

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?	Outstanding		
Are services responsive?		Good	
Are services well-led?		Good	

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

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

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

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Window to the Womb, is operated by Scantastik Limited under a franchise agreement with Window to the Womb (Franchise) Limited. They provide obstetric ultrasound services for pregnant women from 16 years of age. Ultrasound scans are offered from six weeks gestation to full term of the pregnancy.

The service provides single specialty diagnostic imaging. We inspected this service using our comprehensive inspection methodology and carried out a short notice announced inspection on 28 August 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.

The service opened in August 2015 and was registered for the regulated activities of diagnostic and screening procedures. This was our first inspection since the service opened.

We rated this service as **good** overall.

We found the following areas of good practice:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, offered patients enough to eat and drink and supported them to maintain their comfort. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week. Leaflets were available on how to lead healthier lives.
- Staff treated patients with compassion and kindness, respected their privacy and dignity at all times, took account of and met their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people as individuals and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

We found areas of outstanding practice:

- The service was not expected to follow up any referral to other health services. However, staff in the Bristol clinic proactively contacted patients who had been referred, to ensure they had received midwifery input and to support them to do so if not.

Summary of findings

- The service was proactive in seeking to improve ways of working with local NHS services. Meetings had been held and were planned with maternity services across the region to improve how they communicated to improve care for patients.
- Safeguarding processes were embedded in the service and staff went to great lengths to ensure patients were kept safe. Any safeguarding risks were communicated to maternity services.
- The whole service demonstrated a caring attitude to patients. Any changes or developments to the service were centred around how it would affect patient care. All staff we observed demonstrated skill in their responses to patients. Patient experience was at the centre of their work and staff managed difficult situations sensitively as a natural part of their work.

We found some areas which could be improved:

- There was no provision for wheelchair users to access toilet facilities while they were at the clinic and no information for patients regarding this before they booked an appointment.
- Staff provided written information to support a healthy pregnancy but did not always reinforce the messages verbally after the scan.
- Following our inspection, we told the provider that it should make a few improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals (South West)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

This is a diagnostic imaging service run by Scantastik Limited as part of the Window to the Womb franchise. The service is based just outside of Bristol. We rated the service as good because it was safe, caring, responsive and well-led. We do not rate effective for this type of service.

Summary of findings

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Good 

Location name here

Services we looked at

Diagnostic imaging.

Summary of this inspection

Background to Window to the Womb

Window to the Womb (Franchise) Limited is the brand name for an overarching company (the franchisor) which allows location owners (franchisees) to operate in UK locations using Window to the Womb brand. Scantastik Limited is the franchisee's location name for the Bristol Window to the Womb service.

The Scantastik service opened in August 2015. It is located close to Bristol and serves the communities in and around Bristol. The service provides ultrasound scans for pregnant women from the age of 16 as wellbeing and keepsake images of their pregnancy.

The same registered manager has been in post since the service opened in August 2015.

The service is registered to provide the regulated activities of diagnostic and screening procedures at the location for adults over the age of 16 years. We have not inspected this service before.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection for the South West.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology and carried out a short notice announced inspection on 28 August 2019.

During the inspection we visited the clinic and we spoke with six staff including the clinic director, scan assistants and sonographers. We spoke with seven service users and their families. We also reviewed 10 sets of records, and relevant policies and documents.

We reviewed data submitted as part of the Provider Information Request, data covered the last 12 months which dated between 11 June 2018 and 11 June 2019.

Information about Window to the Womb

Window to the Womb is a small service, running clinics seven days a week at varying times of each day. Clinics are divided into earlier pregnancy scans (first scans six to 15+6 weeks gestation) and later scans (16 plus weeks).

The First Scan clinic offers the following scans:

- Viability scans from six to 10+6 weeks gestation
- Dating scans from eight to 12+6 weeks gestation

- Reassurance scans from 12 to 15+6 weeks gestation

The Window To The Womb clinic offers the following scans:

- Wellbeing scans from 16 to 40 weeks gestation
- Wellbeing and gender scans from 16 to 22 weeks gestation

Summary of this inspection

- Growth and presentation scans from 26 to 42 weeks gestation
- 4D baby scans from 24 to 34 weeks gestation

All women accessing the service self-refer to the clinic and are private (self-funding) patients.

Facilities include a reception, waiting area, scan room containing one ultrasound machine, and print room.

In total there are 11 scan assistants, a manager, clinic director (the registered manager) and five sonographers employed by the service. One additional scan assistant works on a zero hour contract.

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

Activity for 11 June 2018 to 11 June 2019:

- First scan (6-15 week gestation) performed 1,226 scans.

- Window to the womb (16-40 week gestation) performed 3,396 scans.
- The total weekly clinic volume equates to 89 scans per week.
- There were 125 referrals made, which were documented and retained on file.

Track record on safety between 20 March 2018 and 20 March 2019:

- No never events.
- No clinical incidents.
- No serious injuries.
- No incidences of service acquired infection.
- Three complaints.

Services provided at the hospital under service level agreement:

- Clinical and non-clinical waste removal.
- Maintenance of medical equipment.

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:

Good



- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.** Records confirmed all staff were up to date with their training.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.** They demonstrated how they had previously taken actions to protect women using their service.
- **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.**
- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**
- **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.**
- **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 regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction.**
- **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.**
- **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff described how they apologised and gave patients honest information and suitable support.**
- **The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff.**

Are services effective?

We do not rate effective for this service.

Not sufficient evidence to rate



Summary of this inspection

- **The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**
- **The service had snacks and drinks available for service users and offered refreshment to patients who felt unwell at the time of the scan.**
- **Staff monitored and supported patients to maintain their comfort.**
- **Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**
- **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.**
- **Key services were available seven days a week to support timely patient care.**
- **Support and advice to lead healthier lives was available on leaflets and on the website.**
- **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**
- **Staff had access to up-to-date information on patients' care and treatment for this episode of care.**

Are services caring?

We rated caring as Outstanding because:

- **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 clinic was continually positive about how kind and supportive and patient staff were, even in difficult situations.** Arranged timings of clinics promoted a sensitive attitude by keeping early scans and later pregnancy scans separately. Staff spent more time with patients who needed it without displaying stress or frustration. Staff demonstrated an ethos of providing a caring service and everything they did was centred around the patient experience as a natural part of their work.
- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood**

Outstanding



Summary of this inspection

patients' personal needs. Staff were skilled in responding to patients and families depending on the situation. They used their skills to show empathy and understanding and responded with sensitivity to patient's needs in difficult situations.

- **Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.** Staff took time to make sure patients and families were involved in the scan and understood what they were viewing. Patients were empowered to make decisions about their care.

Are services responsive?

We rated responsive as Good because:

- **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**
- **The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**
- **People could access the service when they needed it and received the right care promptly. There was no waiting list for the service.**
- **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.**

However, we also found the following issue that the service provider need to improve:

- **There was no facility for wheelchair users to access bathroom facilities while they were at the clinic.**

Good



Are services well-led?

We rated well led as Good because:

- **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.**
- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all**

Good



Summary of this inspection



relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- 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.
- 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services.

Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Not rated	 Outstanding	Good	Good	Good
Overall	Good	Not rated	 Outstanding	Good	Good	Good

Notes

Diagnostic imaging

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

Are diagnostic imaging services safe?

Good 

Our rating of safe was good.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff received and kept up to date with their mandatory training. Managers kept records of training completed by staff. The service monitored staff training compliance each month and the overarching franchisor audited training annually as a minimum and noted what actions were needed to ensure staff were compliant with mandatory training.
- The mandatory training was comprehensive and met the needs of patients and staff. There was a rolling programme of modules staff needed to complete each month and all staff had attended required modules at the time of our visit. Training modules included but were not limited to: safeguarding adults and children, mental capacity act, health and safety, first aid, infection control and chaperoning.
- Most of the training was provided as on-line modules and some was completed as face to face. The overarching franchisor had developed some of the mandatory training modules and Scantastik staff accessed these. Staff also accessed some modules which were provided by external training organisations. Staff we spoke with felt the training helped them in their roles and was of good quality.

- Staff completed training on recognising and responding to patients with mental health needs and learning disabilities.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- Staff received training specific for their role on how to recognise and report abuse. All staff had completed safeguarding training for adults and children to level two. The clinic leads had completed safeguarding children to level three and were confident in their ability to support staff in recognising and reporting suspected abuse. The clinic manager and a sonographer had attended safeguarding modules with the local authority's safeguarding team. This had given them a greater insight to safeguarding processes and they recommended other staff attend these modules. Managers were reviewing available dates for other staff to attend these modules.
- Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Patients referred themselves for scans and all patients we observed were treated with respect and gave consent for scans to continue. We were told of occasions when staff had ensured patient safety by locking entrances during the scan procedure.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other

Diagnostic imaging

agencies to protect them. Staff had attended training modules around safeguarding which included information on child sexual exploitation and female genital mutilation.

- Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were knowledgeable about what might concern them and could explain the process for reporting a concern. Staff told us of occasions they had reported situations which had caused them concern. They had gained patient consent before sharing safeguarding concerns with midwives who were providing ongoing care for the patient.
- Staff followed safe procedures for children visiting the service. Children often visited with their mothers who were having a scan and staff ensured they were supervised by an adult at all times.

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.**
- The clinic director was the infection control lead and a programme of audits identified the level of hygiene achieved. Hand washing facilities were available, practices were audited during peer reviews and any issues were fed back to staff at the time for improvement.
- All areas were clean and had suitable furnishings which were clean, well-maintained, fully wipeable and compliant with the Health Building Note (HBN) 00-09: Infection control in the built environment. Toys were available for visiting children and were of an easy clean design. Cleaning records were up to date and demonstrated that all areas were cleaned regularly. A deep clean of all areas was carried out every three months and we saw this had been documented as completed less than three months before our visit. Each scan room was cleaned daily and a log was signed once completed.
- Staff followed infection control principles including the use of personal protective equipment (PPE). Gloves were available for use, and equipment which came into contact with patients was cleaned between

each patient using the appropriate cleaning materials. We saw staff using probes for internal scans which were cleaned according to the clinic policy. We saw the couch cleaned and covered in new couch roll between patient use.

- We saw risk assessments were completed for risk of infections being spread by the water course. Staff ensured water supplies were regularly flushed with fresh water to reduce the risk of legionnaires being present.

Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.**
- Staff carried out daily safety checks of specialist equipment. Staff completed a check list each day before a clinic started to ensure equipment was ready to use.
- The service had suitable facilities to meet the needs of patients' families. There were seating areas for patients and families to wait, a scan room with further seating for families. Screens were available to provide privacy during a scan. There was a separate area for patients to receive their scan images. A toilet was available for patients and visitors to use.
- The service had enough suitable equipment to help them to safely care for patients. Due to the nature of the service they did not require a resuscitation trolley. They had an in date first aid box and there was always someone on duty who had first aid qualifications. In the case of an emergency the service would call 999.
- Staff disposed of clinical waste safely. Waste was stored securely in dedicated clinic waste bins which were away from public access, until it was collected by an external contractor.
- Staff risk assessed the areas for safety. We saw fire risks had been identified and action taken to reduce the risk. The service had a fire detection system which was maintained and tested. We saw fire exit doors were kept clear of obstructions.
- Substances which may be hazardous to health were stored safely away from public access within a locked cupboard.

Diagnostic imaging

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration. Pregnant women are at risk of feeling faint when lying flat on their back. We saw staff offering food or drink and encouraging them to change to a more comfortable position to minimise this risk.**
- At start of day 'fire up' meetings, staff routinely referred to patient history including multiple miscarriages, ectopic pregnancy and psychological needs.
- Staff completed risk assessments for each patient on arrival and updated them when necessary. Patients were requested to bring their maternity records with them for staff to review and identify any patient risks and pregnancy history. We saw a brief history was always taken including the reasons for the scan. This information was shared discreetly with the sonographer and scan room assistant. All scans had a wellbeing check included to identify the baby's movement, heartbeat, position and placental position.
- Women were advised to attend their NHS scans as part of their maternity pathway and were given information about the risk of frequent scanning. Staff followed clinic policies of not repeating a growth scan within two weeks.
- There were clear referral pathways into NHS maternity services and detailed guidance for staff on when to refer a patient. If a scan identified an anomaly staff would complete a letter to the relevant midwifery team and include the scan results. This was handed to the patient with clear instructions of how to make an appointment for further care. Staff followed this up the following day to ensure the patient had accessed the maternity service. If an immediate appointment was required staff told us how they telephoned the midwifery service or early pregnancy service and advised the patient to attend immediately.

- There had been 89 referrals made to the NHS maternity services between June 2018 and June 2019. These were documented and retained by the clinic. Files we reviewed contained enough information to support ongoing care by another healthcare provider.
- Staff knew how to respond in an emergency and described how they would call an ambulance if this was needed.
- The franchisor had an experienced sonographer available for second opinion if this was needed. Scans could be reviewed remotely and the sonographer was advised on accurate interpretation of the scan results. If a repeat scan was recommended patients would be invited back to the clinic.

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 regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction.**
- Rotas were planned six weeks in advance and adjusted if the clinic demands altered during this time. The clinic director was usually present in the clinic as supernumerary. She was able to fill in for absences of scan assistants. Absence of sonographers were usually filled by staff coming in as an extra shift or for other window to the womb clinics. The service had two bank staff who had previously worked with the service and received the same training opportunities as regular staff.
- There were no vacancies and the clinic was staffed with 10 scan assistants, five sonographers a clinic manager and clinic director. Many of these posts were on a part time basis and were equivalent to 1.5 whole time sonographers and 4.8 whole time scan assistants.
- Staff attended a morning 'fire up' meeting to discuss any issues from the previous day and plans for the current day's scans. Sonographers were always accompanied by a scan assistant during a scan and other scan assistants were allocated to work in reception and in the print room. Staff were allocated their areas of responsibility at this meeting and

Diagnostic imaging

discussed any problems women attending for scans might have. For example, we saw a note identifying a patient who had experienced previous miscarriages who had a scan booked for that day.

- There was a lone working policy but staff told us they never worked alone.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- Records were stored securely in locked cupboards away from public access. Staff had keys for these cupboards.
- Patient records were comprehensive. The clinic asked women to bring their maternity notes with them to the clinic. Staff could review these for any concerns. However, if the maternity notes had been forgotten the sonographer would still complete the scan.
- Wellbeing checks were completed during every scan and were documented on the patient record.
- We reviewed 10 records of completed scans. These were fully completed and signed by the sonographer with their name and registration number.
- We reviewed referral letters to local maternity services when further care was needed for the patient. These included all relevant information, scan copies and reasons for referral.
- Audits of records were completed as part of the overarching Window to the Womb's quality assurance checks. Any issues were fed back to Scantastik's clinic manager and staff. The last audit had been completed in May 2019 and identified issues where the sonographers had not included their registration number when signing scan reports. All records we saw included this information.
- The Window to the Womb franchisor had developed an electronic application (app), which allowed women to keep scan images securely but still view them once they had left the clinic.

Medicines

- **The service did not store or administer any medicines.**

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff told us how they followed the process and apologised to patients with honest information and suitable support.**
- Staff described how they would report incidents depending upon the severity. The process had recently changed from a book to using an electronic spreadsheet. Staff described how they reported escalated concerns if the problem could not easily be resolved. However, there had been no serious incidents reported in 12 months before our inspection. Learning was shared using daily 'fire up' meetings, end of day meetings and team meetings.
- There were no serious clinical or reportable incidents reported for the 12 months before our inspection. Staff told us how they reported clinical or lower level incidents. Although there had been no serious incidents reported staff told us of actions which had been taken following a near miss. A chair slid during a scan and had potential to cause injury. This was investigated and the chair was replaced promptly.
- Staff understood the duty of candour. There had been no duty of candour notification but staff described how they gave patients and families a full explanation if and when things went wrong.
- Managers were aware of the requirements for reporting incidents and submitting notifications to the Care Quality Commission. However, this had not been required in the last 12 months.

Are diagnostic imaging services effective?

Not sufficient evidence to rate 

We do not rate effective for this core service.

Diagnostic imaging

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**
- Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were reviewed annually and written with reference to guidelines from the British Medical Ultrasound Society, the Society of Radiographers and National Institute for Health and Care Excellence (NICE). Staff practice was monitored by the clinic director and the franchisor at peer reviews and annual audits.
- We saw how staff explained to patients they did not repeat scans within two weeks. Sonographers used the principles of 'As Low As Reasonably Achievable' (ALARA) when scanning. They followed a process of 'pause and check' to ensure they were carrying out the correct procedure on the correct patient.
- The Window to the Womb franchisor informed staff of changes to guidance using a newsletter called 'Open Window'. This was sent out when there were significant changes and when there was enough information to put into a newsletter. The Scantastik franchisee attended six monthly meetings with the franchisor and other franchisees (clinic owners). They received updates on practice guidelines and shared learning between other franchisees.
- The franchisor had a clinical lead midwife who was available to advise on any clinical queries. They also advised the franchisees on best practice and current guidance for sonography.
- Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Training on the impact of the mental health act was attended by staff. If staff had any concerns about a patient's mental health, or capacity to make decisions, they referred them to their midwifery service for further support. Staff would not carry out a scan if they felt the woman was unable to understand the decision she was making.
- Staff followed national guidance following scans. They supported patients to seek further help when it

was needed. We saw how staff explained scan results to patients before they left the clinic, made sure they understood the results and could ask questions. This included if patients needed further support from midwifery services, where to go and how to make the appointment.

Nutrition and hydration

- **The scanning process took a short amount of time and patients and their families did not usually need refreshments. However, refreshments were available which could be purchased or provided to women if they felt unwell.**

Pain relief

- **Pain was not formally monitored, as this was not required for the service provision. However, staff took steps to ensure women were comfortable during their scans. Staff used cushions and adjusted the couch if a woman was experiencing back pain or discomfort. Staff explained to patients when they may feel some discomfort and maintained clear communication with them throughout the procedure.**

Patient outcomes

- **Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**
- The service used a programme of audit and peer review to assess the reporting and referral processes used in the clinic and quality of the images produced.
- Copies of referrals made to other health services were retained and reasons identified. Numbers of referrals and sonographers making the referrals were monitored by the clinic managers. This data was shared with the franchisor's clinical lead reviewed and monitored the information for trends.
- The peer review process had been introduced earlier in 2019. Sonographers carried out reviews of scans and reports for quality and completeness. Images and reports were anonymised before the peer review and shared with the sonographer after comments had been made. Reports we saw followed Society of

Diagnostic imaging

Radiographer's obstetric reporting guidelines. Scan assistants and managers completed evaluations of care provided to individual patients using a standardised template. This was documented and shared with staff once completed.

- The clinical lead of the franchisor reviewed scan images monthly for quality. Patients who were unhappy with scan image quality were offered a repeat scan free of charge.
- The accuracy rate of gender confirmation scans was monitored and was reported to be 99.9% accurate. If it was not possible to identify gender because of the baby's position, for example, patients were offered a rescan.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and met with them to provide support and development.**
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff had attended relevant training for their roles and updated skills in line with the policy of the service. The peer review process for sonographers helped identify any additional training needs. We saw reviews were documented and held in staff personnel files.
- Managers gave all new staff a full induction which was tailored to their role before they started work. Records of induction to the clinic were held in staff personnel files.
- Managers supported staff to develop through yearly, constructive appraisals of their work. We saw appraisal records where staff had prepared for the meeting and received feedback from their manager. All staff within the service had received up to date appraisals.
- Managers made sure all staff attended team meetings or had access to full notes when they could not attend. Managers made sure staff received any specialist training for their role. Scan assistants were trained in all areas of the clinic applicable to their role and rotated around the roles regularly. Sonographers had attended specialist training and were registered with

the Health and Care Professions Council or the Society of Radiographers. Registration was checked regularly and we saw records showing staff were within their renewal dates.

- Team meetings were held every month and staff were able to identify areas to improve practice. We saw team meeting notes where staff had expressed they wanted more training on specific scans. This had been provided within one month of the meeting.
- Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us how they were able to access remote diagnostic support from the national sonographer advisor.
- Managers identified poor staff performance promptly and supported staff to improve. Issues may have been raised from patient comments or complaints or from the peer review process.
- Team meetings were used to remind staff where practice needed improving and to identify actions which would support this improvement. For example, taking more breaks or changing working patterns. Notes from May 2019 showed reminders about correct processes for disposing of hazardous waste.

Multidisciplinary working

- **Staff worked together as a team within the clinic and with the franchisor to benefit women and their families.**
- Staff worked across health care disciplines and with other agencies when required to care for patients. There were clear pathways to NHS services for women who needed further investigation or support with their pregnancy. Template referral letters were used for each referral with reasons documented. Clinic staff had all relevant telephone numbers for NHS services to quickly refer patients if they needed it. This included early pregnancy services and safeguarding services. Managers had positive relationships with local maternity services and had set up meetings with NHS maternity services to improve communication.

Seven-day services

- **Key services were available seven days a week to support timely patient care. Clinics were**

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held seven days a week including evenings and weekends. Times varied depending upon the demand for scans but usually started in the afternoon and carried on into the evening.

- In an urgent situation, there was access to out of hours support at local maternity services and patients were advised about actions they needed to take for more routine referrals.

Health promotion

- **Information was available to give women practical support and advice to lead healthier lives. There was a range of leaflets within the clinic relating to pregnancy and scan findings. The franchise website had a range of advisory leaflets and information to support patients with a healthy pregnancy. We saw leaflets for patients to take away with them about what fetal movements they should expect, foods to avoid, terminologies used in scan reports and when to seek further help from a midwife. However, this information was not always reinforced verbally to the patient.**

Consent and Mental Capacity Act

- **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**
- Staff completed training on the Mental Capacity Act. All staff were up to date with this training and were aware of the clinic policies.
- 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. We saw how staff ensured patients' understanding of the procedure and gained consent for each part of the process.
- Staff assessed patients' ability to make their own decisions and when patients could not give consent did not perform the scan but referred them to the midwifery service. Consent was recorded clearly in the patients' records.

- We observed how patients were supported when they experienced heightened anxiety.
- Staff understood Gillick Competence and Fraser Guidelines. Young people aged between 16 and 18 years were required to attend with a parent or responsible adult over the age of 25. They followed a consent policy which included Gillick competence guidelines to ensure young people could understand what they were consenting for and were able to make decisions. Staff were also clear they would observe safeguarding children guidelines in all these cases.

Are diagnostic imaging services caring?

Outstanding



Our rating of caring was outstanding.

Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs as a natural part of their work.**
- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way, putting patients at ease. Three television screens which displayed the images were located in the room so that the patient and their visitors were able to view them easily. We observed how the scan assistant and the sonographer took time to speak with the wider family to help their understanding of what they were viewing. They made sure they highlighted areas on the screen to show what they were explaining.
- Patients said staff treated them well and with kindness. Comments in the clinic's visitor book were overwhelmingly positive identifying the kindness of the staff. They included comments of: "I was made to feel so welcome", "what a beautiful experience", "You ladies didn't give up on us. We wanted to express our thanks once again for your patience" and "what wonderful staff".
- Staff followed clinic policies to keep patient care and treatment confidential. The service used electronic process to allow patients to view the images securely

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and only share with others if they wanted to. Staff protected patient privacy and prevented interruptions by locking the scan room door when a scan was in progress. We heard staff relieve any anxieties by explaining the reasons to patients and visitors in the room. A mobile screen was used to provide a private changing area within the room for patients undergoing early scans. Patient flow through the clinic supported patient confidentiality, with patients in different parts of the clinic for each stage of the process.

- Staff were sensitive to any decisions expectant parents made. Some parents did not want to be informed of the baby's gender. Staff labelled this as 'secret baby' in the patient records to ensure staff were aware of the decision and followed their wishes.
- The service demonstrated their high level of compassion in the way the clinics were organised. The clinic held 4D baby scans after 16 weeks and early pregnancy scans before 16 weeks. Staff were aware that early scans in pregnancy could create a need to give bad news to patients. For this reason, early pregnancy scan clinics were held separately from the later pregnancy scans. Time was set aside between the sessions and staff removed merchandise, such as cuddly bears, photo frames and other items for sale. Staff demonstrated how caring for patient needs was their main priority. Merchandise was offered but not pushed on to clinic users. We heard staff suggesting a returning patient did not purchase a cuddly bear for their second pregnancy because their first child had not had one.

Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal needs and supported them in any way they could.**
- Systems in the clinic promoted staff understanding of patient's needs. Staff attended daily fire 'up meetings' to raise awareness of any emotional needs patients might have. Staff gave patients and those close to them help, emotional support and advice when they needed it. Scan results were explained to patients after the scan. Any need for referral to follow up care was carefully explained. Staff followed up by calling

the patient the next day if they felt further support was needed to make an appointment or to encourage patients to access further support. Patients and relatives we spoke with commented on how "lovely and relaxing" the space was.

- Staff supported patients who became distressed and helped them maintain their privacy and dignity. There were options for maintaining patient privacy if there was any distress or bad news to discuss. We saw staff offer reassurance to patients who became emotional in the scan room, so they could compose themselves before viewing their scan in the print room. We also heard how staff provided telephone advice and guidance to patients when booking or rearranging their scans, sensitively recognising their pregnancy history. Staff spoke about and we observed how they tailored their interaction to suit the emotions of the family.
- Some staff had recently undertaken training on breaking bad news. Those who attended this training commented on how it had helped them to provide better understanding and care for their patients. They explained, at busy times, families who needed further privacy after receiving bad news would be guided to a waiting area upstairs or allowed to stay in the scan room for a period of time after their scan. Appointment times were planned to make this flexibility possible and provide emotions support when it was needed. The patient's wishes were respected and staff would ask family members to leave the room if the patient and partner wanted privacy.
- Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We heard how a woman had returned to the clinic for a scan on a second pregnancy. This had been after losing her first baby. The clinic ensured the woman received a scan from different sonographer and scan assistant to reduce any potential distress. The patient fed back to staff that she had returned because she had been treated with great compassion and kindness on her first pregnancy.
- We observed reception staff sensitively and proactively hand over reasons for the scan to the sonographer and scan assistant prior to the patient's

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arrival in the scan room. We saw this to include patients with a history of ectopic pregnancy and miscarriage. Staff explained that this was important for patients with raised levels of anxiety and helped the scan team to interact with the patient and family in a sensitive manner.

Understanding and involvement of patients and those close to them

- Staff supported and involved patients, families and carers to understand their scan results. Staff took time to explain results and what they meant. Patients arriving at the clinic had the process explained to them according to the package they had booked and other packages they could access if they preferred. We observed sonographers and scan assistants working together to give clear information to the patient and family. They took time to identify the best image for them to view.
- Staff made sure patients and those close to them understood their care and treatment. The scan procedure and expectations of what they would see were clearly explained prior to patients paying for their procedure. They took time to make sure patients understood what they were viewing. Patients were given time to choose a scan image and were not pressurised into making quick choices. Fathers were included in the process in a sensitive way. Patients were asked if they would like to add the baby's father's name on the scan report. If accepted the scan was seen to be called 'Baby of (first name mother) and (first name father). Using first names avoided identifying when parents did not share the same surname. Families appreciated having both parents' names recorded on the scan report.
- Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff used an electronic interpreting service for people who had difficulty understanding the English language.
- We heard sonographers and scan assistants encouraging families to ask questions during the scan. This was particularly evident in the early scan clinic. This could be the first experience of an abdominal or transvaginal scan. A transvaginal scan involves the insertion of an ultrasound probe internally into the

vagina and is used when a pregnancy is very small and located within the pelvis, usually prior to 10 weeks of pregnancy. Staff were mindful that patients might be anxious and prompted them to ask relevant questions to support their understanding.

- Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients and their families were actively encouraged to give feedback. Staff talked about how each clinic attender would be sent an email within 24 hours of their appointment to request feedback on their treatment. Whilst waiting for scan reports, staff asked patients and their families if they were happy with the service they received. Feedback cards were clearly displayed in the print room, along with a visitors' book. We saw thank you cards displayed in the waiting area and positive comments left in the visitors' book. This included the following comments:

"Wonderful experience – really is a window to the womb!"

"Absolutely amazing, friendly staff – very welcoming"

"...the whole experience has been amazing. Lovely facilities, amazing friendly staff and amazing to see my new niece/nephew"

- The clinic recognised that social media platforms could provide feedback from their service users. Sites had been set up for patients to write their comments and we saw these had been used by patients and families. Comments had been reviewed by the service and shared with staff to share learning.

Are diagnostic imaging services responsive?

Good 

Our rating of responsive was good.

Service delivery to meet the needs of local people

- **The service was planned and provided in a way that met the needs of women and their families who would use the service.**
- Managers planned and organised services so they met the changing needs of the local population. Both the

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franchisor and franchisee clinic director had monitored the number of requests for scans not routinely offered by the NHS maternity services. The clinic in Bristol was set up in 2015 offering wellbeing scans for gestational age of 16 weeks and above. In 2017 the clinic responded to request for scans, earlier than the 16 week stage, and offered the additional scans.

- The owner of the Bristol clinic has rearranged clinic times to suit the demand from the public. Patients were able to access clinics after work and at weekends. At the end of the day was particularly popular for expectant mothers wanting early scans around their working time
- Detail of the scan packages available and relevant charges payable were displayed on the company website and in the clinic.
- The service minimised the number of times patients needed to attend the clinic. Staff took additional time to gain a good quality image and advised patients to move around or have a cold drink to make the baby more active and find a better position for imaging.
- Facilities and premises were aimed at providing a comfortable experience for people using the service. Scanning equipment was in a spacious room and screens were placed where patients and their families could view them. Staff adjusted lighting and played gentle music to provide a more relaxing atmosphere. Each area had comfortable seating and enough of it to cope with the demand. Young children's needs were provided for with toys in the waiting area and a nappy changing area. Patients we spoke with felt comfortable in the clinic areas and found it relaxing.
- The clinic was located close to public transport links and had a small car park for patients arriving by car.
- The service had systems to help care for patients in need of additional support or specialist intervention. It took account of services available in the local area for pregnant women and worked with these services to ensure care was available when women needed it. They used established referral processes to ensure patients were able to access care they needed.

Meeting people's individual needs

- **The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**
- Managers made sure staff and patients, could access information in the patient's language if it was needed. They used an electronic translation service, which also provided a read aloud facility to help patients understand written information.
- The scan couch was suitable for use by patients weighing up to 300 kilograms. This ensured patients with a high body mass index were able to access the service.
- Patients were given enough time to ask questions and for good quality images to be taken. Appointments often took longer than originally planned due to the way the baby was lying. Additional time was given for this at the appointment if it was needed. If it was really not possible to gain a good image, a further appointment was offered to the patient free of charge.
- Staff supported patients to access ongoing care and assessment by making further appointments for them, contacting early pregnancy teams, midwifery services and following up with a telephone call the day after their scan.
- Patients were offered a variety of scan packages and had these explained to them at the appointment.
- The clinic had limited facilities for patients with mobility problems. The clinic provided parking adjacent to the building and clinic areas were on the ground floor, which made them accessible for people with additional mobility needs. There was a ramp available to access the main building. Reception area, scan room and waiting area were on one level and suitable for wheelchair users. However, the toilet facilities were up a flight of stairs. There was a toilet across the external driveway and down only one step but this was not suitable for wheelchairs. Patients needed to mobile enough to get onto the couch themselves without the use of any hoisting

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equipment. This had a potential to prevent some people accessing the service. Limited access to toilet facilities for wheelchair users was noted on the website for the Bristol clinic.

Access and flow

- **People could access the service when they needed it and received the right care promptly. A range of appointment times were available at different times of each day. Women were able to request appointments by calling the clinic or using a web based link which showed availability. Appointments were timed and the receptionist saw women immediately once they arrived at the clinic. Clinics were organised in a way that built flexibility into appointment timings and prevented delays from building up. After the fourth appointment there was a break in appointments. This allowed for staff to catch up if there had been any delays. This could be because a scan had taken longer than anticipated.**
- There was no waiting list. Women could usually have an appointment on the same day as they referred themselves and the longest they waited was the next day. Scan results were available at the time of the appointment and women were provided with a report after their scan.
- Managers monitored missed appointments. There had been no cancelled appointments for a non clinical reason, in the 12 months before our inspection.

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 clearly displayed information about how to raise a concern in patient areas.
- Staff understood the policy on complaints and knew how to handle them. Staff described how they managed a complaint and preferred to hear about any

issues early so they could deal with the concern promptly. In order to do this, staff were encouraged to ask if patients were happy with the service before they left the clinic.

- The service reported having received three complaints within a 12 month period from 11 June 2018 to 11 June 2019. Each of these had been managed quickly and were resolved without being escalated to a more formal complaints process. We reviewed the three complaints and each complainant had been contacted by the service to offer an apology and provide some resolution for the complainant. These had been resolved within a maximum of 15 days which was within policy timelines.
- Managers investigated complaints and identified themes. The service kept a log of complaints and actions they had taken to resolve any issues. We saw two negative comments, both of which had been investigated and actions to reduce a recurrence had been taken where possible. This had included supporting staff to feel less stressed and promote a consistently caring approach to patients.
- Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The social media sites used for patient feedback were monitored by clinic leads and responded to promptly.
- Managers shared feedback from complaints and compliments with staff and learning was used to improve the service. Team meeting notes documented discussions around any complaints and comments received by the clinic. We saw how one patient had been offered a repeat scan free of charge when they complained about the scan image being poor. There was a log of positive feedback about the clinic which included how friendly and welcoming staff were and the comfortable surroundings.

Are diagnostic imaging services well-led?

Good 

Our rating of well-led was good.

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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.**
- There was a strong structure of supportive leadership within the clinic. The clinic director and a manager provided day to day management of the team. The clinic director had relevant management experience to lead the service. They had access to specialist advice from the Window to the Womb franchisor's clinical specialists. The franchisor provided additional management support and visited the clinic regularly.
- The clinic director and clinic manager understood the challenges to quality and sustainability. They had identified actions to address these challenges. They had a business continuity plan and took steps to ensure they had enough staff to run clinics. Both director and clinic manager had attended training for scan assistants and worked in these roles regularly to maintain their skills. They created links with NHS services to ensure patients could access further care promptly when needed. Leaders were constantly reviewing national programmes of care such as the fetal anomaly screening programme (FASP), to ensure they provided current advice to clinic patients.
- Staff were comfortable to discuss concerns with their managers including the franchisor. The clinic director was present in the clinic most days and all staff knew who their line manager was and how to access them.

Vision and strategy

- **The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**
- The clinic director had a vision to expand the service and develop working relationships with NHS services. They had underpinning strategies to achieve this but no time frames had been set. The clinic director

carried out a gap analysis by monitoring the number and types of scans people were requesting and whether they were offered by the other services. The clinic director had set up and maintained strong links with local NHS pregnancy services. Meetings between the service and local maternity service leads had occurred and more were planned to identify how Scantastik could provide a better service for pregnant women. This had included developing pathways into NHS services when women needed further support.

- Clinic staff were aware of their roles in maintaining quality and progression of the service. They worked together as a team and supported each other to provide a caring service for people who attended the clinic and were clear they were enhancing and not replacing services provided by the NHS.

Culture

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- There was a strong culture of team work and support within the Bristol team. Staff felt listened to and comfortable in their roles. They were happy to socialise together and raise concerns openly.
- Staff treated colleagues, patients and their families with equal respect. Actions they took revolved around the patient experience and their safety. Staff told us how training they attended had helped them to better support patients and their families by improving their knowledge and skills.
- Bristol team meetings were held each month and staff could express any issues they were concerned about and these were documented and followed up. Between these times staff told us they were confident to raise any issues with their managers.
- Safety and wellbeing of staff was of high importance as well as quality of service provided. Managers acted on comments from their patients to ensure the service was caring. Actions were supportive to staff and any working practices were reviewed to improve the environment and support staff to provide high quality care. We saw how staff worked as a team to provide a

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caring service. There was always a scan assistant working in the scan room with a sonographer who provided care for the patient and family. We were told how patient feedback had prompted the clinic director to build in more breaks to sonographer's appointment schedules to relieve work pressures.

- The franchisor supported the clinic in marketing techniques which followed advertising legislation and professional guidance.

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 franchisor provided a governance structure for Window to the Womb clinics, which the Bristol clinic followed. The franchisor held meetings with clinic leads to monitor compliance with governance processes and the clinic director discussed and fed back learning at team meetings and daily operational meetings.
- The clinic director was responsible for governance within the Bristol clinic and the Window to the Womb franchisor had oversight of these processes. There were regular audits of activities to ensure standards were upheld within the clinic. The franchisor completed detailed, comprehensive annual audits of processes and standards of service at Scantastik, which provided assurance that overarching policies were followed.
- Recruitment processes ensured that all staff underwent appropriate checks as required by Schedule 3 of the Health and Social Care Act 2008 for safer recruitment. We reviewed personnel files which had evidence of people being fit and proper for their roles. Sonographers were registered with the Health Care Professional Council and this was regularly checked. There were two forms of proof of identity and all staff had completed disclosure and barring service criminal record checks.
- The service provided training and support for the specific roles within the clinic. Staff described their roles to us and how they were rotated around the

roles within the clinic to maintain their skills. Team meetings and daily 'fire up' meetings provided opportunities to discuss and learn from events within the service and from other franchisees within the Window to the Womb group.

- The group held insurance for vicarious liability covering medical malpractice for sonographers in the service. All sonographers maintained their individual professional indemnity insurance.

Managing risks, issues and performance

- **Leaders 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.**
- Risks to the service were assessed using a standard risk template and held in a clinic file. These were reviewed at least annually and were readily available to view. Staff were able to escalate risks and concerns to their managers and to the franchisor if these could not be easily resolved.
- There was a systematic programme of internal audit to monitor quality and financial processes. The annual audit undertaken by the franchisor could be increased to three monthly if issues were identified and closer monitoring and support was needed to improve services. The audit we reviewed from February 2019 had identified some minor improvements and we saw records these had been actioned.
- Finances were reviewed to ensure the service remained viable and identified where staff could focus efforts to increase cash flow. We observed how staff offered enhanced scans and merchandise for sale in a sensitive way.
- The business continuity plan identified risks to the service and actions they could take to keep the service running. The clinic director had access to a four-wheel drive vehicle which could be used in severe weather conditions to access the clinic. Severe weather had affected the clinic once since it had been open and patients were contacted to assess how suitable it was to continue with appointments or reschedule.

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Managing information

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**
- Staff had access to information about quality and sustainability of the clinic. These details were included in notes from team meetings, emailed to staff and held in paper format within the clinic for staff reference. Audit results were shared with staff and peer review outcomes were discussed with individual staff members. Records were retained securely within staff personnel files.
- Staff could see how many scans had been performed and how many patients had been referred to maternity services for ongoing care. These details were recorded for each patient who was referred and reported to the franchisor. Staff could view the numbers on a monthly basis.
- Staff used a system to provide information about the terms and conditions of the service provided. This was provided electronically and in paper format for a signature from the patient at the appointment time.
- The service was compliant with General Data Protection Regulations (GDPR) 2018. Paper records were stored securely. Electronic screens could not be viewed by unauthorised personnel. Consent was gained from women to store their records and information was not shared without a woman's consent. A secure web application for viewing images was provided following scans.

Engagement

- **Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**
- The service and the franchise collected information from patients who had used the service. Staff requested feedback from patients immediately after their scan to inform quality of service. There were

feedback forms in the clinic and social media platforms were available for use. All of these feedback methods were reviewed by the franchisor and the clinic director to identify areas for improvement.

- The team were able to feedback at any time. There were meetings at the beginning and end of each clinic when staff could raise issues or concerns. Staff meetings were held each month during which views were actively sought. The team used a secure social media page to communicate about updates, ideas or learning.
- The franchisor conducted a yearly staff survey which collected views from staff about the clinic in which they worked. The Bristol clinic responses had been positive for all areas. It included questions about being able to speak out, training and relationships within the clinic team.
- Concerns within the team could be raised using the 'freedom to raise a concern' policy. Most staff told us they were comfortable to discuss any concerns with the clinic managers.
- The clinic director was seeking views from NHS maternity staff to gain feedback on how they could improve the service. They had set up a meeting with a local midwifery lead to discuss if there was any way they could improve information to the NHS service which would improve outcomes for their scan patients.

Learning, continuous improvement and innovation

- **All staff were committed to continually learning and improving services. Leaders encouraged innovation.**
- The private social media page used by staff allowed for a sharing of ideas and this communication was encouraged at team meetings. Staff were encouraged to access training from specialist external agencies which would improve their skills and knowledge.
- A system of peer review for sonographers and scan assistants had been introduced in the clinic within the last six months. The system for sonographers created an unbiased review because the reviewer did not know which sonographer they were reviewing. This

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made the learning more valuable from the review. Scan assistants reviewed all areas of care provided by any member of staff and provided comments to promote learning.

- Learning was shared by the franchisor at six monthly away days for clinic franchisees/owners. The agenda for April 2019 including learning from CQC inspections across the franchise, updates on protocols and customer analysis with other opportunities.

Outstanding practice and areas for improvement

Outstanding practice

- Staff in the Bristol clinic proactively contacted patients who had been referred, to ensure they had received midwifery input and to support them to do so if not.
- The service was proactive in seeking to improve ways of working with local NHS services. Meetings had been held and were planned with maternity services across the region to improve how they communicated to improve care for patients.
- Safeguarding processes were embedded in the service and staff went to great lengths to ensure patients were kept safe and risks were communicated to other health care services.
- The whole service demonstrated a caring attitude to patients. Any changes or developments to the service were centred around how it would affect patient care. All staff we observed demonstrated skill in their responses to patients. Patient experience was at the centre of their work and staff managed difficult situations sensitively.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should consider how they make facilities within the service fully accessible for all people including those who use wheelchairs.
- Consider reinforcing messages for a healthy pregnancy using discussion after the scan.