide scans for those who were experiencing bleeding or anyone under the age of 16.

Staff understood and responded promptly to any immediate risks to patients' health. The provider had a robust process for identifying risk prior to bookings and during the scan, such as the identification of previous ectopic pregnancies. The service had a digital system that would flag if a person had already had scans with the service before.

The service provided clear guidance for sonographers to follow when they identified unexpected results during a scan. Staff were able to provide examples of patients referred into their local NHS services and staff knew what to do and acted quickly when there was an emergency. In addition, the provider had carried out emergency scenarios when required to ring for an ambulance.

Patients requiring referral, were provided with their scan reports to share with their NHS midwives or clinicians to ensure clarity. We reviewed 3 referral records and saw that they were clear and comprehensive.

Patients presenting as less than 6 weeks pregnant, were advised to rebook when they reached that point. The provider advised people of risks during pregnancy on their website and advised everyone to attend their NHS appointments as usual.

Staff completed mandatory training in health and safety, emergency first aid, and fire safety. The provider carried out monthly recorded fire checks and fire evacuation training including use of the evacuation chair.

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. Managers gave staff a full induction.

The service had enough support and sonographer staff to keep patients safe.

The clinic manager planned staffing levels to meet demand on the service, measured by the number of bookings made in advance and the specific staffing requirement depending on the clinic type.

Diagnostic and screening services

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

Managers gave all new staff a full induction tailored to their role before they started work. Sonographers were placed on a preceptorship on starting work at the service, shadowing peers until mandatory training and clinical competency checklists were complete prior to being signed off.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Records were completed and stored using an electronic database, which was securely protected through encryption and passwords.

Electronic tablets were used in reception to collate COVID-19 status prior to entry into the scanning room.

The service also offered a smart phone app offering personalised information prior to and following their scan appointments. People choosing not to access the app were provided with the same information in a paper format. People could also access their images through this app.

Clinic staff maintained detailed records and sonographers completed accurate images and reports of all scans.

Consent was also obtained and stored electronically.

Medicines

No medicines were prescribed, administered, or stored at this location.

Incidents

The service had systems in place to manage patient safety incidents. Staff understood incidents and near misses and knew how to report them appropriately.

The service had an incident reporting policy and staff knew what incidents to report and how to report them. There had been no incidents or near events reported, within the last 12 months.

Managers told us they would share learning about incidents with their staff and across the service and told us that lessons learnt from other Window to the Womb were shared with all staff.

Staff understood the duty of candour. They were open and transparent and gave people and their families a full explanation if and when things went wrong. All staff we spoke with told us the provider supported an open and honest culture to speak out and raise concerns as they arose.

Is the service effective?

Inspected but not rated 

We do not rate the effective domain in diagnostic and screening.

Diagnostic and screening 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 understood the Mental Health Act 1983 and the Mental Capacity Act 2005.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider had a team to ensure policies were reviewed and updated in accordance with best practice and national guidance.

The provider had also taken additional steps to ensure all policies were sighted and ratified by an independent specialist within the sector, to ensure they were reflective of the latest national guidance and evidence-based practice.

Staff could easily access policies and procedures online and in paper format.

The provider ensured “as low as reasonably achievable” (ALARA) protocols were followed and provided guidance to patients regarding this prior to and during scanning. We also saw information displayed prominently in the clinic. Sonographers consistently documented adherence to the ALARA protocols. This meant sonographers used the lowest possible output power and shortest scan times possible consistent with achieving the required results.

All staff received mental health training and were aware when and where to signpost people for support.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Staff assessed and monitored patients regularly to see if they were in pain or discomfort during scans. They stopped scans if the person reported unusual pain. The service did not provide pain relief.

The website contained information for people who were experiencing pain during pregnancy and signposted them to contact their midwife, GP, or NHS Website.

Patient outcomes

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

The clinic manager carried out clinical and environmental audits to ensure the best outcomes were achieved for patients across several key performance indicators set by the franchise to monitor performance and benchmark against other Window to the Womb clinics. Areas audited included incidents, inaccuracies, complaints and scan times.

The clinical lead provided focused support for all sonographers across 11 locations. This ensured that sonographers had access to advice including a second opinion regarding imaging, during clinic hours. Digital scan images could be sent securely and quickly for further review.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We reviewed several audits and saw consistently high compliance across all areas of the audit including peer review completion, scan quality and environmental checks. The service had a comprehensive clinic audit annually by the Window to the Womb brand. These checks included environment, staffing competencies and policies.

Diagnostic and screening services

Managers used and shared information from the audits in team meetings to improve care and treatment and made sure staff understood information from the audits.

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. Sonographers were required to maintain registration with the Health and Care Professions Council (HCPC) in addition to holding professional qualifications such as a bachelor's degree and a postgraduate diploma.

Sonographers received five peer assessments of their images and reports monthly. The assessment was carried out by the clinical lead who reviewed scan technique and the appropriateness of the imaging.

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

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The clinical lead and the registered manager supported sonographers in continuing professional development. Sonographers who worked in the NHS in addition to this role shared their learning with the other sonographers.

Multidisciplinary working

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

The clinic had well-established relationships with local NHS services across several regions and the registered manager told us of the rapid referral acceptance into the local services due to the strong ongoing relationships held.

Seven-day services

Services were available to support timely patient care.

The provider's electronic booking system was monitored daily, with bookings reviewed in advance for each week, to ensure all information that was required for a safe scan. Patients made appointments online using the providers 24/7 platform or by calling the clinic directly.

At the time of our inspection the service operated 2 to 3 days a week dependent on bookings requested and the clinic offered flexible opening times, including evenings and weekends.

Health promotion

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

The service had relevant information promoting healthy lifestyles. This included printed leaflets, signposting by sonographers and information available through the provider's website. We observed information posters throughout the clinic and a screen playing a presentation on healthy living for pregnant people covering topics such as smoking, diet and the importance of attending NHS services if patients were concerned.

The provider had a range of information leaflets from the miscarriage association available in the quiet room for those who needed them.

Diagnostic and screening services

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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available and a dual consent process was in place with checks made at both the self-referral stage and on arrival.

We reviewed the records of 5 patients and saw consent was completed fully.

Staff took additional steps to ensure patients aged between 16-18 were appropriately supported. We saw the provider recorded identification checks including those adults accompanying at the time of the scan.

Staff received mandatory training in the Mental Capacity Act.

Is the service caring?

The service had not been inspected before. 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.

Feedback from people who used the service and those close to them was continually positive about the way staff treated them. People felt that staff went the extra mile, and their care and support exceeded their expectations.

Staff were discreet and responsive when caring for patients. People we spoke with said they had either attended the service before and returned or said they would use the service again in the future.

Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed reception staff welcoming patients and those accompanying them warmly and with compassion. Sonographers introduced themselves and the scan assistant by name when they greeted people.

We observed 4 scans and saw staff explain each step calmly and clearly, taking time to point out baby's individual features and movement and demonstrated a genuine interest and excitement during every scan that we observed.

Staff followed policy to keep patient care and treatment confidential. All staff had completed training on data protection, and we observed that the door to the scan room was always closed whilst scans were undertaken, and staff ensured people's scans and details were taken off screen as soon as possible.

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

Diagnostic and screening services

Managers demonstrated that people's emotional and social needs are seen as being as important as their physical needs. The registered manager of the service had previously been a specialist bereavement midwife and used this experience to ensure everyone was treated with empathy and compassion, particularly those receiving bad news.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff proactively recognised when people might need extra support and offered this discreetly.

The service ran separate clinics for scans depending on the reason for scan and the stage of gestation, this meant that people attending for early pregnancy scans and fertility scans were not distressed by other people further along and celebrating gender reveals with family. There was a break between these clinics to enable changeover of signage to more appropriate information for early pregnancy scanning.

The service operated these clinics in different ways to meet the differing needs of the patients; for early pregnancy reassurance clinics a scan assistant would chaperone the patient to provide support throughout their full clinic journey and to provide continuity in care. When abnormalities were found and patients referred on to NHS services, the scanning assistant that had been with the patient on their journey would provide patients with a wellbeing phone call around 2 weeks later. These were documented on the referral documents we reviewed which demonstrated efficient processes were in place to support patients who may need it.

Staff supported people who became distressed in an open environment and helped them maintain their privacy and dignity. The clinic had a private space to use for people in distress.

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 talked with patients, families, and carers in a friendly and approachable way so they could understand the procedures. Patients and their families could give feedback on the service and treatment through online reviews and staff supported them to do this. There were posters in the waiting room with QR codes encouraging people to leave feedback about the service.

People's feedback about the service was positive including both the patients we spoke with on our inspection and in online reviews. The service had a 5-star rating online from 226 reviews.

Staff supported patients to make informed decisions about their care. This included onward referral to NHS services when scan results indicated abnormalities or other unexpected results. This ensured people did not leave the clinic without fully understanding where they would receive help and support going forward. The clinic worked with multiple local NHS hospitals and provided people with a choice of referral hospital if appropriate.

The service communicated costs and prices clearly with notices in the clinic and staff informing patients during booking or during appointments.

Diagnostic and screening services

Staff found innovative ways to enable people to manage their own health and care when they could, such as through the smartphone app created by the service to give guidance and support to people to make decisions about their own care.

Is the service responsive?

Good 

The service had not been inspected before. We rated responsive as good.

Service delivery to meet the needs of local people

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

Staff proactively planned and organised services so they met the changing needs of the local population. For example, opening times were adjusted to reflect patient's working patterns and hours.

Facilities and premises were innovative for the services being delivered. The clinic was on the first floor of the building and had a lift with full disabled access and an evac chair for emergencies. The clinic could accommodate up to 10 people accompanying people for scans as there was a large screen to watch the scan with plenty of seating, with a privacy screen available should the person having the scan require it.

The booking system sent out automatic reminders ahead of appointments and the service offered flexibility in short notice rebooking in some circumstances, such as work or family commitments. Managers ensured that people who did not attend appointments were contacted. This was a rare occurrence due to the reminder system and staff ensured they took account of each individual's circumstances when rebooking.

The clinic had water and snacks available for people to purchase if they wished.

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.

Managers made sure patients and their loved ones and carers could get help from interpreters or signers when needed and utilised a third-party provision to enable translation. The information for people being scanned could also be translated into other languages.

Staff had access to communication aids to support people such as a hearing loop.

Each patient completed a pre-scan questionnaire, on which they could declare any reasonable adjustments they needed to attend their appointment. Those patients seeking an early pregnancy scan were contacted in advance of their appointment to ensure staff collated all additional information required to ensure safety.

Managers were proactive in ensuring inclusivity of the LGBTQ+ community. The service offered rainbow and neutral coloured gender reveal balloons and heartbeat bears. Managers also had training in LGBTQ+ awareness and demonstrated understanding of how to make the service inclusive for individuals from these communities.

Diagnostic and screening services

The service had a separate room as a private space next to the scan room. This meant people could use the space for personal conversations after receiving bad news.

This room was comfortably furnished and included printed information on specialist emotional support services, which patients could access after an unexpected diagnosis. This reflected the significant efforts of staff to anticipate people's needs.

The service could signpost people to several specialist pregnancy and miscarriage charities and online pregnancy and support groups. We saw examples of signposting during our inspection and the registered manager maintained relationships with these services to meet people's needs.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

The service facilitated same day appointments when possible and provided direct telephone access to the clinic when it was not open to the public. Patients could also make appointments online 24-hours, seven days a week using the provider's electronic booking system.

Patients were able to view previous booking information through the smartphone app. Previous scan information was comprehensive and included images with the supporting narrative and guidance for patients so that they could fully understand the imaging.

Staff ensured there was time between scans for cleaning and rescanning, such as if baby was not in the optimum position for a clear image. This kept delays and waiting times to a minimum.

If a sonographer could not obtain a clear image during a scan due to the position of baby, staff encouraged people to take a walk and have a drink. The appointment structure meant a rescan could take place quickly. Staff facilitated fast access to scan images and made these available to people immediately.

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. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Staff understood the importance of resolving any concerns quickly encouraged feedback at every opportunity.

The service clearly displayed information about how to raise a concern or give feedback throughout the clinic. A copy of the complaints policy was in the waiting room and there were feedback signs around the clinic with a QR code to leave feedback via google reviews. There was also a poster for people on how to provide feedback on the service to us.

The service had only 1 complaint in the last 12 months that was not related to clinical activity. We reviewed the documentation from this complaint and found managers investigated this complaint to identify themes and areas for improvement.

Diagnostic and screening services

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers shared lessons learned from complaints across the franchise.

People were also offered rescans if they were dissatisfied with the scan image quality.

Is the service well-led?

Good 

The service had not been inspected before. We rated it as good.

Leadership

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

There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Leaders had a deep understanding of issues, challenges and priorities in their service.

The provider had 2 registered managers responsible for the running of this clinic and several others across the North of England. A clinic manager was responsible for the day to day running of the clinic with support from the registered manager, an area manager, a clinical lead and an operational manager for the franchisor.

Managers told us this management structure worked well to support the effective delivery of services from the clinic and to provide assurance and oversight.

Staff told us the clinic manager was approachable and they felt supported by other managers such as the area manager and registered managers. During our inspection, the registered manager was present to support staff and we saw positive interactions between staff and managers.

Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. The leadership team for the group owned by the registered manager met monthly to review each clinic performance.

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.

The registered manager was able to articulate the franchise strategy and was able to define key objectives for the growth and sustainability of the service.

Diagnostic and screening services

The provider was committed to achieving the best outcomes for patients and the vision had been developed in collaboration with people who used the service and external partners. The registered managers worked with local NHS trusts to build positive working relationships and ensure the clinic was integrated into the range of health services people could access.

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 service had an open culture where patients, their families and staff could raise concerns without fear.

Staff we met were friendly, welcoming, and confident. Staff morale was positive and the people using the service told us staff were always friendly and helpful. Several people told us they had returned to the service for subsequent pregnancies.

Staff spoke positively about support from managers and told us there was excellent peer support and clinic managers across the group supported each other through a social media group.

All staff had access to an employee assist programme and free counselling from an external human resources company should they require it.

All staff completed equality and diversity training that helped them deliver care in line with the provider's diversity policy. This ensured people with protected characteristics defined by the Equality Act (2010) received care, free from bias. The clinic was exploring ways of supporting baby reveals that did not focus on specific genders, such as rainbow reveal balloons.

Governance

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

The registered manager had overall responsibility for clinical governance with support from the franchise directors. The governance framework enabled staff to deliver safe and effective care and reflected the nature of the service. Senior leaders had allocated roles, such as named safeguarding leads and overall policy review. The registered manager maintained oversight of safe recruitment processes, regulatory compliance, and maintenance of equipment and premises. All sonographers were required to hold HCPC registration alongside professional sector qualifications.

Local managers worked closely with the provider's senior team to ensure sonographers worked consistently through an audit programme and peer assessment process. Policies were clearly indexed and were comprehensive to the needs of the service. The organisation and layout of information was methodical and easily accessible to all staff.

Staff knew their roles and responsibilities and all staff including the manager were clear what they were accountable for. Staff attended monthly team meetings which looked at the sharing of learning from incidents, complaints, and other feedback.

Diagnostic and screening services

This meeting then fed directly to the monthly governance meeting attended by all clinic managers, the clinical lead and the registered managers. We reviewed the minutes from the previous 2 meetings and found that these were comprehensive and covered several areas of the clinic's performance. Agenda items were standardised and included scan reviews, abnormalities detected for referral, clinic concerns and medical complaints.

The clinic participated in an audit programme which included clinic manager audits as well as group and franchisor audits. The most recent franchisor clinic compliance audit was completed in April 2023 and found no areas for improvement.

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 registered manager benchmarked the clinic's performance against others they owned. They told us the clinic performed well against others overall and especially for care and, complaints.

Registered managers addressed risk, issues, and performance at both provider and local clinic level and were able to demonstrate a comprehensive understanding of the service risks in terms of both clinical and operational areas.

We reviewed the service's risk and contingency documents and found risks had been appropriately recorded. These included details of mitigations taken to reduce the level of risk, such as a policy of no lone working which meant no member of staff was ever left alone in the clinic.

The service had plans in place to cope with unexpected events, such as suspension of the service due to flood or fire and we saw arrangements to utilise both staff, premises and equipment from a local clinic also connected to the franchise if needed.

The clinic had valid insurance in place such as employer's liability and medical malpractice liability insurance and these were displayed in the waiting/reception area.

The service did not provide second opinions on scan results or pregnancy care and staff ensured people understood this before undergoing scans.

The provider ensured that all sonographers received regular auditing to ensure ALARA guidance was adhered to, and the appropriateness of scans were monitored. Imaging quality was also reviewed for each sonographer as part of a monthly programme of review and all staff received consistent supervision and appraisal support.

We saw risk was a standardised agenda item on both local and national staff meetings. Shared themes regarding risk were shared to ensure the potential for harm was minimised. For example, patients who may have received several ultrasound scans in quick succession.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure. Processes were in place for submitting data and notifications to external organisations as required.

Diagnostic and screening services

The service held certification from the Information Commissioner's Office demonstrating that there were processes in place to ensure the use of personal data complied with the UK GDPR requirements.

Staff completed mandatory training regarding information governance and confidentiality and information held about people was managed in accordance with the provider's data management policy.

The clinic had policies for the storage of online records and images which staff followed. All scan reports and images could be accessed from laptops and computers in the clinic through a secure server. The Window to the Womb privacy policy and promise was available on the website and outlined to people how their data was used.

The provider had developed a smart phone app that was accessible to all patients using the service. The provider encouraged people to download the app prior to the scan appointment, so that they could access information ahead of their scans. This included confirmed bookings, scan descriptions and what to expect during the scan. The app also had the ability in which to detect mood changes during users' pregnancy and fertility journeys, in order to support and improve pregnancy mental health and wellbeing.

This application was exclusively available to patients using the provider's service. Patients could also track their pregnancy, retrieve the details of any previous appointments, and provide them with access to an online pregnancy support service and information such as the risks associated with ultrasound scanning. The secure smart device application had an appointment booking facility to allow patients to securely view their scan images and videos remotely.

The registered manager was responsible for ensuring all notifications were sent to CQC as and when required.

Engagement

Leaders and staff actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The clinic received a monthly newsletter from the franchisor 'Open Windows' which the clinic manager disseminated to all staff.

The clinic actively encouraged feedback from patients and families, and this was discussed at team meetings to improve services. Managers monitored online feedback platforms and people were encouraged to leave feedback and reviews.

The registered manager maintained a close relationship with a miscarriage association and utilised their support and resources for people who needed it. The registered manager spoke passionately about the importance of supporting people and how they were committed to providing as much support as possible.

Managers maintained regular contact with local NHS providers to ensure referral pathways were in place for patients who needed them.

Learning, continuous improvement and innovation

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

Diagnostic and screening services

The service had produced a smartphone app in collaboration with a university for patients that was directly linked to their system. This gave patients access to their scan images and reports and had other functions such as mood and diet trackers to help patients live healthier lives and gain additional support if needed.