D. I. Harries Liverpool Limited

Window to the Womb

Inspection report

31 Meridian Village
Hansby Drive
Liverpool
L24 9LG
Tel: 01516730051
www.windowtothewomb.co.uk

Date of inspection visit: 28 April 2022
Date of publication: 24/06/2022

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We have not previously rated this location. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and assessed women's pain. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit women's needs.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for 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 women. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We rated this service as good overall because we rated safe, caring, responsive and well led as good. We do not rate the effective domain in diagnostic and screening services. See the summary above for details

Summary of findings

Contents

Summary of this inspection

Background to Window to the Womb

Window to the Womb Liverpool is operated by DI Harries Liverpool Limited and trades as Window to the Womb. It is part of a national franchise. The service has been registered with the Care Quality Commission (CQC) since 19 February 2021, when the clinic opened.

The service provides private ultrasound services to self-funding women who are over the age of 16 and more than six weeks pregnant.

The service offers early pregnancy scans from six weeks gestation, wellbeing and gender scans from 16 weeks, wellbeing and four D scans from 24 weeks and growth scans from 26 weeks.

The service has a registered manager in post since their initial registration.

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

We have not previously inspected the service.

How we carried out this inspection

We inspected this service using our comprehensive methodology. We carried out a short notice announced visit to the clinic on 28 April 2022, giving 24 hours' notice. We held an additional interview with the registered manager on 29 April 2022.

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.

During our visit we spoke with five members of staff including the clinic manager, sonographer and two scan assistants. We observed four ultrasound scan procedures with the women's consent and reviewed feedback of previous service users on an online feedback platform. We reviewed a range of policies, procedures and other documents relating to the running of the service including audits, consent, referral and scan reports. We also reviewed four staff [DS1] [TC2] records.

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

Outstanding practice

We found the following outstanding practice:

- The clinic was working to develop products tailored to the LBGTQ+ community such as rainbow balloons in place of gender reveal. They had non-gender specific heartbeat bears and baby welcome cards.

Summary of this inspection

- The clinic was working with a university to develop artificial intelligence products linked to an online application that would check the scan alongside the sonographer in 'real time'.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should continue to monitor and act to reduce the number of rescans.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

We have not previously rated safe. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The clinic manager ensured all staff completed mandatory training in the first few weeks of starting work at clinic. Records of training were kept in staff files and reviewed as part of the monthly clinic audit. We reviewed the staff training matrix which showed all staff had completed required mandatory training.

The mandatory training was comprehensive and met the needs of women and staff. The mandatory training policy outlined what training was required for each staff role. Training was a mix of online training and training delivered in the clinic at each monthly team meeting.

Staff completed training on recognising and responding to women who may not have capacity to consent to scans.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff had completed level three safeguarding adults and children training.

Staff understood their responsibilities if they identified women who had undergone female genital mutilation (FGM). The clinic had clear guidance on how to identify and escalate concerns. The sonographer had completed female genital mutilation training.

Staff knew how to make safeguarding referrals and who to inform if they had concerns. The service had their adult safeguarding policy on the notice boards in the reception/waiting area. This policy clearly outlined the process for making a safeguarding referral and provided key contact details. The registered manager was the safeguarding lead for the service.

The clinic had a child safeguarding policy which clearly outlined for staff how to recognise a child at risk and the steps to take. It included a section on recognising and responding to child sexual exploitation.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. However, staff had not needed to make any safeguarding referrals in the last 12 months.

Staff could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act. We were given examples, when women had refused to let their partners attend a scan and staff had assessed if this was due to a potential safeguarding issue and considered if a referral needed to be made.

Staff followed safe procedures for children visiting the clinic. The clinic offered scans to women over 16 years of age. Women aged between 16 and 18 were only scanned if they were accompanied by an adult or guardian and could provide proof of age.

The clinic required all staff to have a Disclosure and Barring Service (DBS) check as part of their recruitment process. Four staff files were reviewed, and all staff had their DBS check.

Cleanliness, infection control and hygiene

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

Clinical areas were clean, and the clinic had suitable furnishings which were clean and well-maintained, throughout.

Staff cleaned all equipment and all clinical areas during our visit, and we observed staff cleaning equipment after contact.

Staff followed infection control principles. They wore appropriate personal protective equipment (PPE), were bare below the elbow when required and carried out the correct hand washing technique before and after interactions with women. We observed the sonographer wore gloves and an apron whilst scanning women. Staff had completed training in putting on and taking off PPE correctly.

The clinic carried out monthly deep cleans. Records for this were completed and signed for the past 12 months. Cleaning equipment such as mops was colour coded for use in different areas.

There was a hand wash basin in the scanning room with appropriate hand gel.

Staff correctly cleaned and disinfected the transvaginal probes to reduce the risk of cross infection following good practice guidelines. They recorded the batch number of the disinfectant used following decontamination of the probe. There was a choice of latex and latex free probe covers for those with an allergy.

Good

Diagnostic imaging

There was a COVID-19 policy in place. Staff, visitors and women were always asked to sanitise their hands and wear a mask. The clinic encouraged social distancing. Women were asked to wait in their vehicles if they were too early for their appointment.

The clinic carried out hand hygiene audits every three months. Staff achieved a 100% compliance rate for their handwash audit for March 2022.

The clinic had not had any incidents of a healthcare acquired infection in the past 12 months.

Environment and equipment

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

The clinic was located in an office block over two floors. The main entrance and scan room was on the ground floor. On the ground floor of the clinic was an accessible toilet. It had a large reception/waiting area, a scanning suite, a storeroom and a quiet room on the ground floor.

The clinic had suitable facilities to meet the needs of women and their families. On the second floor was a toilet, staff room and a large area where women and families could view images following a women's scan and take a photo by the 'selfie wall'. There were toys available in reception for children accompanying women to play with whilst waiting to go into the scan room.

The clinic provided a screen for women to change behind if they had a transvaginal scan to maintain privacy and dignity.

Staff disposed of clinical waste safely. Clinical waste was stored securely in locked clinical waste bins at the rear of the location until it was next collected by an external company.

Staff followed Control of Substances Hazardous to Health (COSHH) guidelines and COSHH substances were stored in a locked cabinet.

There were fire extinguishers which had been serviced in the last 12 months and there was a fire evacuation policy. Staff tested fire alarms monthly and a fire drill was completed every 3 months.

The clinic had enough suitable equipment to help them to safely care for women. The scan room contained three large screens for women and families to view images from any seating area, an adjustable examination couch and ultrasound scanning machine. Managers ensured the maintenance and service of the ultrasound scanning machine was carried out through a contract with an external company.

The clinic manager completed a property file which contained key building documentation including insurance, fire safety equipment test certificates and contracts with third party providers.

Assessing and responding to patient risk

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

Good

Diagnostic imaging

Staff knew about and dealt with any specific risk issues. The clinic had clear processes and pathways with local NHS providers for staff to follow if any abnormalities were found on an ultrasound scan. We saw evidence staff made referrals to local early pregnancy units, with the women's permission. Women were given relevant information about their nearest NHS early pregnancy unit including opening hours, how to contact them and what to take with them.

Sonographers used dedicated referral forms which were reviewed by the clinic manager to ensure the correct processes had been followed and that referrals had been made correctly.

Staff shared key information to keep women safe when handing over their care to others. Women were given a copy of their scan report to take to their GP, midwife or early pregnancy assessment unit when referred due to a complication or abnormality. Referral letters contained all relevant information and the clinic manager followed up referrals to local early pregnancy assessment units by telephone.

Women were asked to bring their pregnancy notes to the scan, and we saw every woman was asked for these for the sonographer to review. Staff could also access women's online pregnancy notes from a local hospital.

The clinic had clear exclusion criteria which all staff understood. For example, all staff were clear that they did not offer scans to girls under the age of 16 or to women who had been scanned within the last two weeks. Staff also checked women had a positive pregnancy test before scanning.

Staff knew how to deal with emergencies if they were to arise. Staff said that they would contact emergency services if required. Two members of staff were trained in first aid and two other staff had completed basic life support training.

The clinic offered scans to young women aged 16 to 17 years of age. Their policy stated women in this age range could only request a scan if they were accompanied by a guardian.

Women who attended for a scan were asked if they had a latex allergy.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care. Managers gave new staff a full induction.

The clinic had enough staff to keep women safe. There were always at least two members of staff with women during scanning, usually a sonographer and a scan assistant.

The owner employed a clinical lead sonographer for their group of clinics, including Liverpool. This was in addition to the clinical lead employed by the franchisor.

The clinic had no vacancies though the clinic manager told us they were looking to recruit new scan assistants to further enhance staffing levels.

Managers told us the clinic had very low sickness levels and they had flexibility in the rota to accommodate any sickness absence which might occur.

Managers made sure all staff received a full induction tailored to their role before they started work. Staff and managers completed an induction checklist, we reviewed completed checklists in staff files and saw they were comprehensive and fully completed.

Good

Diagnostic imaging

Records

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

Women's notes were comprehensive, and all staff could access them easily. Women's records such as consent and scan reports were stored on an electronic record system which could be accessed by all staff.

We reviewed a scan report for a woman referred onwards to an NHS hospital due to a complication. It was clear, concise and comprehensive, containing all relevant information and was signed and dated by the sonographer and scan assistant.

The clinic had an automated system to alert the registered manager to any deviation from the norm in a scan report, so this could be followed up with the sonographer.

Records were stored securely. Scan reports were retained for 21 years, in line with medical records, on a secure online server. Paper records such as referral forms and letters were stored in a locked filing cabinet.

Medicines

The service did not store or administer any medicines to service users.

Incidents

The service managed 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 apologised and gave women honest information and suitable support.

Staff knew what incidents to report and how to report them. The service had an incident reporting policy and a paper-based incident reporting system.

Staff had recorded five incidents since the start of 2021, all of which had been appropriately documented and followed up on. The incidents reported related to building issues and did not involve patient safety. However, the clinic had a system to alert the clinical lead to any safety incident so they could investigate.

The clinic did not have any never events in the last year.

Staff understood the duty of candour. They were able to explain how they were open and transparent and gave families full explanations if and when things went wrong.

Staff met to discuss the feedback and look at improvements to patient care. Feedback and review of concerns was a standing agenda item on the monthly

Good

Diagnostic imaging

Are Diagnostic imaging effective?

Inspected but not rated

We do not rate effective in diagnostic imaging services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff could access policies online, in the policies folders or on a noticeboard in the clinic. The clinic manager reviewed a different policy with staff at each monthly team meeting.

During scans we observed sonographers following British Medical Ultrasound (BMUS) and Society and College of Radiographers (SCoR) guidelines using alternative techniques to obtain better images such as scanning women on their sides.

The clinic followed nationally recognised best practice, which recommends a two-week time gap between scans.

Sonographers had their clinical competency checked monthly by a clinical lead sonographer.

The fetal ultrasound policy followed national guidance issued by the Fetal Anomaly Screening programme (FASP) and National Institute of Health and Social Care Excellence (NICE) and ensured staff knew when to refer women to the NHS.

Nutrition and hydration

The service provided water if required. Staff gave women appropriate information about drinking fluids and attending with a full bladder for transabdominal scans or an empty bladder for transvaginal scans.

Women could purchase snacks and drinks from a small fridge in the clinic.

Pain relief

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

During scans we observed the sonographer asked women if they were comfortable or experiencing any pain at regular intervals.

Patient outcomes

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

Outcomes for women were positive, consistent and met expectations. The clinic monitored a number of key performance indicators including rescan rates. The clinic had a target of below 10% for rescans, in March 2022 the rate was 4%, this had improved from 11% in February 2022.

Managers and staff used the results to improve outcomes. Managers had worked with staff to reduce the number of rescans. Staff told us they now used a wider range of pictures in the 4D scan which had reduced the number of rescans due to the position of the fetus. Managers had also carried out additional training with sonographers which had reduced the rescan rate.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The owner carried out monthly clinic audits alongside the franchisor representative. The audits were comprehensive, included a grading based on CQC ratings and set a date for re-audit based on the outcome. We reviewed the last audit carried out in April 2022 and saw it had found no areas of non-compliance.

The clinical lead peer reviewed sonographer scans each month and provided feedback. They also completed regular, ongoing competency checks. The clinic manager carried out an observational audit of sonographer scans each month.

Managers shared and made sure staff understood information from the audits through monthly team meetings.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff files contained recruitment records which showed all staff had relevant qualifications and employment history confirmed prior to starting work. All staff had appropriate Disclosure and Barring Service (DBS) checks completed before starting at the clinic and these were repeated every three years.

The clinic employed a sonographer who was Health Care Professions Council (HCPC) registered. Managers checked the registration annually and recorded this in the staff file. We reviewed the staff file for the sonographer and saw all relevant employment and qualification checks had been completed. Prior to being offered the role the sonographer had a three-stage interview process which included competency checks by the clinical lead.

Managers gave all new staff a full induction tailored to their role before they started work. We reviewed the induction checklist for a new starter and saw it was comprehensive and fully completed. Staff told us they received a two-week induction which included a shadowing period

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff who had worked at the clinic for longer than 12 months had an up-to-date appraisal in their staff file.

The clinical lead supported sonographers to develop through regular, constructive clinical supervision of their work. Sonographers could access support and supervision from a clinical lead sonographer employed by the owner for their group of clinics. The clinical lead was an experienced NHS sonographer who continued to work in the NHS.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We reviewed minutes of the monthly team meeting and saw there was a set agenda, with comprehensive notes which were signed as read by staff who could not attend.

Managers made sure staff received any specialist training for their role. Sonographers completed two-week training with the clinical lead prior to starting their role. This was carried out on a scan simulator which the franchise had invested in.

Good

Diagnostic imaging

Multidisciplinary working

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

Each scan was carried out by a sonographer with assistance from a scan assistant. In scan we observed we saw they worked well together to reassure patients, take consent and record accurate notes for the scan report.

All staff attended a monthly multidisciplinary team meeting and signed to say they had read the notes if they could not attend.

We observed good teamwork between all staff during our inspection.

The clinic had processes for sharing information with local NHS trusts when women were referred, following concerns being detected.

Seven-day services

Key services were available to support timely patient care.

The clinic offered scans five days a week, including weekends and evenings. It had flexible opening hours dependent on the availability of the sonographer and the appointments booked.

Patients could book appointments through the website.

Health promotion

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

All women received a code to access an online application which included a range of evidence-based health promotion advice. Women could use this to track their mood and emotional and physical wellbeing during pregnancy.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions.

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. All staff completed mandatory training on the Mental Capacity Act.

Staff gained consent from women for their care and treatment in line with legislation and guidance. We observed a two-stage consent process with consent being taken at booking and confirmed on attendance and before the scan.

Staff made sure women consented to treatment based on all the information available. Staff clearly explained the reason for suggesting a transvaginal scan if the woman was less than 10 weeks pregnant and took additional consent.

Staff clearly recorded consent in the patients' records. Women completed consent using a computer tablet which saved directly to their electronic record. The consent form was in stages and women could not progress to the final stage without fully completing all aspects of the consent form.

Good

Diagnostic imaging

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. Gillick competence is used to assess a child's capability to make and understand their decisions in relation to treatment. Fraser guidelines are applied specifically to advice and treatment that focuses on a young person's sexual health and contraception. The clinic did not treat anyone under 16 years old and asked for proof of age before carrying out a scan. Staff completed chaperone training.

Are Diagnostic imaging caring?

Good

We have not previously rated caring. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way. During the five scans we observed the sonographer and scan assistant introduced themselves, explained their roles, provided details of the procedure and welcomed any questions.

Scan assistants chaperoned all women who came for a scan. Staff records we reviewed showed all staff had completed their chaperone training.

Women and families we spoke with said staff treated them well and with kindness and we saw many thank you cards displayed in the clinic.

Staff delivered personalised scans that involved the woman and her family. The scan room had three large screens so everyone could view the images together. We saw staff involve siblings, for example saying, ‘look your baby is waving at you’ and pointing out features such as hair and smiles to give women a memorable experience.

Staff followed policy to keep women’s care confidential. The clinic had a privacy screen for women to use to change for transvaginal scans. Women signed consent to share scan reports and information, if they were referred to the GP or an early pregnancy assessment unit.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. Staff told us about how they had introduced a arrange of non- gender specific heartbeat bears and were introducing rainbow coloured gender reveal balloons to be more inclusive to the LGBTQ+ community.

Emotional support

Staff provided emotional support to women, families and carers to minimise their distress. They understood women’s personal needs.

Staff gave women and those close to them help, emotional support and advice when they needed it. There was a comfortably furnished quiet room next to the scan room which women could use if they had been given difficult news.

Good

Diagnostic imaging

Staff supported woman who became distressed in an open environment and helped them maintain their privacy and dignity. We saw staff ensuring the quiet room was empty for a woman who attended very early in pregnancy with a complex history, so she could use if she needed it.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff we spoke with were passionate about looking after women who had been given bad news and providing as much care and support as they could in difficult circumstances.

We saw a card from a woman who had been given bad news thanking staff 'for making the hardest thing we have ever faced a little more bearable'.

Staff were conscious of the emotional needs of women attending scans dependent on what stage their pregnancy was at. The clinic ran separate sessions for 'First Scan' (early pregnancy scans between six and 16 weeks) and 'Window to the Womb' (later 16 weeks plus scans) scans. This was to ensure women who were anxious in the early stages of pregnancy did not share the same space as women much later in pregnancy who could be buying gender reveal items or planning celebrations.

Staff understood the emotional impact of the scan on women and on those close to them. Staff provided reassurance during the five scans we observed. They provided details of every step of the procedure and invited questions. They confirmed that the babies were healthy and offered words of encouragement throughout.

During First Scan clinics, the same scan assistant supported women through the whole process, from reception, in the scan room and when choosing images. This meant women had consistent, emotional support throughout the appointment.

Understanding and involvement of women and those close to them

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

Staff made sure women and those close to them understood their care and treatment. The website provided clear information about scan options and costs and what to expect when attending the clinic.

Staff talked with women, families and carers in a way they could understand, using communication aids where necessary. We observed staff finding different ways to describe the images on the screen to different family members. For example, taking time to show a family member the features of the baby's head, when they struggled to understand what they were seeing.

Staff supported women to make informed decisions about their care. Posters displayed in the quiet room gave information on various complications such as pregnancy of unknown location or miscarriage. They also gave women leaflets which explained what had been seen and what next steps they could take.

Women and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback cards were available in reception and women encouraged to complete them. The card also signposted women to where they could go if they weren't happy about the standard of care for example the franchisor or CQC. The clinic also signposted women to social media and online platforms to leave feedback and monitored and responded to these reviews.

Good

Diagnostic imaging

Women gave positive feedback about the service. We reviewed reviews for the past 12 months on online review sites and social media. Positive comments were made about the welcome, the atmosphere, the friendliness and caring attitude of staff and the cleanliness of the clinic. We saw examples of cards the clinic had received praising the staff's caring attitude.

Are Diagnostic imaging responsive?

Good

We have not previously rated responsive. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. Opening hours were flexible to accommodate the number of and time of bookings. The clinic offered scans at the evening and weekends to accommodate women and families working hours.

Facilities and premises were appropriate for the services being delivered, as well as a scan room there were two large reception/waiting areas where images could be reviewed in privacy and a quiet room. The clinic was accessible by public transport and had on site parking.

Managers monitored and took action to minimise missed appointments. Staff told us non-attendance was rare as a deposit was taken at booking.

Meeting people's individual needs

The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.

The ground floor of the premises was fully accessible and had an accessible toilet. If a woman or family member could not access the second floor to view images, staff supported them to view their images in the large ground floor area, so they had the same experience as other women.

The examination couch was fully adjustable and able to accommodate bariatric women.

The clinic had information available in languages spoken by the women and the local community. Women could access information in different languages on the website and or computer tablet in reception by selecting the appropriate language in a drop-down box.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff we spoke with knew how to access telephone interpretation services for women.

Staff had access to communication aids to help women become partners in their care and treatment. For example, the clinic had a hearing loop for women and families who were deaf. The website also had a 'read aloud' option for women to access information and make a booking.

The clinic offered a range of keepsakes which were gender neutral such as animal heartbeat bears and cards to welcome a baby. They also offered a range of gender reveal items such as cannons and balloons.

Staff worked hard to ensure women who wanted to find out the gender of the baby outside of their scan appointment did not have the gender revealed. They switched the screens off whilst assessing the gender and then on again for the well-being check ensuring they did not show any areas which might disclose gender. They spoke about 'baby' or 'they' and women were given a sealed envelope as well as any gender reveal items they had purchased.

Managers told us they tried to work with local early pregnancy units in the NHS to ensure smooth referrals for women. However, one local unit was closed to direct referrals and managers described how they kept regular contact with the unit to try and address this.

The clinic was working with a local charity to provide heartbeat bears which were donated to women and babies at a local hospital premature baby unit.

Access and flow

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

Women could book appointments online at a time which suited them, including same day appointments. They could also book any subsequent appointments via an online application, which they received an access code for following their first appointment.

The clinic very rarely cancelled appointments. Sonographers provided cover between this clinic and another nearby Window to the Womb clinic owned by the same owner, to ensure cover was available for holidays and sickness absence.

Staff flexed appointments to allow for rescans to take place quickly where they were needed if the sonographer was unable to obtain a clear image due to the position of the baby.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

Women, relatives and carers knew how to complain or raise concerns. Details of how to complain or raise a concern were given on the back of feedback forms placed throughout the clinic. The forms included details of who to contact to raise a concern such as the franchisor, CQC or local government ombudsman.

The clinic clearly displayed information about how to raise a concern in patient areas. Women were directed to raise their concerns in the first instance to staff or the clinic manager.

Staff understood the policy on complaints and knew how to handle them. Staff could access the complaints policy on the intranet or on a folder kept in the clinic. The policy clearly outlined how to deal with a complaint, the escalation process and how complaints would be investigated.

Good

Diagnostic imaging

Managers investigated complaints and identified themes. The clinic manager monitored online reviews to pick up any concerns not raised directly to the clinic. They acknowledged the reviews and contacted the woman to try and resolve any issue.

The clinic manager kept a log of complaints and action taken. There had been only one complaint in the last 12 months and this was resolved within three days with appropriate action taken.

Staff knew how to acknowledge complaints and women received feedback from managers after the investigation into their complaint. We saw evidence of response emails sent with apologies and free scans offered to a woman who had left a negative online review.

Managers shared feedback from complaints with staff at the monthly team meeting. Learning was used to improve the service, for example following an error with a gender reveal balloon a new system was put in place and staff training held.

Are Diagnostic imaging well-led?

Good

We have not previously rated well-led. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills.

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

Managers told us this management structure worked well to support the effective delivery of services from the clinic and to provide assurance and oversight. The registered manager was clear the clinic was their responsibility and had put in a management and audit structure to ensure they had oversight.

Staff told us the clinic manager was approachable and they felt supported by other managers such as the area manager and registered manager. Staff told us the area manager visited the clinic regularly as did the operations manager from the franchisor.

During our inspection, the franchisor operations manager was present to support staff and we saw positive interactions between staff and managers.

The leadership team for the group owned by the registered manager met monthly to review each clinic performance. The area manager attended clinic team meetings.

Good

Diagnostic imaging

The group held a leadership development day every six months for all clinic managers. This was additional to the leadership development days the franchisor held for registered managers. Both the clinic manager and area manager had received leadership and management training for their role.

Vision and Strategy

The service had a vision for what it wanted to achieve. Leaders and staff understood and knew how to apply this.

The statement of purpose outlined the clinic's aims and objectives which were to 'provide high quality, efficient and compassionate to our customers and their families, through the safe and efficient use of obstetric ultrasound imaging technology'. The statement of purpose was displayed prominently in the reception/waiting area.

The registered manager described the clinic's vision as 'excellence in everything'. Staff we spoke with were able to describe the clinic's aims to provide excellent and compassionate care to women and families.

The franchisor had a 5-year strategy which the clinic also worked towards which included building closer relationships with the NHS and to develop additional diagnostic scans. The clinic contributed to this as they had been identified as a pilot site for gynaecology scans.

Culture

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

Throughout our inspection we saw a positive culture of compassion and teamwork. Staff were proud to work at the clinic and spoke positively about support from managers and the franchisor. All staff were focused on providing high quality, compassionate care to women.

There was a culture of promoting equality and diversity, the clinic was exploring ways of supporting baby reveals that did not focus on specific genders, such as rainbow reveal balloons.

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

Staff were given opportunities to develop their careers. For example, scan assistants who were undertaking further health and social care qualifications were supported to fit shifts around college and university commitments.

The clinic had a 'Freedom to Speak Up' policy in place and staff we spoke with described how they could raise concerns and told us they felt safe to do so.

Governance

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

The registered manager had overall responsibility for governance and monitoring the clinic performance and reporting this to the franchisor. They were supported to do this by an area manager, clinical lead sonographer and the clinic manager.

The registered manager attended a national Window to the Womb meeting with other franchisees where performance, compliance and best practice were discussed.

There was a monthly governance meeting attended by all clinic managers, the area manager, clinical lead and registered manager where each clinic's performance was reviewed.

The clinic participated in an audit programme which included clinic manager audits as well as group and franchisor audits. The most recent franchisor clinic compliance audit was completed in April 2022 and found no areas for improvement. The clinic compliance audit was comprehensive covering areas such as a physical inspection of the environment, infection prevention and control, records audit, policies and procedures were available, client feedback and staff and sonographer file checks.

There was a system in place for regular competency checks and peer review of the sonographers' work, led by the clinical lead sonographer for the provider.

All relevant pre-employment and registration checks for staff were completed and we saw evidence that visa requirements were checked and met.

Staff knew their roles and responsibilities and all staff including the manager were clear what they were accountable for. Staff met monthly and the team meeting included a review of clinic performance and any issues or concerns.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

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

Managers demonstrated they had an awareness of the main risks pertinent to the clinic and were taking action to mitigate these risks. For example, managers were following up directly with the hospital when women were advised to attend the local early pregnancy assessment unit, as the unit was not taking referrals directly from the clinic due to the impact of the COVID-19 pandemic.

The clinic had a range of risk assessments in place including infection prevention and control, premises, health and safety, legionnaires disease. Managers had reviewed these during the COVID-19 pandemic and completed additional COVID-19 risk assessments for each of the existing risk assessment areas.

The clinic had a business continuity and contingency plan in place, which outlined actions staff should take in event of a major incident. The clinic had valid insurance in place such as employer's liability and medical malpractice liability insurance and these were displayed in the waiting/reception area.

Staff did not work alone in the clinic at any time.

Good

Diagnostic imaging

Information Management

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. Data or notifications were consistently submitted to external organisations as required.

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

There was a system of online alerts for scan reports which deviated from the normal, with an alert sent straight to the registered manager for review and follow up.

Women brought their pregnancy notes to their appointment which meant staff had access to relevant information about the pregnancy when conducting a scan.

The registered manager used a performance dashboard to monitor the performance of the clinic and make decisions about any required improvements.

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

Engagement

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

Managers engaged proactively with staff to involve them in service improvements, for example by holding competitions and challenges. Staff told us they were actively encouraged to make suggestions to improve the clinic. For example, the large screen in the scan room had been surrounded by a frame after a suggestion from a staff member to improve the experience of women and families in the scan room.

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

The clinic actively encouraged feedback from women and families, and this was discussed at team meetings to improve services. Managers monitored online feedback platforms as well as encouraging women to complete feedback cards at the clinic.

Women were given a leaflet which explained clearly what was in their scan report and what it meant.

The clinic held coffee mornings to support local charities.

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

Learning, continuous improvement and innovation

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

Good

Diagnostic imaging

The registered manager described plans to improve the current offer to women through the innovate use of technology. For example, they were working with a university to develop artificial intelligence products linked to an online application that would check the scan alongside the sonographer in 'real time'.

The clinic was a planned pilot site for providing additional gynaecological and fertility scans later in the year. The registered manager explained they would work with local NHS, GP and private health services to establish the model and any referral pathways.