

# Window To The Womb

## Quality Report

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

## Ratings

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Window to the Womb is operated by Baby Scans UK Ltd. The service provides diagnostic imaging for women aged 16 and above. It is registered to provide the regulated activity of diagnostic and screening procedures.

We inspected this service using our comprehensive inspection methodology. We gave the service 24 hours notice and carried out the announced inspection on 8 October 2019.

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

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

Services we rate

We have not previously inspected this service. We rated it as Good overall.

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

Managers appraised staff's work performance annually and checked to make sure staff had the right qualifications and professional registration for their roles.

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Women could access services and appointments in a way and a time that suited them. The service used technology innovatively to ensure women had timely access to ultrasound scans.

The service provided care and treatment based on national guidance.

Managers monitored the effectiveness of care and treatment and used the findings to improve them.

The service treated concerns and complaints seriously. If a complaint received the registered manager would complete a comprehensive investigation and share lessons learnt with all staff.

Staff were caring, compassionate, kind and engaged well with women and their families.

Staff worked well together, supported and respected each other.

**Heidi Smoult**  
**Chief Inspector of Hospitals (Central region)**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

Diagnostic imaging was the only activity the service provided.

We rated this service as good because it was safe, caring, responsive and well-led. We do not rate the key question of effective for this type of service.

# Summary of findings

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Good 

# Window To The Womb

**Services we looked at**

Diagnostic imaging.

# Summary of this inspection

## Background to Window To The Womb

Window to the Womb is operated by Baby Scans UK Ltd. The service opened in 2016. It is a private ultrasound clinic in Stoke on Trent that provides diagnostic pregnancy ultrasound services to self-funding women, who are more than six weeks pregnant. All ultrasound scans performed at Window to the Womb are in addition to those provided through the NHS. The service primarily serves the communities of Stoke on Trent. It also accepts women from outside this area.

The service has had a registered manager in post since 2016.

The service was registered with the CQC to undertake the regulated activity of diagnostic and screening procedures. We have not previously inspected this service.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and an offsite CQC inspection manager. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

## Information about Window To The Womb

The service provides diagnostic imaging service (ultrasound scans) to self-funding pregnant women aged 16 and above across Staffordshire. The service is a single storey clinic located off the main road and had a shared car park with other services and buildings.

Window to the Womb has separated their services into two clinics: the 'Firstscan' clinic, which specialises in early pregnancy scans, and 'Window to the Womb' clinic which offers later pregnancy and wellbeing scans (Window scans).

During the inspection, we visited the reception area, the scanning room and the storage room. We spoke with four staff including the clinic manager, a franchise manager, a sonographer and a scan assistant. We saw three women and their relatives. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with the CQC in 2016.

The service employed one full time sonographer and six scan assistants. The service was recruiting for an additional sonographer and scan assistant at the time of our inspection.

Activity (September 2018 – September 2019):

- First Scans (6-15 weeks): 1239 scans
- Wellbeing and gender (16 weeks plus): 1137 scans
- 4D scans (24-34 weeks): 842 scans
- Growth and presentation scans (26 weeks plus): 44 scans

Track record on safety:

0 Never events

0 Clinical incidents

1 serious incident related to safeguarding

5 complaints (June 2018 – June 2019)

178 compliments (June 2018 – June 2019)

# 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:

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

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

The service controlled infection risk well infection. They kept equipment and the premises visibly clean.

Staff completed and updated risk assessments for each patient.

The service had enough staff with the right qualifications, skills, training and experience.

The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned.

Good



### Are services effective?

We do not rate effective, however:

The service provided care and treatment based on national guidance and evidence-based practice.

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.

Staff worked together as a team to benefit patients.

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

Staff supported patients to make informed decisions about their care and treatment.

### Are services caring?

We rated caring as Good because:

Staff treated patients with compassion and kindness, respected their privacy and dignity.

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

Good



# Summary of this inspection

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

## 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.

The service was inclusive and took account of patients' individual needs and preferences.

People could access the service when they needed it.

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.

Good



## Are services well-led?

We rated well-led as Good because:

Leaders had the integrity, 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.

The service had a vision for what it wanted to achieve.

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

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 staff actively and openly engaged with patients and staff. They collaborated with partner organisations to help improve services for patients.

The service was committed to learning and improving services.

Good









# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

We have not previously inspected this service. We rated safe as **good**.

### Mandatory training

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

As part of the services' induction programme all staff completed mandatory training. Mandatory training included topics such as, infection control, fire safety and equality and diversity. At the time of our inspection the clinic manager oversaw mandatory training requirements and gave time for staff to complete their mandatory training. At the time of our inspection staff were 100% compliant with their mandatory training. We reviewed three sets of staff training records and saw that all three were completed and up to date. Mandatory training was accessed by e-learning modules or face to face sessions. The clinic manager attended annual updates for mandatory training. In addition to this they attended national franchise meeting which took place twice a year. The service did not provide training to staff that covered how to treat those using the service with, mental health conditions, learning disabilities and autism. The clinic manager told us that they had not experienced having any patients with these conditions.

### Safeguarding

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

There were clear safeguarding processes and procedures in place for safeguarding adults and children. A paper copy of the policy was available to all staff, there was also a safeguarding flow chart that staff could follow for guidance. Staff were aware of how and where to access the policy. The clinic manager was trained to level three and could access advice from the local safeguarding authorities if needed. Staff were aware of their responsibilities if they identified a woman who had undergone female genital mutilation (FGM). Staff told us of a time where they had to raise a safeguarding concern. They ensured that the woman was kept safe and followed the services safeguarding process. There was a policy that staff were aware of and referral guidance was included as part of this. After the incident staff told us they received support and advice about the incident from the clinic manager. At the time of the inspection we saw three scans being carried out. We saw that before the scan the sonographer asked the woman to confirm her name and date of birth and the correct spelling was on the screen. At the time of our inspection we saw that three members of staff had out of date adult safeguarding training. The registered manager told us that the training had been booked for the two staff members and would remind staff to complete it. The third member of staff was on maternity leave at the time. Since our inspection the clinic manager was able to provide us with evidence that two out of the three staff who had out of date adult

# Diagnostic imaging

safeguarding training during our inspection had completed their update. The third member of staff would complete their training once they returned from maternity leave.

## 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.**

At the time of our inspection we saw staff were compliant with uniform policies, which included all staff involved in clinical work to be bare below the elbows. This followed good infection control practice. There was an infection control policy which was accessible to staff. Personal protective equipment such as gloves were available for staff to use. We saw staff used use of gloves when cleaning equipment after patient use. Sonographers wore gloves when carrying out scans. For trans-vaginal scanning we saw the sonographer used single use probe covers. These were disposed of in the clinical waste bin after patient use. The probes were then cleaned with the recommended disinfectant. We saw staff washed their hands in between scans. All staff were 100% compliant with hand washing audits. Alcohol gel was available, and we saw staff used this before scanning women in addition to washing their hands. Staff uniforms were bare below the elbow. We reviewed three months of deep cleaning schedules from June 2019 to September 2019. We saw that all areas of the clinic including, the reception, the printing area, the scan room, the toilet and kitchen had received a monthly deep clean.

## 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 environment was appropriate for the service, they had one scanning machine. Staff were trained in the use of these by senior sonographers provided to the service through the franchise. The scanning machine manufacturer provided maintenance and yearly service of the machine and its associated equipment. The scanning machine was last serviced in June 2019. Staff completed daily in-house checks which included the scan

room, toilet, reception area and the store room. The service had adequate space to store additional equipment and souvenirs. In the event of a mechanical failure the company that provided the scanning machines and equipment had stand by machines that the service could use which were received within 24 hours of reporting. The registered manager told us there had not been an event when this was needed. The service stored cleaning materials locked in a labelled store cupboard in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH is the legislation which requires employers to control substances which are hazardous to health. Full clinical waste bags were stored in an outside locked clinical waste bin. This was collected monthly by an outside company who else provided new clinical waste bags for the service. The service did not require a resuscitation trolley, however they did have a sealed and in date first aid box. There was always someone on duty who had adult and children first aid training. Staff told us in case of an emergency they would call 999.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks.**

There was a pathway in place that staff could follow in the event of the unusual findings by the sonographer on the ultrasound scan. This involved them informing the woman if they had seen something on their scan which should be checked at the hospital for a clinical diagnosis. Staff would make referrals to the women's place of choice where they were undergoing NHS care. The Window to the womb franchise employed sonographer leads that could review real time scans remotely. This was used if the sonographer required a second opinion of the scan. Documentation for referrals were made on dedicated referral sheets. Referrals that were made were stored securely and were monitored by the clinic manager as to how many had been made each month. We reviewed five referrals and saw it contained the patients details and the reason for the referral. We saw staff advising women to continue with their NHS scans as part of the maternity pathway. Staff told us that they recently had seen scans where an ectopic pregnancy was detected. They immediately rang 999 to get the woman to the local hospital to be treated.

## Staffing

# Diagnostic imaging

**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.**

The service employed six scanning assistants and one sonographer. At the time of our inspection the clinic manager was recruiting an additional sonographer and scanning assistant. There was a minimum of three staff members on duty including the sonographer, this was to ensure that there was always a chaperone present for all scans. All scan assistants were chaperone trained. All staff we spoke to felt that there was enough staff. Staff told us they felt they could always ring the clinic manager if guidance and advice was needed when they were off site. All staff received a full induction which included completion of mandatory training and being aware of policies and procedures. There were different inductions for staff depending on their job role. In the event of staff sickness or holiday there were franchise sonographer clinical leads that were used. The service did not use bank or agency staff.

## Records

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

Records kept by the service were a mixture of paper and electronic. The clinic manager told us each month paper records were moved and stored in a locked vault that the clinic manager had at another site. The manager was the only member of staff that moved the notes to ensure notes were secured. Any electronic records or systems were password protected and access to the ultrasound machine was password protected. We reviewed five records including referral forms. Staff clearly and accurately recorded the information. Information included, the woman's estimated due date, observations of the scan, conclusions and gender (if requested).

## Medicines

The service did not use any medicines or controlled drugs.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned.**

The service used a paper-based reporting system and had an accident and incident book available in the clinic. The clinic manager was responsible for conducting investigations into all incidents. The service had one serious incident relating to safeguarding between June 2018 to June 2019. Staff followed appropriate steps and staff told us they were supported through the process by the clinic manager. Not all staff were aware of the term Duty of candour but understood the principle behind the regulation and the need to be open and honest with women and apologise if incidents occurred. The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. We reviewed team meeting minutes from May 2019 to September 2019 and saw that feedback from incidents and complaints was discussed at each team meeting.

## Are diagnostic imaging services effective?

**We do not rate effective for this service**

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice.**

Local policies and protocols were in line with current legislation and national evidence-based guidance from professional organisations such as, the National Institute for Health and Care Excellence (NICE) and the British Medical Ultrasound Society (BMUS). Staff were aware of where to access this information. We reviewed three policies which were up to date. The policies were written by the franchise. Each policy had a review date which ensured that all policies were reviewed and updated. Staff told us that at each team meeting they would go through and discuss a different policy to ensure that they had an understanding. Each staff member had to sign to say they had received updates. Staff worked to ALARA (As Low As Reasonably Achievable) guidelines. ALARA is defined as a fundamental approach to the safe use of

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diagnostic ultrasound using the lowest output power and the shortest scan time possible. During our inspection staff were witnessed to be working within these guidelines when undertaking an ultrasound scan. The service had an audit programme to assure itself of the quality and safety of the clinic. This included a review of risk assessments, policies and staff training. The franchisor completed annual sonographer competency assessments and an annual clinic audit. The service provided women with a leaflet about when they should contact their maternity unit. This included swelling of hands face or feet, vaginal bleeding, reduction in foetal movement, persistent headache and a high temperature. Contact details of local hospitals were given to them in an information pack.

## Nutrition and hydration

### **Staff gave patients enough food and drink to meet their needs and improve their health.**

The service did not routinely offer drinks to the women attending the clinic. There was however water available if women asked for it. There was a supply of chocolate in the kitchen fridge for diabetic women to have if they were to become hypoglycaemic. Hypoglycaemia is when the level of sugar (glucose) in your blood drops too low. Staff knew where this was should it be needed.

## Pain relief

Staff did not formally monitor pain levels. However, we saw staff asked women if they were comfortable during their scan.

## Patient outcomes

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

Any reason for a referral was documented on the patients form and clearly explained to the woman. Records of patients who had been referred were retained and stored securely by the service. Referral monitoring was part of the service's monthly audits. Staff are not informed of the outcome of the referral due to patient confidentiality. Window to the Womb Ltd reported a 99.9% accuracy rate for their gender confirmation scan. From September 2018 to September 2019 the service reported two scans where

the gender was incorrectly identified. A full refund was given to one woman and a complementary 4D scan at a later date was offered to the second woman. The clinic manager monitored feedback through a variety of social media platforms. All women were given a feedback form and encouraged to complete the feedback form following their scan. Feedback, compliments and complaints were discussed at 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.**

The clinic manager had appraised all staff. We saw that 100% of eligible staff had received an appraisal in the last 12 months. The sonographer had an annual competency assessment that was provided by the lead sonographer employed by the Window to the Womb franchise. We saw evidence that the sonographer had received annual reviews by the franchises lead sonographer. The sonographer told us that they attended annual BMUS update day. They told us that this provided an opportunity to stay up to date and shared and learnt from other sonographers' experiences. We saw the sonographers correct and in date Health and Care Professions Council (HCPC) registrations displayed on a notice board in the clinic.

## Multidisciplinary working

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

During our inspection we saw that the team worked well together and communicated well with each other. This included managers, sonographers and sonographer assistants. The service had links with the local NHS trusts to ensure that they had effective referral pathways. Staff were also able to contact the local safeguarding team should they need to make a referral.

## Seven-day services

### **Services were not available seven days a week.**

The clinic did not open seven days a week. They were closed on Mondays and Wednesdays. Tuesday opening was from 12pm to 3pm and 5.30pm to 9pm, Thursday the service offered an evening clinic only from 5pm to 9pm,

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Friday from 1pm to 5pm, Saturday and Sunday 9am to 4.30pm. Booking for appointments was available seven days a week 24 hours a day using the franchise online booking system available to their website.

## Health promotion

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

The service provided leaflets that contained information for mums to be. This included keeping healthy tips for example, eating well, stopping smoking, not to drink alcohol and foods to avoid. Leaflets also recommended what information was best for the women to ask their midwife about. This included, discussing birth plans and what breast-feeding services were available. There was information available about miscarriage support groups that were available in the local area should women want to access them. The service did not provide leaflets in different languages.

## Consent and Mental Capacity Act

### Staff supported patients to make informed decisions about their care and treatment.

All staff were aware of the importance of gaining consent from women before conducting an ultrasound scan. Before the scans were performed the sonographer confirmed the woman's details and obtained verbal consent to start scanning.

Before their scan all women received written information to read and sign. This included a technology and safety, pre-scan questionnaire and declaration form which included terms and conditions. There was a self-declaration stating the woman were receiving or intended to receive maternity care through the NHS and consented to information being shared with the NHS. For early pregnancy scans, women were given additional information that told them more about the scan and that it was likely that they would need a trans vaginal scan due to the early stage of the pregnancy. During our inspection we reviewed three sets of staff training records and saw that staff had completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

## Are diagnostic imaging services caring?

We have not previously inspected this service. We rated caring as **good**.

## Compassionate care

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

Staff were observed treating patients with dignity, kindness, compassion, courtesy and respect before during and after their scans. The door to the scanning room was always kept shut during the scan to ensure that the woman's privacy was maintained. For transvaginal scans to maintain the woman's dignity a screen was used to get changed behind and a towel was provided. Staff introduced themselves and explained the process of the scan. Staff checked and asked women if they were comfortable throughout their scan. We reviewed feedback from those who had used the service one woman had commented, that the staff were "amazing and helpful". Women and their families said that they would recommend the service to other people.

## Emotional support

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

The service held sperate clinics for early scans and 16+ week scans. Staff were aware and showed to be mindful that early scans have a higher risk of complications being identified. Staff were calming and reassuring throughout the scan the sonographer provided reassurance about what was being displayed on the screen and what they were looking at. Staff informed us that in the event of finding abnormal results women and their partners would remain in the scanning room whilst a referral was made to an NHS provider. Staff shared in the excitement when women and their families expressed joy of having their baby's wellbeing confirmed or during gender scans. Women and their families had opportunities to ask questions throughout their scan.

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



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

Staff did not rush woman and their families. At the time of our inspection we saw a woman and her family had returned for a rescan as they baby was in a difficult position to be able to determine the gender. When they attended for the rescan the baby was still in a difficult position the woman was given time to go for a walk to see if she could move the position of the baby. Women were given a unique code so the 'Bumpies' mobile phone application could be accessed. This meant women could choose when to share the images and with who. We saw staff speaking to family members and involving them with the scan and checked if they were ok, they were asked separately from the woman if they had any questions. Women and their families were able to take their time in selecting the images that they wanted, we saw staff offer assistants when needed.

## Are diagnostic imaging services responsive?

Good 

We have not previously inspected this service. We rated responsive as **good**.

## Service delivery to meet the needs of local people

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

There was plenty of free parking on site. There were also disabled spaces available for those who needed it. The service was easy to find, the building was clearly signposted with its name from outside the building. There was a variety of different scan packages for the women to choose from. Details of these were available at the clinic and on the services website. A wellbeing scan was included as part of all the packages. There was a large waiting area with sofas and chairs for the women and their families to sit whilst they waited. In the waiting area there were toys available for small children to use.

## 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.

The service held separate clinics for early pregnancy scans (6-15+6 weeks) and window scans (16 + weeks). Window scans was the term the service used for later pregnancy and wellbeing scans. At the time of the inspection we saw that souvenirs were only displayed at the window scan clinics. Staff felt that this is more appropriate as there was a highly likely abnormalities being detected in early stages of pregnancy. It also helped ensure that women who had experienced pregnancy loss or were anxious about their pregnancy did not share the same area with women who were much later in their pregnancy. The clinic was accessible for those with a disability. The clinic was a ground floor single storey building. The bathroom had been adapted to make it accessible for wheel-chairs. Staff told us that they have had no experience of working with people who required additional support. However, they explained that they would make any adjustments where possible and include their partner or relatives to gain a better understanding and help them to feel more comfortable. The service provided a 'read aloud' system which made it more accessible to women who were visually impaired, had hearing loss or could not read.

## Access and flow

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

Appointment slots were 15 minutes. After the scan and the women and their family members had left the scanning room the sonographer typed up the report while the woman and their relatives chose which pictures they would like. Bookings could be made online or by telephone. The service was not open seven days however, morning, evening and weekend clinics were available. From June 2018 to June 2019 the service had not had to cancel any appointments. If clinics were to run late then staff told us they would keep those waiting in the waiting room updated. At the time of our inspection we saw that all appointments were running on time.

## Learning from complaints and concerns

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**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.**

Window to the Womb franchise had a complaint handling policy. The policy detailed the process of complaints and staff responsibility. The policy was displayed on a board within the clinic. It also included details on how to complain to external agencies such as the Society of Radiographers. The complaints procedure and how to make a complaint was included on the back of the services feedback forms. The registered manager investigated any complaint received through the comment's cards, website or social media. We saw that complaints were followed up and actions were taken. Complaints were also shared with staff. From June 2018 to June 2019 the service received five complaints. None of these complaints went through a formal complaints procedure and the clinic manager contacted the complainants and resolved the issue. We saw that complainants had been offered free rescans or a full refund.

## Are diagnostic imaging services well-led?

Good 

We have not previously inspected this service. We rated well-led as **good**.

### Leadership

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

The clinic manager was the registered manager and had another clinic within the local area. Staff told us that the registered manager was approachable and were happy to go to them with any concerns or queries. The registered manager was available by phone when they were not on site. The Window to the Womb Ltd franchisor was responsible for providing the registered manager with ongoing training. This included clinic visits, training events and twice yearly national franchise meetings. The

next franchise meeting was scheduled for November 2019. The registered manager told us they enjoyed the events and was an opportunity to network and share learning. Staff could access clinical leadership from clinical leads employed by Window to the Womb Ltd. The clinical leads assessed all new sonographers and were available to offer clinical advice when needed, they also offered supervision training which was done yearly. We saw that the sonographer last had a yearly assessment in January 2019.

### Vision and strategy

**The service had a vision for what it wanted to achieve.**

The service had identified values, which underpinned their vision. The service values included, dignity, integrity, privacy and safety. During our inspection we saw that staff worked in line with the services values. Staff we spoke to were committed to providing a high quality service to all women who used it. The registered manager had identified staff that she wanted to train and upskill so that they could run and manage the clinic in the absence of the registered manager. At the time of our inspection, the service was looking to introduce endometrial scanning. This scan involved measuring the endometrium in a pre-pregnancy state, to help women who were trying to conceive.

### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.**

All staff we spoke to told us that they felt supported, respected, and valued. They enjoyed coming to work and were proud to work for the service. During our inspection we saw good inclusive team working across all members of staff including, the manager, the sonographer and scanning assistance. Staff worked well together and communicated what has happening or needed doing. They supported and treated each other with respect. The service promoted an open and honest culture. The franchise had a freedom to raise a concern policy in place and had a 'freedom to speak up guardian'. Staff were aware of the policy and how to access it if needed. The registered manager understood the duty of candour. The



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service had not had any incidents where this needed to be applied. Not all staff were not aware of the term duty of candour however, they were able to give an example of what they would do if something went wrong.

## Governance

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

The registered manager had overall responsibility for clinical governance and quality monitoring. Further to this information was shared with the franchise. The service had a governance policy and undertook regular audits and clinical reviews, both internally and by the franchise. The registered manager investigated incidents and responded to complaints. We reviewed minutes from three of the services monthly team meetings and saw that learning from incidents and complaints was discussed with staff. Staff were aware of their role and responsibility when reporting incidents. Staff would report incidents to the registered manager and recorded them in the incident book. All staff had received a yearly appraisal where they identified what they had done well what they liked or did not like about their role. Staff could identify any areas for further learning.

## Managing risks, issues and performance

**Leaders and teams used systems to manage performance effectively.**

We saw up to date risk assessments for fire, legionnaires' disease and the Control of Substances Hazardous to Health (COSHH). The registered manager recorded risk assessments on a form which identified the risk and control measures. Risk assessments were easily accessible to all staff. The service had an emergency action plan in the event of a medical emergency, fire, extended power loss and severe weather events. The emergency action plan included the contact details of relevant individuals or services for staff to contact in the event of an emergency. The service did not have a risk register however, we the registered manager reviewed all risk assessments and documented any changes or identified new risks.

## Managing information

**The service collected reliable data and analysed it. The information systems were integrated and secure.**

We saw paper and electronic records and scan reports were stored securely. Paper records were in a locked filing cabinet. Every month the clinic manager would move the paper records and stored them in a locked vault at their other clinic site. They retained records in line with General Data Protection Regulations (GDPR). Systems where electronic records were stored were password protected. The terms and conditions of the service were available on the services website. This information was also given to the woman prior to signing the consent form. All women had to complete and sign a consent form before the scan was carried out. All packages and prices were included in a welcome pack, prices were also available on the services website. The service had an information governance policy which staff could access if needed. All staff had completed information governance training as part of their mandatory training.

## Engagement

**Leaders and staff actively and openly engaged with patients and staff. They collaborated with partner organisations to help improve services for patients.**

The service had feedback cards available for the women and families to complete. Women were also able to leave reviews on the services website and through social media sites. The service had good links with local NHS trusts. Staff told us they liaised with NHS trusts when women needed a referral following an anomaly found on a scan. Information was shared with staff as face-to-face, via email and at staff meetings. There was also a franchise newsletter that was sent out monthly to all Window to the Womb clinics. The clinic manager had a good relationship with other Window to the Womb clinic managers. They could go to them for advice and share learning from their own experiences.

## Learning, continuous improvement and innovation.

**The service was committed to learning and improving services.**

The franchisor produced in house training videos that were used for additional training and development.

## Diagnostic imaging

These were mainly aimed at sonographers but could be accessed by scan assistants who wanted to learn more. Window to the Womb had developed a mobile phone application called 'Bumpies.' The application allowed women to document and share images of their pregnancy. This was shared with friends and family of the woman's choice and was optional for women to use.

Opening times had been adjusted to suit the demand of the service. At the time of our inspection the service was collecting feedback from women about postnatal groups to provide support during the first year of pregnancy. Ideas included, sensory play, baby massage, breast feeding support and sleep support.

# Outstanding practice and areas for improvement

## Outstanding practice

The service provided separate clinics for early pregnancy scans and window scans. The displays in the clinic were altered as to what was most appropriate for each clinic.

Staff were mindful that there was a higher risk of complications being detected during early pregnancy scans.

## Areas for improvement

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

The service should ensure that staff receive training to make them aware of the needs of people with mental health conditions, learning disabilities and autism.

The service should consider having access to information in other languages should they require it.