LIL M Limited

Window to the Womb

Inspection report

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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 service. 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 learnt lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of the women, provided information that advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- 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 the 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 their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the services vision and values and how to apply them in their work. Staff felt respected, supported and valued. They were focussed on the needs of women receiving care. 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 and screening services	Good	We have not previously inspected this service. 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. 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. • 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 their results. • 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 receiving care. 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

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Summary of this inspection

Background to Window to the Womb

Window to the Womb Blackburn is owned by LIL M 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 31 October 2018.

The service had a registered manager in post since their initial registration. The service provides early pregnancy scans from six weeks gestation, well-being and gender scans from 16 weeks, well-being and four D scans from 24 weeks and growth scans from 26 weeks. The service is registered with the CQC to provide the regulated activity of diagnostic and screening procedures. We have not previously inspected this service.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced visit to the clinic on 19 January 2022. We gave staff one working days' notice that we were coming to inspect to ensure both the availability of the registered manager and the clinic being open. Two inspectors, with support from an offsite inspection manager, carried out the inspection. During the inspection we spoke with five members of staff including the registered manager, a sonographer and three scan assistants. We observed one ultrasound scan procedure with the woman's consent, spoke with one woman about her experience of the service and reviewed feedback of previous service users on an online feedback platform and on feedback cards displayed within the premises. We reviewed six sets of women's records which included scan reports and consent forms. We reviewed the centralised appointment system.

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.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good

We have not previously rated this service. 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.

We reviewed each staff members records which showed mandatory training compliance of 100%. There was protected time allocated for staff to complete mandatory training.

Managers monitored mandatory training and alerted staff when they needed to update their training.

The clinic manager reviewed staff compliance through monthly one to one sessions with staff, this was an opportunity to highlight when training needed to be updated and to share learning within the organisation.

The mandatory training was comprehensive and met the needs of women and staff.

Mandatory training included safeguarding adults and children, infection prevention control, mental capacity act, information governance, fire safety, and equality and diversity.

The registered manager attended a yearly external mandatory training course which covered topics such as change management, managing people, discipline and grievances, conflict resolution, mental health awareness of employees and bullying and harassment.

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.

Scan assistants and sonographers had level two children and adult safeguarding training. The service manager had level three adult safeguarding training. There was a safeguarding lead within the organisation who was trained to level four safeguarding adults and children.

Staff could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff we spoke to told us how they would identify adults or children at risk or suffering from abuse and harm and knew what who to contact to protect them.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff at the service told us that they had not needed to make any safeguarding referrals in the last 12 months.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The service had a safeguarding flowchart which showed staff who to contact such as the local authority and provided the names and number of key contacts for safeguarding.

The service had a female genital mutilation (FGM) policy and staff knew their responsibilities if they identified a woman who had undergone FGM. The policy had clear guidance on how to identify and escalate concerns.

As part of our ongoing monitoring of services we had previously identified a potential issue with their existing safeguarding policy. During the inspection we verified that the current safeguarding policy and processes in place to safeguard adults and children were effective and appropriate.

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 had suitable furnishings which were clean and well-maintained.

We observed staff cleaning all equipment and all clinical areas during our visit.

All staff had received training on how to correctly clean and disinfect the ultrasound probes and staff told us that trans vaginal probes were covered during scans and were then cleaned using the correct equipment to reduce the risk of cross infection.

The service carried out monthly deep cleans and there was records for the deep cleaning checklist completed and signed for the past 12 months.

The service generally performed well for cleanliness.

The service had an infection and prevention control policy and staff followed this. All staff were bare below the elbow and we observed staff carried out correct hand washing technique before and after interaction with women.

Good

Diagnostic and screening services

The service carried out hand hygiene audits every three months. During the inspection we reviewed these audits. They had achieved 100% compliance for the 12 months immediately before our inspection.

There was a COVID-19 policy in place. Each person who entered the location was welcomed and were required to complete a COVID-19 questionnaire. Staff, visitors and women had their temperatures taken, were always asked to sanitise their hands and wear a mask.

There were adequate supplies of personal protective equipment (PPE) at the service such as masks, gloves and protective visors.

Staff followed infection control principles including the use of PPE.

We observed the sonographer wear gloves and an apron whilst scanning a woman.

We observed that staff cleaned equipment before and after contact with women. The bed and control console were cleaned with sanitising wipes and a fresh paper sheet was placed on the bed before each woman was asked to lay down.

There was a hand wash basin in the scanning suite above which the World health Organisation (WHO) five moments of hand hygiene was displayed. We observed staff adhering to this guidance during our inspection.

The service 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.

Staff carried out daily safety checks of specialist equipment.

The ultrasound machine was appropriately maintained and cleaned. We reviewed the service records for the ultrasound machine within which it was highlighted that appropriate maintenance and servicing was in place.

The service had suitable facilities to meet the needs of women and their families.

There was a reception area where staff were greeted, a large waiting area with two couches and multiple single seats, a scanning suite, staff kitchen, toilet, storeroom and a private area where women and partners could choose their photographs.

The scanning room was large and spacious and could accommodate up to five people including the woman, the sonographer and the scan assistant. There were three large television screens which had the scan images on them so that every person in the room could see the scan.

The service had enough suitable equipment to help them to safely care for women.

Staff disposed of clinical waste safely.

Good

Diagnostic and screening services

We observed staff disposing of clinical waste correctly in appropriate receptacles and were shown where these receptacles were stored securely until the next monthly collection by an external company.

There were fire extinguishers which had been serviced in the last 12 months and there was a fire evacuation policy.

The franchisor had carried out quality assurance checks noted that the first aid kit at the premises was nearing its expiry date. We checked this during our inspection and the box had been replaced with an expiry date of 2025.

Assessing and responding to women's risk

Staff completed and updated risk assessments for each woman and removed or minimised risks. Staff knew what to do and acted quickly when there was an emergency.

Staff were able to articulate how they would respond promptly to any sudden deterioration in a woman's health.

Staff that we spoke with during our inspection told us they would call 999 if a woman's condition deteriorated.

The service had a policy and clear guidance for sonographers to follow if they identified any abnormality during the scan. Sonographers could tell us how they would inform the woman of their finding and how they would make a referral to a local early pregnancy unit.

Sonographers make referrals on dedicated referral forms which were all reviewed by the clinic manager to ensure the correct processes had been followed and that referrals had been made correctly. We reviewed the services referral records and there had been 39 referrals in the past 12 months.

Staff explained to women the importance of attending all NHS scans and appointments and confirmed with women that the scans they carried out were supplementary to the woman's NHS maternity pathway.

The window to the womb organisation employed a full-time clinical lead sonographer who could be contacted at any time for second opinion or to confirm the sonographer's initial findings. The sonographer we interviewed told us that images were promptly reviewed by the clinical lead and women rarely had to wait longer then 10-15 minutes for this process.

The service did scan women under the age of 18, they carried out scans on women aged 16-17 years of age and had a policy that women in this age range could only request a scan if they were accompanied by a guardian and had their pregnancy records with them.

Staff completed risk assessments for each woman before attending, on arrival and throughout their stay in the service, using a recognised tool, and reviewed this regularly, including after any incident.

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 regularly reviewed and adjusted staffing levels and skill mix and gave staff a full induction.

The service employed scan assistants on zero-hour contracts. The sonographers were also employed on zero-hour contracts and were also employed in NHS trusts.

Good

Diagnostic and screening services

Scan assistants had multiple roles such as working on reception, assisting in the ultrasound suite, booking appointments and helping families choose and print scan images.

Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The clinic manager reviewed staffing on a daily basis if there was sickness, they would organise cover and could take the role of scan assistant if needed. If a sonographer was unable to attend due to sickness then one of the services other qualified sonographers would cover the clinic. The service had not had to cancel any appointments due to staffing shortages in the 12 months preceding our inspection.

Records

Staff kept detailed records of women's care and diagnostic procedures. 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.

After each woman's first scan the sonographer gave a written report of their findings from the scan which could be added to their pregnancy notes. We observed a woman having a 16-week gestation scan, in which the sonographer completed a wellbeing report which included a check on the baby's position, brain, heart, limbs, abdomen and also gender of baby at the woman's request.

Records were stored securely in a locked filling cabinet behind a locked door in the services storeroom or on the password protected information technology system.

Images from the scan where transferred to a memory stick and then given to the scan assistant who uploaded them to a computer for the woman and partner to choose which pictures they wanted printed. The images were also uploaded to an app which facilitated women's access to their scan images. Access to each woman's images was password protected.

Once scan images where successfully transferred onto the computer's hard drive and app, they were permanently deleted from the memory stick.

The computer systems and the ultrasound machine used by the service were password protected. Only the sonographers and clinic manager had access to the ultrasound machine.

Medicines

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

Incidents

The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them.

Good

Diagnostic and screening services

The service had an incident reporting policy and a paper-based incident reporting system. This paper form could then be uploaded to the computer and would be investigated by the clinic manager.

Staff that we spoke with were able to articulate how they would raise concerns or report an

incident or near miss in line with the service's policy.

The service had not had any incidents or never events over the past 12 months.

Staff understood the duty of candour. They were able to articulate how to be open and transparent and gave women and families a full explanation if and when things went wrong.

The service had a duty of candour policy. Staff had not needed to utilise a duty of candour, but they could explain its importance and their responsibility about being open and transparent if something had gone wrong.

Staff met to discuss the feedback and look at improvements to women's care.

Managers shared learning with their staff about never events that happened elsewhere.

The clinic manager understood the importance of reporting incidents and told us that the incidents where taken very seriously by the whole organisation. When incidents had occurred at other clinics that they were investigated, and that learning was shared throughout the organisation.

This learning was usually shared at monthly staff meetings and at staff and managers monthly training one to one meetings.

Are Diagnostic and screening services effective?

Inspected but not rated

We have not previously rated this service. We inspected but could not rate this domain.

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

We reviewed all the services policies; each policy had been produced in line with national guidance and had a renewal date.

The service did have two policies which had recently expired on 14 January 2022, five days before our inspection, which the registered manager had already informed us of. She told us that the policies where being renewed centrally at the time of the inspection. We were sent the updated policies the day following our inspection.

Updates to policies and procedures was cascaded through monthly staff meeting and in the monthly staff one to ones.

Staff protected the rights of women subject to the Mental Health Act and followed the Code of Practice.

Sonographers at the clinic followed national guidance from the British Medical Ultrasound Society, the College of Radiographers, Society of radiographers, The Foetal Anomaly Screening Programme (FASP) and National Institute for Health and Care Excellence (NICE).

Sonographers followed guidance and recommendations from the British Medical Ultrasound Society (BMUS), as low as reasonably achievable (ALARA) principle, they used the lowest possible output power while also keeping scan times as short as possible which still allowed to gain correct and required results. The clinic would not carry out scans longer than 10 minutes. Where a sonographer was unable to achieve the required results due to the position of the baby, then the woman was asked to go for a walk and would be rescheduled for another scan later that day.

Sonographers within the organisation had their clinical competency audited annually by the clinical lead.

Peer reviews were also carried out more frequently usually within a six-month period, on an ad hoc basis if there was down time in the clinics schedule.

The clinical manager carried out audits such as an annual clinical audit which looked at staff training and documentation, policies, equipment, emergency plans and documentation.

Nutrition and hydration

Staff took into account women's individual needs where fluids were necessary for the procedure.

Staff gave women appropriate information about drinking water before trans-abdominal ultrasound scans to ensure the sonographer could gain a better view of the baby.

Staff provided water during the appointment if necessary or the women requested it.

Women's outcomes

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

Sonographers carried out peer reviews on colleagues' images every six months to check that the scans had been carried out and reported on correctly. Peer reviews were also carried out more frequently within this six-month period on an ad hoc basis if there was down time in the clinics schedule.

The organisation clinical lead sonographer was on call during opening times and could review and give a second opinion on scan images through an app, this allowed for accurate and timely interpretation of scans.

The service participated in relevant clinical audits within the Window to the Womb franchise.

Managers and staff used the results to improve women's outcomes.

Managers shared and made sure staff understood information from the audits.

We observed the monthly meeting minutes from the previous six months upon which was documented any actions required such as audits, who was responsible for completing and by when.

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 women.

The sonographers employed at the service had annual competency checks carried out by the Window to the Womb clinical lead sonographer who reviewed the quality of the sonographers reporting over the past 12 months, their registration with the Health and Care Professions Council (HCPC) and their indemnity insurance.

All sonographers had received the correct training on how to use the ultrasound scanner and how to disinfect it.

Sonographers in the service took part in peer review audits within the service, we reviewed a few peer review audits and found that sonographers within the services had not raised any concerns with their colleagues reporting.

Managers supported staff to develop through yearly, constructive appraisals of their work.

The clinical manager had carried out an appraisal for all staff in the last 12 months.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

We reviewed the last six months team meetings records and all staff were documented as being present.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Training compliance was 100% for all staff employed within the service.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss women and improve their care.

We observed good teamwork between all colleagues during our inspection.

Whilst observing a scan we saw both the sonographer and scan assistant work well together with clear communication and caring manner.

Staff worked across health care disciplines and with other agencies when required to care for women.

Good

Diagnostic and screening services

Women were asked to bring their pregnancy records with them to their appointment so that the sonographer had access to the women's obstetric and medical history. This also allowed for any concerns to be shared with the woman's GP with their consent. We observed the sonographer and scan assistant confirm with a woman that she had her records with her.

The service and local NHS trusts had processes in place for referring women when concerns were detected.

Between 16 January 2021 to the 18 January 2022 there had been 42 referrals to a local NHS trust following abnormal results following a scan. The service had three unplanned transfers to the NHS trust after observing scans which had shown ectopic pregnancies.

Seven-day services

Services were available to support timely woman care.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests.

At the time of our inspection the service provided ultrasound scans on a Wednesday evening and all day on a Saturday.

The registered manager told us they amend the opening hours dependant on women's feedback.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in clinical areas.

The service provided a range of free literature advising on conditions in pregnancy such as advice on sickness in pregnancy and details of external services that may provide health promotion.

We observed posters in the bathroom providing health promotion such as domestic abuse help and advice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported women to make informed decisions about their care. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

The service had a position statement on the Mental Capacity Act 2005 for staff to follow.

Staff were able to articulate to us how to access the Mental Capacity Act policy and the processes outlined within if they had occasion to.

Staff received and kept up to date with training in the Mental Capacity Act.

Staff gained consent from women for their care and treatment in line with legislation and guidance.

Good

Diagnostic and screening services

We observed that women were forwarded a form consenting to the ultrasound procedure of their choice which included the sharing of their details with their named GP and their registered maternity provider where necessary. We reviewed six records and saw that all had this consent form signed and returned before attending for an appointment.

We observed a sonographer confirmed a woman's identity by asking name and date of birth and checked that women had consented to the scan before they proceeded.

Staff clearly recorded consent in the women's records.

Are Diagnostic and screening services caring?

Good

We have not previously rated this service. 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 interacted with women in a kind and caring way, feedback forms at the service and online showed that staff treated women in a kind and respectful way.

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 scan we observed the sonographer and scan assistant introduce themselves and explained their role to the woman. They described what would happen during the procedure and what to expect. They asked the woman and her family if they had any questions and told the woman if they wanted to stop the scan at any point just to say.

There was a chaperone policy in place and scan assistants chaperoned all women who came for a scan. Our staff record review showed that all staff had completed chaperone training.

Staff followed policy to keep women's care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs.

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it.

Staff explained the procedure and ensured women were well informed and knew what to expect.

Good

Diagnostic and screening services

We observed the sonographer and scan assistant providing reassurance during a scan. They confirmed that the baby was healthy and offered kind words throughout.

The staff were able to talk us through the procedure when abnormal results or concerns were detected, the sonographer would inform the woman what they had saw and that they were going to refer them to an NHS early pregnancy unit. The sonographer would leave the scanning room to make the referral, the woman and partner could stay in the scanning room for as long as they wanted.

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 procedures.

We observed both the sonographer and scan assistant explaining the procedure before and during the scan.

Staff talked with women, families and carers in a way they could understand, using communication aids where necessary.

The sonographer talked through the scan about the position of the baby and the images from the scan with the mother in language that was easy to easy to understand. They also asked if the mother had any question and answered these quickly and confidently.

Women and their families could give feedback on the service and their treatment and staff supported them to do this.

We reviewed feedback both online and those displayed in the waiting area. Women were actively encouraged to provide feedback about the service.

Women gave positive feedback about the service.

We reviewed online feedback forms from 274 service users who had accessed the service between March 2021 and the day of our inspection. All the feedback was positive and out of a possible score of five, they had been rated an average score of 4.94.

Are Diagnostic and screening services responsive?

Good

We have not previously rated this service. 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.

Good

Diagnostic and screening services

The registered manager told us that they amended the opening hours to suit women's needs and wishes. At the time of our inspection they were open on Wednesday evenings and Saturday all day. We were told of plans to open on Sundays the following month and that they had opened different days at women's request.

Facilities and premises were appropriate for the services being delivered.

The service was located near the town centre and was located opposite a car park.

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 directed women to other services where necessary.

The service had information available in languages spoken by the women and local community. Women were able to access information in their preferred language on the website prior to attending for their scan.

All the rooms of this service were located on the ground floor providing ease of access for all service users.

Staff were able to use a telephone interpretation service to communicate effectively with women whose chosen language was not English.

The service employed a scan assistant who was qualified to level three in sign language. We were told that she would make herself available to be present for women undergoing an ultrasound scan who required the assistance of a sign language interpreter.

Women were given advice regarding when and what to eat and drink to optimise their ultrasound images before attending for their scans.

The service offered a range of baby keepsake and souvenir options which could be purchased at the time of booking or at the time of their scan. These included photographic and videos of their scans and heartbeat bears (the sound of a woman's unborn baby's heartbeat placed inside the teddy bear).

The service had an equality and diversity policy in place.

Access and flow

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

Women were able to book their appointment by telephone or on the website at a date and time to suit them.

The clinic manager told us they did not routinely audit waiting times but told us that if they were delayed, they would keep women updated. The main delay was due to the need for rescans during the day in which the woman was asked to walk around for a short period so that the baby may move into a better position for scanning.

Each appointment had 15 minutes allocated to it, but staff we observed did not rush the woman and took their time when discussing information.

Good

Diagnostic and screening services

Staff supported women when they were referred or transferred between services.

Staff explained to us how they supported women when they needed to be transferred to a maternity unit when an anomaly had been discovered on scan.

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.

The service had not received any complaints in the 12 months before our inspection.

The service clearly displayed information about how to raise a concern in clinical areas.

The complaints policy was clearly displayed in the clinic for all to see.

Staff understood the policy on complaints and knew how to handle them.

They told us that if a complaint had been raised then they would always try to deal with it at the point of care. If a woman wanted to make a formal complaint, then this could be made in writing to the services registered manager. The service would send a written acknowledgment within three days of making the complaint. The complaint would then be investigated, and a response would be sent within 21 days.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Where complaints had been made at one of the other franchises, learning from these cascaded and shared at the monthly team meeting.

Are Diagnostic and screening services well-led?

Good

We have not previously rated this service. 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 and take on more senior roles.

The service had had the same registered manager in place since it first registered with the CQC in October 2018.

Staff that we spoke with told us that the registered manager was always visible for both women and staff.

Good

Diagnostic and screening services

Staff told us that they were supported to develop both personally and professionally if they chose to by the registered manager.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a corporate vision and strategy dated 2022. On this was listed the short-term strategy (one to two years) and medium to long term (two to five years) strategy.

Their short-term strategy included reinforcing and building on their medical and diagnostic credentials, introducing additional diagnostic scans and additional diagnostic and medical services.

Their medium to long term strategy included building a closer working relationship with local and national NHS services and offering their clinics as centres of excellence for early pregnancy scans and triage services, thereby reducing the pressure on the NHS services. They were investing in new technologies such as artificial intelligence to improve both their own and national diagnostic performance effectiveness.

Culture

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

Staff that we met during our inspection told us they felt respected, supported and valued.

Staff told us that it was fantastic working here and that the team was like being part of a family. One staff member said they had worked in a similar service but that this one was much better.

All the staff we spoke with said the registered manager was approachable and listened to what they had to say. One example given was being allowed to carry out training at home in their own time and get paid for their time.

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 service had clear governance processes in place, the manager understood their role about managing governance and ensuring good compliance. There was a policies and procedure folder available to staff at the service.

The service had a robust recruitment process, we reviewed all staff records at the service, each staff member had references, a disclosure and barring service check (DBS) and sonographers were registered with the HCPC.

The Window to the Womb franchise had medical liability and indemnity insurance which covered all staff who worked for the organisation.

Good

Diagnostic and screening services

There was a team meeting held monthly and the meeting minutes where displayed in the staff kitchen on a notice board. Information shared at the meeting included complaints and incidents across the organisation and training updates.

The service carried out numerous audits which included a large clinical checklist audit which covered a check on staff documentation, registration and training. This audit also covered checks on policies, maintenance of equipment and emergency plans. This large audit was completed monthly to ensure compliance. We observed records which showed this had been carried out each month for the last year.

The service also carried out smaller audits such as cleaning audits and hand hygiene audits, the hand hygiene audits which had been carried out in the last month had a compliance of 100%.

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.

The service did not have a risk register, however it carried out a number of risk assessments within the service such as fire and safety, COVID-19 outbreak, legionnaires, fit and proper persons and Control of Substances Hazardous to Health. The risk assessments had all been carried out in the last 12 months and had a renewal date present.

To reduce the risks of lone working there was a lone worker policy which stated that were possible situations where lone members of staff are at the premises alone should be avoided as much as possible. In line with the chaperone policy scans could not be carried by a single member of staff, a scan assistant always had to be present as chaperone to protect both the sonographer and woman.

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.

Staff had completed mandatory training on information governance and were able to articulate to us how they applied this in their work.

There were sufficient computer terminals in the service that all staff were able to access data and women's records.

Relevant data was submitted to, and monitored, by the franchisor.

The service had an information governance policy in place. Staff that we spoke with were aware of this and could articulate to us pertinent information such as the period of retention for women's records.

Engagement

Leaders and staff actively and openly engaged with women and staff.

The registered manager held monthly staff meetings for all staff. We reviewed the minutes of the last six months meetings which included women's feedback, new policies, training updates and learning from other Window to the Womb franchises.

Good

Diagnostic and screening services

The service actively encouraged feedback from service users, and we observed in the team meeting minutes that these were fed back to staff and, where appropriate, acted upon.