

# 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?		Not sufficient evidence to rate	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

### Overall summary

Window To The Womb is operated by ANA Services Ltd and operates under a franchise agreement with Window to The Womb (Franchise) Ltd. The service provides diagnostic pregnancy ultrasound services to self-funding women across Chessington and surrounding areas. All Scans carried out include wellbeing as the primary purpose.

The service provides ultrasound baby imaging for pregnant women from the gestation of seven weeks. This includes four dimensional (4D), three dimensional (3D) and two dimensional (2D) early scans starting from 6

week gestation, scans starting from seven to eight weeks as reassurance, gender scans from 16 weeks, baby growth scan from 16 weeks, "baby bonding" scans from 27 weeks and keepsake scans. There were seven members of staff employed by the service.

The service provides diagnostic imaging for adults over the age of 16 years. It is registered to provide the regulated activity of diagnostic and screening procedures.

# Summary of findings

We inspected this service using our comprehensive inspection methodology. We carried out the short-announced inspection on 17 March 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.

## Services we rate

We rated it as **Good** overall.

## We found the following areas of good practice:

- Staff completed mandatory training and were aware of their responsibilities associated with safeguarding. The staff were competent in their roles and had the appropriate skills and training in safeguarding.
- The environment was appropriate for the procedures completed and infection control measures were in place.

- Clinical records were kept securely and copies were provided to people using the services.
- Care and treatment were evidence-based and provided against national guidance.
- People were treated with compassion; their dignity and privacy were maintained. They were involved in the consultation and provided with emotional support.
- The service accommodated people's individual needs and provided a responsive service.
- Appointment times were agreed to suit the needs of the people using the service.
- There was a positive culture at the service and they had a vision of what they wanted to achieve.
- The provider engaged well with people to plan and manage the service, and were committed to improving learning.

## Name of signatory

Nigel Acheson

Deputy Chief Inspector of Hospitals (London)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

### Summary of each main service

Good



Overall, we rated diagnostic imaging as good.

- This was because there were sufficient staff with the necessary skills and experience to provide the service in line with national guidance.
- Feedback from patients was positive and we observed positive examples of compassionate care.
- Staff provided care in a compassionate way and individual needs were recognised and met.
- Patients could access care and treatment in a timely way and there were flexible appointment times to meet patient needs.
- Care and treatment was provided based on best practice and provided by competent staff.
- There was a strong leadership team who provided a value based vision and strategy, which staff were aware of and aligned with.
- Governance processes provided adequate assurances of service provision and drove improvement.

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Window to the Womb	6
Our inspection team	6
Information about Window to the Womb	6
The five questions we ask about services and what we found	7

### Detailed findings from this inspection

Outstanding practice	23
Areas for improvement	23

Good



# Window to the Womb

**Services we looked at**

Diagnostic imaging

# Summary of this inspection

## Background to Window to the Womb

Window To The Womb is operated by ANA Services Ltd. It is a private ultrasound baby scanning service in Chessington, Surrey. The service primarily serves the communities within South London and Surrey. As part of the agreement, the franchisor Window to the Womb Ltd 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 was opened in 2014. The service provided diagnostic obstetric ultrasound services for

pregnant women from seven weeks gestation to full term. The service operates on Tuesday and Thursday afternoons; and day time and evenings on Friday, Saturday and Sunday.

The service is registered for the following regulated activities: Diagnostic and screening procedures.

The service has had a registered manager in post since 2014, when it was registered with the Care Quality Commission.

We conducted a short-announced inspection of the service on 17 March 2019.

## Our inspection team

The team comprised a CQC lead inspector who had completed the single speciality diagnostic imaging training. The inspection program was overseen by Amanda Williams, Head of Hospitals Inspection.

## Information about Window to the Womb

The service has one treatment room for scanning and is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we looked at the treatment room and the reception area. We spoke with one radiographer, and two administrative staff. We spoke with eight service users and their partners and relatives. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

### Activity (April 2018 to March 2019)

The number of patients scanned in the clinic between March 2018 and March 2019 was 4042.

The clinic employs one full time sonographer, four scan assistants (including one who works as receptionist) one registered manager (who is also a qualified sonographer used on a part-time basis) and a self employed sonographer used on an occasional basis to cover leave.

### Track record on safety

- No never events
- No serious incidents
- No duty of Candour notifications
- No incidents of hospital acquired infections including Methicillin-resistant *Staphylococcus aureus* (MRSA), Methicillin-sensitive *Staphylococcus aureus* (MSSA), *Clostridium difficile* (C. difficile) or *Escherichia coli* (E-Coli).

There was one complaint within the inspection time frame

# 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?

We rated safe as **Good** because:

- Staff had an awareness of safeguarding and how to report concerns.
- The service had policies and procedures to support staff.
- Premises and equipment were appropriate and well maintained for the service provided.
- Staff completed comprehensive risk assessments for patients before they were permitted into the scanning room. These were recorded on a safety questionnaire and stored in patient records.
- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times.
- Staff had access to mandatory training, and all staff working in the service had completed mandatory training at the time of our inspection.
- Staff displayed an awareness of infection control. The centre was visibly clean and tidy during our inspection.

**Good**



### Are services effective?

We did not rate effective, however we found:

- The service followed guidelines set out by the British Medical Ultrasound Society, Society of Radiographers for professional ultrasound practice and The National Institute for Health and Care Excellence (NICE) guidelines.
- The service had policies and procedures which were developed in line with national guidance and staff knew how to access them.
- Staff understood their roles and responsibilities in obtaining consent
- The centre encouraged staff to participate in training and development to enable them to develop their clinical skills and knowledge.
- All staff had an appraisal on their performance in the past year.
- The practice manager was the dedicated lead for professional development who managed the processes for ensuring all staff had received training and competency assessments applicable to their roles.
- There was effective multidisciplinary team working between the service's staff and other staff at different provider locations.

**Not sufficient evidence to rate**



# Summary of this inspection

- Staff had access to all the information they needed to deliver care and treatment to patients in an effective and timely manner.
- The manager regularly audited the sonographer's scans.

## Are services caring?

We rated caring as **Good** because:

- Staff treated patients with respect, dignity and compassion and ensured their privacy was maintained.
- The environment within the centre allowed for confidential conversations, which we observed.
- All patients we spoke with consistently gave positive accounts of their experience with the centre and its staff. They told us staff were excellent, and they were always polite and courteous.
- Patients felt fully informed about their care and treatment. All the patients we spoke with had a good understanding of the scan they were about to undertake.
- During the inspection, staff demonstrated how they supported patients who required additional support to manage their worries and anxiety during the scan.

**Good**



## Are services responsive?

We rated responsive as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Patient's individual needs and preferences were central to the planning and delivery of the service. The services were flexible and provided choice.
- The service did not have a waiting list. Staff told us patients could receive an appointment within 24 hours.

**Good**



## Are services well-led?

We rated well-led as **Good** because:

- The leadership team were visible, approachable and responsive.
- Managers had the skills, knowledge, experience, and integrity they needed to ensure the service met patient needs.
- There was a clear vision for the service which was directed towards the development of a patient friendly scanning service.

**Good**










# Summary of this inspection

- Staff described a culture of openness and transparency.
- Staff told us they felt supported, respected and valued by the organisation.
- There was an effective governance framework to support the delivery of good quality care.
- There was a risk assessment system developed locally with a process of escalation to the franchisee risk register.
- Risk, governance and operational performance were well managed.

# Diagnostic imaging

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are outpatients and diagnostic imaging services safe?

Good 

We rated safe as **good**.

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- The service operated a comprehensive mandatory and statutory training programme which ensured relevant knowledge and competence was maintained and updated throughout their employment with the organisation.
- Mandatory training for all staff included equality and diversity, health and safety at work, control of substances hazardous to health (COSHH), Caldicott principles, fire safety awareness, infection control, information governance, manual handling, basic life support, safeguarding adults and children at level two and level three and conflict management.
- Data we received from the service showed that there was 100% compliance with mandatory training by all staff groups.
- At the time of inspection, the manager told us training provided to each member of staff was role specific. We were told the receptionist had completed consent training and the sonographer had completed moving and handling.

- The service had a policy for mandatory training and all training records were kept securely inside a locked cabinet in the scanning room.
- The provider used appraisal to discuss when mandatory training was required and offer additional training courses to increase staff knowledge and skills.

### Safeguarding

- **Staff we spoke with understood how to protect patients from abuse. Systems for the management and referral of safeguarding concerns reflected current best practice in relation to safeguarding adults and children.**
- The provider had an adult and children safeguarding policy which all staff were aware of, and used to inform their practice. The policy included key areas in relation to the safeguarding of adults, including female genital mutilation (FGM), forced marriage, domestic violence, modern slavery and on-line protection.
- All staff had completed level two adult and children safeguarding courses within the last 12 months. The manager had completed both level two and level three safeguarding course in line with national guidance.
- The service had a formal system in where alerts for known safeguarding concerns could be activated, and were aware of the correct pathways to follow to raise their concerns.
- Staff had access to the franchisee safeguarding lead person and a local authority safeguarding contact for additional safeguarding support and guidance.

# Diagnostic imaging

- Staff working within the service also worked within other health related environments and received additional safeguarding training within their roles as healthcare professionals.
- To safeguard people against experiencing incorrect ultrasound scans staff asked patients to confirm their identify and date of birth. This evidenced staff followed best practice and used the British medical ultrasound society's (BMUS) 'paused and checked' checklist which the service displayed in the scanning room.

## Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.**
- The clinical environment we visited during our inspection was visibly clean and tidy. All areas had evidence of a cleaning schedule which was signed when staff had completed the cleaning duties.
- The clinical area had dedicated hand washing facilities. Staff had access to hand sanitizer and disposable wipes for the cleaning of surfaces and the treatment couch.
- We observed staff decontaminating the equipment after use. Staff used an appropriate cleaning product which was recommended by the equipment manufacturer for ultrasound probe decontamination and disposable camera covers for probes. There were strict cleaning procedures for ultrasound probes used for transvaginal scans.
- We observed that staff in the clinical environment were 'bare below elbow', and staff had access to appropriate personal protective equipment (PPE).
- Patients we spoke with following the treatment told us that staff used gloves during these procedures and washed their hands. Staff told us they regularly had additional PPE supplied to them to ensure they always had access to this when required.
- Staff used paper towel to cover the examination couch during a scanning procedure. We observed staff changing this in between each patient.

- The clinical area used hard flooring. This was visibly clean and in good condition which enabled staff to clean spillages and minimise the spread of any infection.
- The provider had an infection prevention and control policy which was in date for review. The provider hand washing guidance met the World Health Organisations (WHO) five moments for hand hygiene. At the time of our inspection, the service had completed hand hygiene audits which showed 100% compliant.

## Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The scanning room was all well-equipped and had all the required clinical equipment
- Staff told us all equipment used at the centre was serviced annually and maintained by a recognised service team. There was an effective system to ensure that repairs to broken equipment were carried out quickly so that patients did not experience delays to treatment.
- Servicing and maintenance of premises and equipment were carried out using a planned preventative maintenance programme. During our inspection we saw service dates for all equipment were within the last 12 months. We reviewed documents that showed that the equipment had been serviced annually in line with the manufacturers guidance. All electrical equipment had been tested for safety and the premises had an electrical safety check.
- Failures in equipment and medical devices were reported to the manager and action was taken promptly. Staff told us there were usually no problems or delays in getting repairs completed. All equipment conformed to the relevant safety standards.
- Staff were trained in how to use the equipment such as the ultrasound machine.
- There was a clear pathway to replenish consumables and to avoid stock depletion. Supplies were replenished frequently to avoid shortages and staff told us they could request additional supplies if they were low before the next re-stock.

# Diagnostic imaging

- The service had a health and safety policy which had been updated in April 2018. The service had undertaken a health and safety risk assessment for the premises April 2018, this showed the environment was suitable for the services they provided.
- We saw that toilet facilities for patients and relatives were clean and tidy. There was adequate seating and space in the reception area.

## Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each woman through individual referral forms. They kept clear records and asked for support when necessary.**
- The service had processes for the management of patients who suddenly became unwell during their procedure. Staff told us in the event of a cardiac arrest, they called 999 for an ambulance and performed cardiopulmonary resuscitation (CPR) until the ambulance arrived. All staff were trained in basic life support. Since the service started, staff reported no incidences of having to call for an ambulance.
- Staff told us they felt confident to identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing or medical emergencies.
- All patients who underwent a transvaginal ultrasound scan were asked if they had any allergies to latex. Patients were also asked to sign the form next to this question and to confirm their response. The service had both latex and non-latex covers for the transvaginal ultrasound probe and would select the cover according to the response from the patient.
- Patients who attended for ultrasound scans in the early stages of pregnancy, who staff subsequently identified concerns with the foetus or identified the patient was having a miscarriage or ectopic pregnancy were advised to attend their GP or local NHS treatment centre for further assessment and follow up.
- There were clear processes and pathways in place to guide staff on what actions to take if the sonographer found unusual findings on the ultrasound scan. When

asked, staff were clear on what these actions were and we observed staff refer two women to the early pregnancy unit at their local NHS trusts as per the pathways.

- Staff documented referrals on dedicated referral forms which the registered manager reviewed for completeness.
- The provider did not have an eligibility criterion for the service. However, the provider used the medical questionnaire to screen patients and if there were any concerns the provider would refuse treatment and give a full explanation why.
- The service was aware of the British Medical Ultrasound Society and Society of Radiographers 'paused and checked' checklist which is recommended to be completed prior to an ultrasound scan. Senior staff told us they had reviewed the document but found this was not relevant to the majority of ultrasound scans they performed. We were told by the sonographer that the service used their own check lists during scans to ensure the correct pathways were followed, which we saw were well completed.
- Staff we spoke with advised patients who attended the service for pregnancy related scans to continue with their booked appointments with the midwife and ultrasound scans, which were part of their NHS antenatal service.
- All 16 – 17 year olds were required to attend with a responsible adult and identity card (ID) is requested from both parties before scanning can be undertaken. If a 16 – 17 year old attended the clinic without an adult, they would not be scanned.
- All women were required to bring their pregnancy notes. We observed a young woman arrived without their pregnancy notes and the service advised they could not scan her without them.
- Staff advised women about the importance of still attending their NHS scans and appointments. The sonographers made sure women understood the ultrasound scans they performed were in addition to the routine care they received as part of their NHS maternity pathway.

## Staffing

# Diagnostic imaging

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

- Staffing levels and skill mix were planned and reviewed appropriately to ensure patients received safe care at all times. Staffing was planned based on bookings taken. All clinics had at least one sonographer present and a receptionist to greet patients and complete all the necessary records for treatment. There were seven members of staff which included a manager, two sonographers and four scan assistants.
- All staff had appropriate pre-employment checks, and all staff had received an enhanced Disclosure and Barring Service (DBS) checks. Staff had the relevant qualifications and reference reviews before starting work, and we saw these on staff files we reviewed onsite.
- The service had a recruitment procedure. The practice manager told us that, as part of the staff recruitment process, they carried out appropriate background checks. This included a full Disclosure and Barring Service (DBS), proof of identification and references. We reviewed the staff files and found that DBS and proof of identification checks had been carried out for all staff.
- We noted clinic sessions in the evenings and weekends could be booked based on the patient's availability. Staff worked together to agree a rota where a sonographer, clinic assistant and receptionist were available. In the event of a staff member going off sick, the service did not have any problems with arranging cover from other locations of the franchisee clinics. Staff were flexible and covered short notice sickness.

## Records

- **Staff kept detailed records of women's appointments, referrals to the NHS services and completed scan consent documents. Records were clear, up-to-date and easily available to all staff providing care.**

- Each person received a record of the baby scan including specific measurements such as femur length, head and abdominal circumference. Additional comments could be added by the sonographer.
- A paper copy of the report and consent form were stored safely and securely. Computerised records were kept of patient details and the type of scan they had undergone.
- Sonographers recorded their reports onto the computer system during the ultrasound scan to capture essential information (for example, measurements). A copy of this record could be printed for the patient at the end of their procedure for them to take with them.
- We reviewed five patient records during the inspection which had been transferred to the providers secure IT system. We found staff recorded all the specified information in a clear and accurate way. Staff had completed data security training which included confidentiality and information governance. There was a medical records policy that detailed how to secure and store confidential information.
- Patients personal data and information were kept secure and only authorised staff had access to the information. Staff received training on information governance and records management as part of their mandatory training programme.

## Medicines

- The service did not use any medicines for any of their procedures and therefore did not have a medicines policy and did not store or administer medications on site. There were no controlled drugs or medicines kept within the service.

## Incidents

- **The service had appropriate processes for staff to raise concerns and report incidents. Staff understood their roles and responsibilities to raise concerns and record safety incidents.**
- Staff were aware of their incident reporting roles and responsibilities. There was an incident reporting policy which explained the process of reporting incidents.

# Diagnostic imaging

There was an incident book where they recorded all incidents. We spoke with staff about incident reporting and were aware of the book and how to report incidents.

- Learning from incidents was discussed during team meetings, lessons learnt and actions were clearly documented.
- Staff told us any incidents would be recorded within the incident book in reception and investigated by the manager. However, they confirmed there had been no reportable incidents at this location.
- Staff we spoke to were aware of the principles of duty of candour and being open and honest. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. There were no instances where this was needed. The manager told us duty of candour was covered as part of mandatory training and the staff we spoke with confirmed that duty of candour regulation was covered in their mandatory training.

## Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

We do not rate effective, however we found the following during the inspection;

### Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**
- We reviewed policies, procedures and guidelines produced for the service to implement locally. These were mainly based on current legislation, evidence-based care and treatment and best practice, which included policies and guidance from professional organisations such as National Institute for Health and Care Excellence (NICE), the British Medical Ultrasound Society, Royal College of

Obstetricians and Gynaecologists and the Society of Radiographers. An example of NICE guidance which the service followed was CG154 Ectopic pregnancy and miscarriage: diagnosis and initial management.

- Staff were aware of current guidance and completed scans in accordance with legislation, standards and evidence based guidance. Staff could discuss and explain evidence based guidance.
- The service had an audit programme to assure itself of the quality and safety of the clinic. The franchisor completed annual sonographer competency assessments and an annual clinic audit. The registered manager completed monthly clinic audits. Included in this audit were the signed terms and conditions to ensure staff had requested all women to read and sign the conditions.
- The registered manager also sent a random selection of videos to the franchisor's lead sonographer to review on an ad hoc basis. This assured the service the scans were of a good standard.
- Staff were supported in developing local policies and protocols. All policies we reviewed during inspection were up to date and included national guidance and legislation.
- The service had access to a policy folder which contained paper copies of all the up-to-date policies staff needed. Staff told us the head office sent out paper copies of policies to place in the folders when they were updated. Some staff also had access to these policies on an electronic system.

### Nutrition and hydration

- There were no food and drink provided for patients that attended for ultrasound scans. However, staff had access to a selection of refreshments (tea, coffee and water) which they provided patients in some circumstances.

### Pain relief

- Patients were asked by staff if they were comfortable during their ultrasound scans. However, no formal pain monitoring was undertaken as these procedures are pain free.

### Patient outcomes



# Diagnostic imaging

- **The manager monitored the effectiveness of care and treatment and used the findings to improve them. Patient surveys were used to monitor the patients experience of the service.**

- The records audit from April 2018 looked at quality of ultrasound scans produced and the quality of the reports produced by sonographers. The results were broken down into individual sonographer performance rates. All sonographers were producing scans and reports of reasonable or high quality. No sonographer had produced reports or scans of poor quality.
- Information sent to us by the provider prior to inspection demonstrated there were no incidences of unplanned transfer of a patient to another health care provider in the 12 months prior to our inspection.
- Patient outcomes were monitored continuously and used to improve the performance of the service. Outcomes were monitored through patient satisfaction surveys, reporting timeliness, referral to treatment waiting times, “did not attend” (DNA) audits and clinical peer reviews. These reviews showed 98% compliance as stated by the provider
- The service had a local key performance indicator (KPI) which they had to adhere to for the number of ultrasounds performed per hour. This KPI was monitored through the clinical governance meetings. We were told by the manager that they met all their KPI’s since the start of their operations.
- Audits were undertaken to review the effectiveness of the service provided and ensure that systems were working effectively. These included infection control audits and quality checks with the ultrasound machine. As the service was provided solely by one person, the registered manager would review the ultrasound photographs informally to review the quality.
- Window to the Womb Ltd reported a 99.9% accuracy rate for their gender confirmation scans. This figure was based on over 20,000 gender scans completed at the 36 franchised clinics across the UK. There was a rescan guarantee in place for when it was not possible for the sonographer to confirm the gender of the baby.

If the woman received incorrect information with regards to their baby’s gender, the service offered a complimentary 4D baby scan. To date the service reported they had never got the gender wrong.

## Competent staff

- **The service made sure staff were competent in their roles. Managers appraised staff’s work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Patient feedback was fed into staff appraisals.**
- The service offered staff continuous learning opportunities to enhance their current roles. Courses provided included foetal heart scanning, breaking bad news and a range of other foetal courses provided by an external provider. Staff told us the training was extremely well received and had been useful for their role at the service.
- The service had a competency document for all new sonographers to complete when joining the service. Senior staff told us the time frame for staff to complete these were aligned to their probation in the service. Staff would not be expected to start scanning on their own until their competencies were signed off by the manager. We saw evidence of completed competency documents stored on staff’s individual files.
- All the sonographers were members of the Society of Radiographers and registered with a professional body, either Health and Care Professional Council (HCPC) or General Medical Council (GMC).
- Appraisals were completed on an annual basis and once completed, were stored in staff files. Information provided by the service showed 100% compliance for appraisals for national managers, finance and IT managers, administration staff, marketing managers and operational managers. At the time of the inspection all staff have had their appraisal.
- There was an induction program which ensured staff were competent to perform their required role. For clinical staff this was supported by a comprehensive competency assessment which covered key areas applicable across all roles including equipment, and clinical competency skills relevant to their job role and experience.

# Diagnostic imaging

- We viewed a sonographer's induction record which included induction and competency checklists which were signed and dated by the clinical lead to indicate the sonographer was competent in specific tasks and the use of equipment. We also reviewed the induction records for a newly qualified staff and clinic assistant, all of which contained an assessment of their skills and knowledge.

## Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit women and their families.**
- During our inspection, we observed and were told about some positive examples of staff working well together.
- All staff we spoke with told us that working relationships within the team were positive, and the team had a shared determination to ensure best outcomes for patients.
- All staff members on all levels worked well with each other to ensure patients had a positive experience of the service. Staff told us if there were any shortages of staff in any areas, other members of the team would help.
- Staff told us if they identified any findings which required escalation to another health provider, staff immediately communicated with relevant healthcare professionals (with the patient's consent) and follow this up with a formal report within 24 hours of the appointment. However, we did not see any evidence of this in practice.

## Seven-day services

- As this was not an acute service, it did not operate seven days a week. The service operated on Tuesday and Thursday afternoon and evenings and daytimes on Friday, Saturday and Sunday. These this gave women a reasonable choice of appointment times that would fit with work or family commitments.

## Health promotion

- Patients were informed that they were required to continue to keep their own NHS maternity appointments.

- The provider had health promotion literature available within its reception area, including information on various forms of pregnancy related scans but there were available in English only.

## Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- Staff understood their roles and responsibilities in obtaining patients consent and their responsibilities under the Mental Capacity Act 2005. They were able to describe MCA and actions to take when assessing service users.
- We observed patients giving verbal consent prior to an intervention. Consent was taken by the clinic staff. The receptionist provided each patient with a consent form on arrival and gave time to read and sign it.
- During our inspection we noted staff ensured patient understood the information and the reason for their attendance to the clinic. There was a process to ensure verbal consent was gained before an intervention commenced.
- We also observed the sonographer asking the patient to confirm their personal information and what scan they had come for along with explaining and asking for confirmation to proceed to performing tasks such as applying gel onto the abdomen.
- The provider ensured all patients who requested pre-natal screening tests were counselled prior to testing. This ensured staff were satisfied with the patient's rationale for the test and they had considered what the next steps would include if the tests revealed some concerning findings. After staff had discussed this with the patient, patients were required to formally consent to the tests being taken.

## Are outpatients and diagnostic imaging services caring?

Good 

We rated caring as **good**.



# Diagnostic imaging

## Compassionate care

### • Staff cared for patients with compassion.

- Feedback from patients confirmed that staff treated them well and with kindness. One testimony said, 'absolutely fantastic service provided and would recommend to anyone wanting an ultrasound - lots of time was spent looking at my little one and she was very friendly.'
- Patients we spoke with said that the sonographers were friendly, informative and made them feel at ease.
- We observed staff being kind and compassionate as they put patients and their relatives at ease. We observed that patients, family members and friends were treated with dignity and respect at all times.
- We observed administration staff interacting with patients on the phone and in person. Staff were polite, friendly and had a caring manner when talking to patients.
- The service encouraged patients to provide feedback from their experience after each visit. We were provided with results from this feedback which was all positive. We looked at three feedback forms, one patient wrote 'great service really took the time to explain everything would definitely be coming again. Very happy. Thank you.'
- Patients were provided with information about their scan before their appointment. Patients were provided with sufficient time to ask any questions before they had their procedure. This gave an opportunity to gain verbal consent before the scan.

## Emotional support

### • Staff provided emotional support to patients to minimise their distress.

- Staff understood the impact the ultrasound scans patients attended the service for could have on their wellbeing, especially if concerning or unexpected findings were discovered during the scan.
- Staff attended additional training in counselling patients in antenatal screening and breaking bad news to patients to enable them to provide the best emotional support and compassionate care for patients who used the service.

- We observed staff providing kind, thoughtful, supportive and empathetic care. Patients also commented on how supportive they were and had 'got their worries out of the way so they could enjoy the experience'.
- We observed staff providing emotional support to patients who had a concerning history or patients who had concerns about their pregnancy.
- At the end of all procedures, patients were always given advice of what to do if they had concerns around their health and wellbeing.
- We saw pregnant patients being advised to contact their midwives if they had concerns following their appointment.

## Understanding and involvement of patients and those close to them

### • Staff involved patients and those close to them in decisions about their care and treatment.

- The service had a visible patient-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Patients were actively involved in their care.
- We observed staff informing patients that the ultrasound gel was cold before it was applied to their skin.
- We observed staff giving explanations of what they could see on the screen in detail, and when the sonographers required the patient to keep still an explanation was given as to why.
- Patients we spoke with said the staff were thorough, took time to explain procedures to them and they felt comfortable and reassured. Patients felt they were given adequate information.
- Patients were provided with a report and photos of their scan after their examination.
- Within the scanning room we saw that there were two additional chairs so that friends and family could be present during an ultrasound. We observed staff inviting friends and relatives into the treatment room to be a part of the experience.
- Staff made sure patients understood any ultrasound scans which they performed were in addition to the

# Diagnostic imaging

routine care they received. This was because although on each scan they completed a 'well-being' check of the baby, the ultrasound scans were usually for a specific reason. The ultrasound scans performed during the routine antenatal journey were usually looking for other specific information in relation to the well-being of the baby.

- Patients and their family that we spoke with said that they would recommend the service to their own friends and family.

## Are outpatients and diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

### Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the range of needs of people accessing the clinic.**
- The service planned and provided services in a way that met the needs of local people.
- The service provided private ultrasound scans for individuals requiring extra scans outside of their NHS care.
- The premises and facilities were child friendly and welcomed families to bring children of all ages along to appointments. The reception had a selection of easy to wipe toys which children could play with.
- The service offered a range of appointments to meet the needs of the patients who used the service. The manager told us there was mixed demand for appointment times and they would offer appointments later in the day and at weekends.
- Appointments were booked using the provider's website or patients could ring the reception staff who booked them into an appointment which best suited their requirements.
- The environment was appropriate and patient centred with comfortable seating and access to facilities such

as toilets. The rooms were spacious and allowed for several family members to attend. Children could also attend the scan along with their parents and there were toys to occupy them.

- There was local access to the service by car or public transport with areas dedicated car parking. The reception area was clean and tidy with access to leaflets about baby scans.

### Meeting people's individual needs

- **The service took account of patients' individual needs. It had a proactive approach to understanding individual needs, was accessible and promoted equality.**
- Individual needs were discussed on the telephone when booking the scan. People with a disability were encouraged to bring someone along with them to support them if required. The service was on the ground floor and accessible for wheelchair users.
- The sonographer was responsible for breaking bad news to women initially and has had comprehensive training on delivering bad news, through induction training and regular refresher training with two of the Franchise's Clinical leads. The was reviewed in clinic during Care and Service assessments. Additionally, the Scan Assistants had received training from the Franchise Early Pregnancy Nurse Specialist during their twice yearly review visits regarding supporting families emotionally when bad news had been given .
- The clinic had access to a translation service on the Window To the Womb website, to assist women whose first language isn't English. This was used to translate the terms and conditions and some common terms that were used. Many of the staff were multi-lingual and used their language skills to support patients. Staff also encouraged family members to attend appointments if language may be an issue.
- The reception had information for patients to take away with them. Leaflets were only available in English, and were only available in standard print. Staff told us they could access leaflets in other languages if necessary through other NHS providers.
- A large television screen was used to view the ultrasound scan. This made viewing the image easier and more comfortable for the family. The scanning

# Diagnostic imaging

room had three television monitors linked to the ultrasound machine so that patients, family or friends could see the scan images whilst the scan was taking place.

- We asked staff where a patient could wait if they had received bad news. Staff we spoke with said there was no separate area for this. However, all appointments were 15 minutes long so that the patient could use the treatment room to adjust to any news and information regarding their scan.
- We asked staff if there were any information leaflets for counselling or unexpected news. Staff we spoke with said they did not have this information on hand for their patients.
- Staff we spoke with told us that all incidental findings required two ultrasound views to verify findings. The provider was the first view, however patients are referred through NHS pathways directly to Early Pregnancy Units or Fetal Medicine Units, for the second view.

## Access and flow

- **Women could access the service and appointments in a way and at a time that suited them.**
- Flexibility around appointments were discussed at the initial telephone and internet booking to ensure an appropriate time was scheduled.
- The service did not have a waiting list for ultrasound appointments. Women could self-refer to the service on the same day particularly for Firstscan appointments. Two women we spoke with had booked their early scan the same day. Women could book their scans through the website, telephone or email.
- The registered manager explained the booking system was flexible and allowed change to packages to meet women's choices. Women paid a small deposit and were given written information on what was and not covered in their scan package. Women could change the package when they attended for their scan appointment if they wished.

- The service performed 330 scans between April 2018 to March 2018. There were no cancellations or waiting list for the service.
- We observed women and their families arrive in the reception area and wait no longer than five minutes for their scan. However, the service did not audit the patient waiting times for staff to call them through. This would help identify any areas for service improvement.
- The sonographer gave the results of the ultrasound scans to the woman and their partner immediately after the scan. The sonographer produced a report whilst the women and their partner were choosing the pictures they would like to keep.
- We saw that appointment times were kept to time. Staff told us that they would keep people informed if there was a delay to their appointment time.

## Learning from complaints and concerns

- **The service had a complaints policy and treated concerns and complaints seriously. Complaints were investigated and lessons learned from the results, and shared with all staff.**
- The service received one formal complaint in the last year. The registered manager told us they used the complaint as an opportunity to learn and improve. Staff we spoke with told us patient concerns were acted upon quickly before being escalated into formal complaint.
- The registered manager was the lead to deal with complaints. Staff were aware of their responsibilities and would complete any official complaints. All complaints and negative feedback received on the electronic feedback service were treated with the same level of importance. The nominated individual had oversight of the complaints which came through and ensured the complaints process was followed correctly and completely.
- Complaints were investigated by the nominated individual. All complaints were responded to within seven working days. The nominated individual responded to patients usually by telephone or by email, determined by the patients preferred method of contact.

# Diagnostic imaging

- The service had a complaints policy which identified who to complain to and the code of practice for dealing with complaints. We saw documents at the service that people could complain and who to. These were in the waiting area where people could see them.
- We saw that two constructive comments had been left in the feedback book where improvements could be made to the service. Changes were made to reflect the comments, these included subscribing to various magazines to provide a variety of reading materials for people attending the service.

## Are outpatients and diagnostic imaging services well-led?

Good 

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

### Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- The registered manager attended six monthly national franchise meetings organised by Window to the Womb Ltd. During these formal meetings there was an opportunity to network and share best practice ideas as well as receive ongoing training as well as discussions around clinic compliance, performance, audit, and best practice. We observed positive working relationships between the registered manager and the Window to the Womb Ltd franchise director.
- The registered manager was committed and passionate about patient care and a high-quality service. The manager understood the challenges the service faced, in particular the national shortage of sonographers and the impact this could have on the service in the future.
- Staff told us they felt supported by the manager and that they were friendly and approachable. Staff felt confident in approaching them regarding issues to do with their professional or personal life.

- All staff felt valued and told us that they enjoyed working at the unit. Throughout the inspection, we saw that staff assisted each other with tasks, and responded quickly to service needs. The staff survey dated of April 2018 found 100% of staff responded positively about working for the service and management support for staff development.
- The registered manager was very committed to the staff, the patients and the service. This was reflected in the way he led the team and kept patients at the heart of service delivery. The manager felt strongly about trusting and empowering the staff team, and advocated an autonomous approach to the work undertaken.
- 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 lead for Window to the Womb Ltd assessed all new sonographers and had over 35 years NHS sonography experience. The specialist nurse in early pregnancy provided clinical leadership regarding First-scan early pregnancy scans and completed an annual check of the clinic.

### Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action.**
- The service had a clear vision to offer a value based service to meet the needs of the patients (customers). The service aimed to continue to grow and offer a comprehensive quality assured private ultrasound scanning service to a wider range of patients (customers).
- The most recent staff survey from April 2018 identified clinical staff (sonographers and scan buddies) were not as certain about a vision and strategy for the service than staff from the 'headquarters' and regional management staff groups. However, during our inspection, we found staff were aware of the vision of the service and felt they were part of the vision and future of the service.
- Senior staff told us the strategy for the future was to concentrate on succession planning and growing the company through looking at additional ultrasound services.

# Diagnostic imaging

- All staff were introduced to these core values at the cooperate induction, and these were linked to staff appraisals. Staff spoke enthusiastically about the service they provided, and were proud of the facilities they worked in and the care they could offer to patients.

## Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- The registered manager promoted a positive culture that supported and valued staff. We spoke to three members of staff during our inspection who told us about their experience working for the service. Staff members spoke positively about the culture of the service.
- We noted that members of staff who had commitments outside of work were supported where possible with flexible working arrangements and this supported a good work/life balance.
- All staff spoke proudly about their roles within the service and staff felt supported in their work. Staff told us they felt valued and supported by colleagues and the registered manager.
- During our inspection we saw there was a positive culture. Staff were passionate and proud about the service they provided.
- There was a strong emphasis on the care of the women and their families. Staff promoted openness and honesty and understood how to apply the duty of candour. All staff were aware of what the term duty of candour meant.
- During the inspection we informed the registered manager that there were areas of the service that required improvement. They responded positively to this feedback and immediately put actions in place to make improvements, demonstrating an open culture of improvement. The staff told us of improvements they had introduced immediately following feedback from inspections at other Window to the Womb locations. This demonstrated a culture of openness and willingness to learn and improve.

## Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- The service had effective systems to monitor quality and safety of the service. This including the use of audits, risk assessments and a risk register.
- The service had a clear governance process to continually improve the quality of service provided to women and their families. Staff understood their roles and responsibilities in relation to governance. Governance arrangements were clear and appropriate to the size of the service.
- The service improved service quality through regular audits and clinical reviews by lead clinicians employed by Window to the Womb Ltd.
- There were policies and procedures in place 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 by Window to the Womb Ltd.
- The manager was clear about the running of the service and had a clear understanding about the quality of service to be provided.
- The service operated a comprehensive clinical governance framework and we saw clear governance structures. Quality monitoring was the responsibility of the operations manager and was supported by the lead superintendent.
- Local governance processes were achieved through monthly team meetings and local analysis of business intelligence, discussion of local incidents. Feedback and actions were fed into processes at a corporate level. We saw this process in clinical governance meeting minutes and team meeting notes during our inspection.
- Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered in the centre.

## Managing risks, issues and performance



# Diagnostic imaging

- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**

- The service had a business continuity plan that covered various issues including loss of access to paper records, loss of electricity, loss of water supply, and fire.
- The service had a risk register, the registered manager described the main risks to the service which we noted on the risk register, these risks were recorded within a risk register with risk reviews or mitigating actions and responsible person in charge of the risk.
- The service had an arrangement to secure a backup ultrasound machine to use in case of an emergencies if the main machine broke down.
- The manager regularly audited the sonographer's work and fed back any lessons learnt to them during their one to one meetings and appraisal meetings.
- We saw up-to-date and complete 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.
- The service used key performance indicators (KPIs) to monitor performance, which the franchisor set. This enabled the service to benchmark themselves against the 35 other franchised clinics. At the time of our inspection, the registered manager reported they were in the top performing clinics for both their later and early pregnancy services.

## Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- Information governance training formed part of the mandatory training programme for the service, and staff we spoke with understood their responsibilities regarding information management.

- Computer screens were locked when staff were not sitting at their desks to prevent information breaches.

## Engagement

- **The service engaged well with service users and staff to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- The service had a website that provided information to patients on the investigations provided, the fees, location and details on how to make an appointment.
- Care was provided by a small and well-integrated team. This meant staff engagement happened daily and was not formalised.
- The service ran a patient survey for service users to give their feedback about their experience, we saw the results from these feedbacks were overwhelmingly positive.
- We saw that the service responded to any comments made to improve the quality of the experience.
- There was active promotion of the service and individuals returned to the service or were recommended by others. We spoke to people using the service who corroborated this information too.
- The service allocated forty-five minutes each working day for staff meetings. These were informal meetings and were used to provide any relevant updates and discuss any concerns or issues with the service.

## Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training and innovation.**
- The senior staff told us they were a service who thrived on learning from situations, the most recent situation they were learning from was the CQC inspection process. The provider information request (PIR) which was sent in preparation for the inspection had enabled them to review some of their current processes and identify ways in which they could improve. This will not only benefit them as a service, but ultimately be an improvement on the service provided to the patients.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should consider providing 16 & 17 year old Gillick Competency Assessment for capacity rather than to require an adult present before scanning.
- The provider should ensure their consent process gives the 16 – 17 year olds the opportunity to consent for their scan.