

# 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



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

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

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

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

# Summary of findings

## Overall summary

Window to the Womb - Bexleyheath is managed by Cocoro Group Limited. The clinic operates under a franchise agreement with Window to the Womb (Franchise) Limited. The service provides diagnostic obstetric ultrasound services for pregnant women from six weeks to full term. The service consists of a reception/waiting area, a scan room, staff kitchen and a rest room.

We inspected this service using our comprehensive inspection methodology. We carried out a short-notice announced visit on 31 May 2019. We gave staff one working day's notice that we were coming to inspect to ensure availability of relevant staff.

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.

We rated the service as **Good** overall.

- There were effective systems to protect people from harm. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and stored securely.

- Staff provided evidence based care and treatment in line with national guidelines and local policies. There was a program of local audits to improve patient care.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance. There was effective multidisciplinary working between staff within the clinic and across the franchise.
- Feedback from women and their families about the service was positive. Staff respected the confidentiality, dignity and privacy of women.
- Services were developed to meet the needs of women and their families. Women could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service had a vision for what it wanted to achieve and plans to turn it into action. Managers promoted a positive culture that supported and valued staff.

However;

- We were not assured staff recognised incidents and reported them appropriately.

**Nigel Acheson**

Deputy Chief Inspector of Hospitals (London and South)

# 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 - Bexleyheath is operated by Cocoro Group Limited. The service opened in 2014. It is a private clinic in Bexleyheath, in the London borough of Bexley. The clinic primarily serves the communities of South East London. It also accepts women from outside this area.

The clinic has had a registered manager in post since October 2015. At the time of our inspection, a new clinic

manager had been appointed following the previous manager's resignation. An interim registered manager was also in post pending completion of the new manager's probationary period, training and registration with the CQC.

The clinic provided baby scans including early pregnancy scans, well-being checks and growth and presentation scans.

## Our inspection team

The inspection was carried out by a CQC lead inspector. The inspection was overseen by Amanda Williams, Head of Hospital Inspection.

## Information about Window to the Womb

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures

During the inspection, we visited the diagnostic unit. We spoke with three members of staff including the registered manager, the newly recruited clinic manager and a sonographer. We spoke with four women and four family members. During our inspection, we reviewed five sets of patient records and observed care.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was our first inspection of the unit.

Activity

- There were 5675 total attendances in the reporting period from May 2018 to April 2019. Fifteen of the attendees were aged 16 and 17 while 5,660 were aged 18 and over.

Track record on safety

- The clinic had no serious incidents or never events in the reporting period.
- There were no incidences of clinic acquired infections.
- The clinic received three formal complaints between March 2018 and March 2019, one of which was upheld.

**Services provided at the clinic under service level agreement:**

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

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect women from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- 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.
- Staff kept records of patients care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

However;

- We were not assured staff recognised incidents and reported them appropriately.

Good



### Are services effective?

We did not rate effective for this service, however, we found that:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff of different disciplines worked together as a team to benefit women and their families.
- Staff understood how and when to assess whether a woman had the capacity to make decisions about their care.

### Are services caring?

We rated caring as **Good** because:

- Staff cared for women and their families with compassion. Feedback from women confirmed staff treated them well and with kindness.
- Staff provided emotional support to women and their families to minimise their distress.

Good



# Summary of this inspection

- Staff involved women and those close to them in decisions about their care and treatment.

## Are services responsive?

We rated responsive as **Good** because:

- The service planned and provided services in a way that met the needs of women and their families.
- The service took account of women's individual needs.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

**Good**



## Are services well-led?

We rated it as **Good** because:

- Managers had the right skills and abilities to run a service providing sustainable care.
- The service had a vision for what it wanted to achieve and plans to turn it into action.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to improve the quality of its services and care.
- The service had systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with women and staff to plan and manage appropriate services effectively.

**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 

### Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- The service provided an annual programme of mandatory training which staff accessed through face to face sessions and online training. Mandatory training included equality and diversity, information governance, fire safety awareness, infection control and safeguarding. Mandatory training requirements and the frequency of training for each role were defined in the mandatory training policy.
- We reviewed the training files for all staff and saw all staff had completed the required mandatory training for their role in the last 12 months.
- Staff informed us they had received appropriate level of training for their role.

### Safeguarding

- **Staff understood how to protect people from abuse.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- The interim manager was the designated lead for safeguarding and had completed level three safeguarding adults and children training. A newly appointed manager for the location had also

completed level three safeguarding training for adults and children. All scan assistants and sonographers had completed level two safeguarding adults and children training.

- We reviewed the safeguarding policy and saw it was in date and included local and national contact details for reporting safeguarding concerns. The service had a separate female genital mutilation (FGM) policy that provided staff with clear guidance on how to identify and report concerns.
- Staff were aware of their responsibilities in relation to safeguarding vulnerable adults and children. Staff we spoke with understood how to recognise and report safeguarding concerns, however, they informed us they have not had to raise a concern in recent times. We noted staff had access to a safeguarding flow chart which highlighted details of the process staff should follow.

### 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.
- All areas of the unit were visibly clean including the reception area, scanning room, rest room and kitchenette.
- The service had established systems for infection prevention and control, which were accessible to staff. These were based on the Department of Health's code of practice on the prevention and control of infections and included guidance on hand hygiene and the use of personal protective equipment, (PPE) such as gloves.

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- The service had an infection prevention and control policy, which provided guidance on appropriate infection control practice. The policy outlined the cleaning regime for each area of the unit and for specific equipment used within the unit.
- Staff cleaned the ultrasound probe with sanitising wipes after each scan. They cleaned the ultrasound machine at the end of each day with sanitising wipes. Staff used disposable paper towel to cover the examination couch during the scan. Staff cleaned the bed with sanitising wipes and changed the towel after each scan.
- Waste management was subcontracted to another company. We observed waste was managed in line with national standards and a colour coded waste disposal system was in use. There were housekeeping staff for cleaning the unit and staff understood cleaning frequency and standards.
- There was also sufficient access to antibacterial hand gels as well as handwashing and drying facilities. The unit displayed signage prompting people to wash their hands and gave guidance on good hand washing practice.
- The service conducted monthly hand hygiene audits to monitor compliance with national standards. Hand hygiene audit from April 2019 showed staff compliance was in line with established guidelines.
- Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing and using hand sanitisers, and wearing PPE when caring for women.
- There had been no incidents of healthcare acquired infections in the last 12 months.

## Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.**
- The scanning unit was located on the ground floor with direct access to the street. It had a large reception/waiting area, a scan room, staff kitchen and rest room.
- The scan room had adequate seating for those attending the scan with the woman. The examination

couch was height adjustable. There were three large wall mounted monitors so women and those attending with them could view the scan comfortably from all areas of the room.

- The service had an up-to-date fire risk assessment. We saw evidence of quarterly fire alarm tests and fire drills.
- Staff stored substances which met the Control of Substances Hazardous to Health regulations in a locked cupboard. We reviewed the certificate of inspection of fire equipment. This showed the equipment had been inspected in May 2019 and met the required standards.
- The service had a service level agreement with an external company for the repair and servicing of the ultrasound machine. We saw the machine had been serviced within the last one year.
- Electronic equipment were maintained in line with the Electricity at Work Regulations 1989. Portable electronic testing certificate was valid until December 2019.

## Assessing and responding to patient risk

- Staff followed the provider's policy in the event of a medical emergency. The emergency policy highlighted steps staff should take in the event of a medical emergency. This included contacting the emergency services, staying with the patient and communicating with the patient until the ambulance arrived.
- Due to the nature of the service, there was no emergency resuscitation trolley on site. However, staff could access a first aid box and training records showed all staff had received first aid training.
- The service had adopted the Society and College of Radiographers "Paused and Checked" approach to carrying out diagnostic imaging and adapted it for their specific purposes. We saw the sonographer completed checks, which included confirming the woman's identity and consent, providing clear information and instructions, and informing the woman about the results.
- The fetal abnormality policy outlined steps staff should take when an anomaly was suspected

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following a scan. Staff offered direct referral to a NHS provider and explained what would happen next. Staff also had access to the franchise owner's early pregnancy nurse for further clinical support to women.

- Staff carried out scans in line with the acoustic output of machines policy. The policy limited scanning to no longer than 10 minutes to limit exposure to radioactive materials.

## Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**
- The unit employed a sonographer and five scan assistants who worked on rota basis. Scan assistants were responsible for managing enquiries, appointment bookings, supporting sonographers during ultrasound scans and helping the families print their scan images.
- The service used bank sonography staff if required to cover holiday and sickness.
- There was always a minimum of three staff on site when the clinic was opened including a sonographer, scan assistant and manager. Senior staff informed us three scan assistants and one sonographer were rostered to cover the shift during the week. Two scan assistants were rostered to cover the shift at weekends. There was always a scan assistant in the scan room with the sonographer when scans took place.
- At the time of our inspection, a new clinic manager had been appointed following the previous manager's resignation. An interim registered manager was also in post pending completion of the new manager's probationary period and registration with regulatory bodies.

## 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.
- We reviewed five patient records and saw that all records had been fully completed and were signed

and dated by staff. Patient records included details of patients' personal information, GP and local hospital, pregnancy information and previous history, and an obstetric report.

- All records contained pre-scan questionnaires and signed consent. If a referral had been made to a NHS provider, the referral was recorded in the notes. Records were stored in a locked filing cabinet in the reception. They could easily be accessed by all relevant staff.
- Ultrasound images were recorded onto a memory stick which women could buy. Images were also available on a mobile phone application called 'Bumpies'. Women were given a secure unique access code for 'Bumpies' and could then download images if they chose to. This meant women had instant access to their scan images which remained confidential until they chose to share them.
- Access to the ultrasound machine was password protected and was restricted to relevant staff.
- The service had up-to-date data retention policy which detailed staff responsibilities, record security measures and retention periods.

## Medicines

- Staff did not administer or store medication on the unit.

## Incidents

- Staff informed us they would record incidents in an incident log. However, there was no incident policy and we were not assured staff recognised incidents and reported them appropriately. There had been no incident reported in the last 12 months prior to our inspection.
- The duty of candour requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff we spoke with were aware of their responsibility to apologise and be open and honest and share the information with the patient and their carers.
- There was no incident requiring a duty of candour notification in the last 12 months.

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- Data provided by the service showed a complaint raised by a client who was upset staff had not informed her whilst she was in the clinic that the scan revealed her baby had an anomaly. This would qualify as an incident as the services policy was to inform women of any potential abnormality after a scan.

## Are diagnostic imaging services effective?

We did not rate effective.

### Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice.**
- Policies and procedures were developed in line with national guidance from the Society and College of Radiographers and the British Medical Ultrasound Society. For example, the service followed the 'as low as reasonably achievable' (ALARA) principles outlined by the Society and College of Radiographers. This meant that sonographers did not scan for longer than 10 minutes to limit exposure to radioactive materials.
- Local policies and protocols we reviewed were up-to-date. We reviewed staff records which showed staff had signed to indicate they had read local policies.
- The service provided a handbook for sonographers which referenced relevant Society and College of Radiographers standards and guidance.
- The service had an audit programme to assure itself of the quality and safety of the clinic. The franchisor (Window to the Womb Limited) completed annual sonographer competency assessments and an annual clinic audit. Peer reviews took place in line with British Medical Ultrasound Society recommendations. The registered manager completed monthly clinic audits.

### Nutrition and hydration

- Staff gave women appropriate information on drinking water before a scan to ensure they attended with a full bladder.

### Pain relief

- Staff did not monitor pain levels as the procedure was pain free. However, we saw staff ensured women 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.
- The service used key performance indicators to monitor performance which were set by the franchisor. We reviewed performance against indicators from May 2018 to April 2019. The franchisor set a target for scan processing time of 60 minutes, the service achieved 60 minutes on average during the period. The franchisor set a target for the number of rescans to be 10% or less of the total scans. The service achieved a rescan rate of 6% during the period.
- The franchisor carried out an annual compliance audit and we saw the last one had taken place in October 2018. The franchisor's clinical lead reviewed staff interaction with women, timeliness and scan reports. The clinical lead found all areas reviewed to be excellent. They discussed their findings with staff and advised staff to reflect information from pre-completed questionnaires in the scan reports.
- Compliance with audits was a standing agenda item discussed at monthly team meetings. Staff acted to address any concerns raised by monthly clinic audits. For example, we saw the audit in February 2019 identified the need for peer review of scan reports. This had been carried out by the time of our inspection.

### 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 went through a period of induction when they joined the service. In addition, to mandatory training, staff undertook training in line with their clinical practice. This included training in the use of medical devices and equipment.

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- Sonographers were registered with the Health Care Professional Council (HCPC) and they were also members of the Society of Radiographers. We reviewed staff records during our inspection which showed the provider conducted recruitment checks including checks with relevant professional bodies to make sure staff were up-to-date with their registration.
- The service had a clear performance management process. This included sonographer care and service assessment and peer review of sonographer scans. The registered manager observed a live scan to assess the quality of customer care and service, standard of communication and overall customer experience. We reviewed the most recent assessment reports which showed the sonographer had maintained very good standard for all clients.

## Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit women and their families.**
- Staff informed us they had good working relationships with each other. These included scan assistants, sonographers and the clinic managers.
- We noted scans were carried out with a minimum of two staff members present at any time. The sonographer was usually assisted by a scan assistant to ensure women were comfortable during scans.
- The registered manager informed us they had good working relationships with other senior staff within the provider (Cocoro Group) organisation and the franchisor (Window to the Womb Limited).

## Seven-day services

- The service did not provide seven-day services. The clinic opened on Monday, Wednesday and Friday afternoon and evenings, and all day at weekends.

## Health promotion

- The service provided information leaflets for women which gave information on how to keep healthy during pregnancy, food to avoid during pregnancy and preventing infections (like Group B Streptococcus) from being passed from mothers to babies.

## Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- All women received written information to read and sign before their scan. This included the terms and conditions, information on scan limitations, information on medical records, consent and the use of data. We saw clear signed consent in five pre-scan questionnaires and foetal wellbeing reports we reviewed.
- All staff were aware of the importance of gaining consent from women before conducting an ultrasound scan. The sonographer confirmed names and dates of birth prior to the scan and obtained verbal consent.
- Although staff informed us they have never had to deal with a patient who lacked capacity to consent, they were clear about their responsibilities towards women who lacked capacity to consent to their care and treatment. The franchisor had a position statement on the Mental Capacity Act (2005). This outlined the requirements for staff and the process to follow, all staff had signed to indicate they had read this statement.
- The service provided imaging services to women aged 18 years and above. In line with the provider's policy, staff could only conduct scans for 16 and 17 year olds if accompanied by an adult. The service did not provide imaging services to women under 16 years.

## Are diagnostic imaging services caring?

Good 

We rated caring as **good**.

## Compassionate care

- **Staff cared for women with compassion.** Feedback from women and their families confirmed that staff treated them well and with kindness.
- We spoke to four women and their family members who were using the service during the time of our inspection. They were all positive about their experience and described the service as "brilliant"



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“spot on”, “relaxing”, and “professional”. The women confirmed they would recommend the service. Most women said they had attended the clinic based on positive recommendations from other women.

- During our inspection, we saw positive interactions between women and staff. Staff were engaging, courteous and treated women with warmth and care.
- Staff protected women’s privacy and dignity. The scan room was closed when scans were being undertaken. Staff provided towels for women to cover themselves during the scan.
- The service encouraged patients to give feedback and gathered feedback from patients through feedback cards as well as its social media accounts. We noted the service received many positive recommendation on its social media accounts and staff responded promptly to the feedback given.
- The clinic exceeded the franchisor’s target for the number of positive reviews on social media accounts. Between June 2018 and May 2019, the service achieved an average of 80 positive reviews per month against a target of 25 per month.
- All staff had attended chaperone training and scans were carried out in the presence of another staff member who acted as a chaperone in line with the provider’s policy. During our observation of care, we noted the chaperone built rapport with women and their families and ensured they felt comfortable during the scan.

## Emotional support

- **Staff provided emotional support to women to minimise their distress.**
- Staff provided emotional support to women and their families. We observed staff provide kind and supportive care. All clinical staff had received specific scan training dealing with how to deliver bad news, empathy and communication.
- The fetal abnormality policy outlined steps staff should take when an anomaly was suspected following a scan. This included applying sensitivity and tact when dealing with women in such circumstances.

- In the event of abnormal scan results, staff offered direct referral to an NHS provider and explained what would happen next. Staff also had access to the franchise owner’s early pregnancy nurse for further clinical and emotional support to women. The woman and her family could remain in the scan room whilst the sonographer explained the scan and arranged an appointment with a NHS provider.
- The service provided women with information about bereavement support services and charities which supported women following a miscarriage.

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

- **Staff involved women and those close to them in decisions about their care and treatment.**
- Staff explained the procedure before and during the scan. Patients and their families could view the scan on a separate screen convenient for them and the sonographer gave clear explanations about what was happening throughout the scan.
- Following their scan, women were provided with information leaflets and staff explained the result of the scan. Women informed us they were satisfied with the level of information staff provided.
- Women informed us they were provided information about the cost of the scan whilst booking. This information was also communicated in an email confirming the appointment and details of the scan procedure. We noted information about cost was clearly visible within the waiting area of the service.

## Are diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

## Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- The clinic operated an appointment based service and carried out scans on Monday, Wednesday and Friday

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afternoon and evenings, and all day at weekends. The time of the clinic session was designed to accommodate the needs of women and their families, for example, evening and weekend appointments enabled working mothers and siblings to attend.

- Women could book appointments online or by telephone at a time to suit them. The provider's website provided useful information about services offered and how to book an appointment.
- The clinic's reception area was comfortably furnished with sofas and a small play area with toys for children.
- The clinic was located close to public transport links and there was street parking on the roads adjacent to the clinic. The service provided information about travelling to the clinic on their website.
- The service had a range of packages with different price options and all packages included a wellbeing scan.

## Meeting people's individual needs

- **The service took account of women's individual needs.**
- Women were provided with relevant information regarding their pregnancy. This included access to a pregnancy information folder which detailed week by week information about foetal development. The folder also provided details for women to chat online or text a number to get answers about their pregnancy.
- Staff could access this information in different languages through the provider's website. The provider had a policy on the provision of key information to women who had sight or hearing impairments. Staff could access 'read aloud' services for women who were visually impaired or who could not read.
- The scan room was spacious, staff informed us the room could accommodate up to eight people. This allowed patients to attend the clinic with friends and relatives as part of the process. There were three large wall mounted monitors so women and those attending with them could view the scan comfortably from all areas of the room.

- Women could buy a range of baby keepsakes and souvenirs after their scan. These included photo frames, fridge magnets and gender reveal products such as balloons.

## Access and flow

- **Women could access the service when they needed it.**
- All women self-referred to the service. They could book an appointment via an online booking form on the website or a telephone call. Staff informed us the service also offered same day appointments were possible.
- At the time of our inspection, the service did not have a waiting list. Women could book an appointment at a time to suit them. During our inspection, each woman was allocated 15 minute slot and we noted seamless patient flow from arrival at the clinic to completion of scan.
- From March 2018 to March 2019 there were no cancellations for non-clinical reasons. During the same period, there were six delayed ultrasound scans. The most frequent reason for delay was due to machine breakdown.

## Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- There were three formal complaints about the service March 2018 to March 2019.
- The service encouraged staff to identify any potential dissatisfaction whilst the client was still in the clinic and this minimised the number of written complaint received. Staff were aware of the complaints procedure and how to escalate concerns. Staff informed us they would escalate complaints to the clinic manager.
- The clinic had a complaints folder which staff could access. It contained an up-to-date complaints handling policy which set out the complaints process and staff responsibilities. Information about how to make a complaint was visible within the clinic and on feedback cards for women.

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- We reviewed the clinic's complaint log. Staff acknowledge complaints within three days and completed investigations within 21 days in line with the service's target.
- Staff provided examples of how they had used feedback from women to improve the service. For example, the service had expanded its opening times and the range of scans offered following feedback from patients.

## Are diagnostic imaging services well-led?

Good 

We rated well led as **good**.

### Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing sustainable care.**
- At the time of our inspection, a new clinic manager had been appointed following the previous manager's resignation. An interim registered manager was also in post pending completion of the new manager's probationary period, training and registration with regulatory bodies.
- The interim registered manager was also the national clinic manager for the provider organisation, Cocoro Group Limited. The national clinic manager reported to the director of Cocoro Group Limited.
- The clinic had access to clinical leadership from Window to the Womb franchisor. This included a clinical lead sonographer and an early pregnancy nurse. The clinical lead sonographer assessed all new sonographers. The specialist nurse in early pregnancy provided clinical leadership for early pregnancy scans.
- Staff were complimentary about the manager of the unit and said management was open and the unit was guided by clinical support. Staff confirmed the leadership was visible and approachable.

### Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**
- The service's statement of purpose states it is committed to providing high quality, efficient and compassionate care to customers and their families, through the safe and efficient use of obstetric ultrasound imaging technology. The service outlined their aims and objectives in their statement of purpose. This included meeting the demand to provide pregnant ladies with a private obstetric ultrasound service in an easily accessible local environment amongst other aims.
- Senior staff informed us they had a vision across the whole franchise to introduce gynaecology scans in future. Senior staff informed us they were exploring the options of opening seven day services to give a wider range of appointments.
- Staff understood the service's primary focus on customer care and comfort and we found this embedded within the unit.

### Culture

- **Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- Staff we spoke with reported there was a positive culture within the service. Staff reported good working relationships with each other and said they worked in a friendly environment.
- The service had a freedom to raise concern policy and staff could raise any concerns to senior staff, including the freedom to raise concern officer. Staff confirmed they could raise concerns easily and senior staff listened.
- Staff said they had opportunities for training and self-development.
- Window to the Womb staff survey in 2019 showed 100% of staff agreed or strongly agreed they love their job.

### Governance



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- **The service used a systematic approach to improve the quality of its services and care.**

- The service had a clear governance policy which outlined the responsibility of board members, the relationship between the franchisor and franchisee and the requirement for regular audits.
- The registered manager had overall responsibility for clinical governance and quality monitoring and reporting this to Cocoro Group Ltd and the franchisor. This included investigating incidents and responding to patient complaints. The registered manager was supported by the franchisor and attended biannual national franchise meetings, where clinic compliance, performance, audit and best practice were discussed.
- There was an audit programme in place which included monthly local audits, annual audits and peer review audits. Annual compliance audits included premises checks, health and safety, emergency planning, accuracy and completion of scan reports, completion of pre-scan questionnaires, professional registration and staff records. We saw clear actions were identified and agreed with clinics.
- The provider held monthly manager meetings attended by senior staff across the group. We reviewed minutes of the meetings prior to our inspection and saw that senior staff discussed performance, complaints, compliments, training and compliance with policies and procedures. There was an action plan for issues discussed and a completion date.
- Staff discussed compliance with policies and procedures, audit results, complaints, incidents and patient feedback at monthly team meetings.
- Arrangements with the franchisor and third party providers were governed and managed effectively. There were service level agreements or contracts for the lease of the premises, installation and test of equipment, waste management and security system for the clinic. All staff were covered by the franchisor's indemnity and medical liability insurance.

## Managing risks, issues and performance

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

- The service completed risk assessments for identified risks. We saw up-to-date risk assessments for fire, health and safety, legionnaires' disease, infection control and the Control of Substances Hazardous to Health. Each risk assessment identified people at risk, potential hazards and control measures to mitigate the risk.
- The service had a business continuity plan in the event of a range of scenarios including equipment failure, staff sickness/absence, electrical failure, and water supply disruption. These outlined clear actions staff were to take and contact details of relevant individuals and services.
- The registered manager compiled a monthly performance report. Performance against key performance indicators was shared with staff in the monthly team meeting.

## Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- Staff informed us they could access information needed to provide safe and effective care. Paper records were stored securely and readily assessable to staff. The electronic booking system and customer database were maintained on a secure internet based server. All other electronic systems and access to the ultrasound machine were password protected. The clinic sent paper records to secure central storage every month.
- The service was registered with the Information Commissioner's Office (ICO), in line with The Data Protection (Charges and Information) Regulations (2018). The ICO is the UK's independent authority set up to uphold information rights.
- The service had appropriate and up-to-date policies for managing women's personal information that were in line with relevant legislation and the requirements of the General Data Protection Regulations.
- Women had access to images digital copies of scan images via a software application.

## Engagement

# Diagnostic imaging

- **The service engaged well with women and staff to plan and manage appropriate services effectively.**

- The service gathered feedback from women and families and used this to improve the service. Women could leave feedback on comment cards, online review sites and social media pages. The website had links to online review sites and social media pages which showed positive feedback from women.
- Feedback from women was shared and discussed at the monthly team meeting and any actions for improvement agreed.
- Staff received a monthly group wide newsletter called 'Open Window'. Open Window contained information including news and updates about the franchise, training and policies.

## Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong and promoting training.**
- Staff had participated in internal investigations following complaints. For example, staff had reflected on their practice and discussed the appropriate referral procedure for a scan which showed an anomaly following a complaint.
- Staff told us they were provided with opportunities to attend training which would help them in their roles.
- Staff reviewed the service's performance and objectives in team meetings and biannual national franchise meetings.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider should implement policies to ensure staff recognised incidents and reported them appropriately.