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

Overall summary

Window to the Womb in Salford is owned by D I Harries Manchester Ltd and trades as Window to the Womb. The service provides diagnostic pregnancy ultrasound services to self-funding women across Greater Manchester.

We inspected this service using our comprehensive inspection methodology. We carried out a short-notice announced visit to the clinic on 28 November 2019. We gave staff one working days' notice that we were coming to inspect to ensure the availability of the registered manager and clinic.

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

Summary of findings

needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005. The main service provided by this clinic was diagnostic imaging.

Services we rate

We had not rated this service before. 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 assessed risks to women, they kept clear records and asked for support when necessary. Staff kept records of women's appointments, referrals to NHS services and completed scan consent documents
- The service controlled infection risk well. The clinic had suitable premises and equipment which met the needs of people who accessed the service. This included people who accompanied women and children.
- The service made innovative use of technology to provide women with ways to access the service and their scan images. They had developed a mobile phone application which enabled women to document and share images of their baby.
- The service had clear governance arrangements that were appropriate to the size and scope of the service. Senior managers from the franchisor actively engaged with managers of the service and clinic staff. All managers promoted a positive culture that supported and valued staff.

Ann Ford

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	The provision of ultrasound scanning services, which is classified under the diagnostic core service, was the only core service provided at Window to the Womb.

Summary of findings

Contents

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 was registered in October 2019. The service was previously registered to another provider and was part of a national franchise. The service primarily serves the communities of the Manchester area. It also accepts patient referrals from outside this area.

The service had a registered manager in post.

The clinic provided baby scans including early pregnancy scans, well-being checks, growth and presentation scans and 4D scans including keepsakes and souvenirs.

We have not previously inspected this service.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and another CQC inspector. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Information about Window to the Womb

The clinic is in Salford, Greater Manchester and has one scan room, a reception area /waiting room and a separate area where parents can choose their photographs and keepsakes. It is located on the ground floor of a business unit and is fully accessible. The clinic is registered to provide the following regulated activities:

• Diagnostic and screening procedures

Window to the Womb has separated their services into two clinic types. 'Firstscan' clinic sessions specialise in early pregnancy scans up to 16 weeks gestation. 'Window to the Womb' clinic sessions offer later pregnancy scans. The Firstscan and Window to the Womb sessions take place at different times.

All women accessing the service self-refer to the clinic and are all seen as private (paying) patients.

The clinic opens three evenings a week and all day on Saturdays and Sundays.

At the time of our inspection the clinic employed one registered manager, four sonographers and five scan assistants. The clinic did not use controlled drugs.

During the inspection, we visited all areas of the clinic including the reception area, waiting room and the scan room. We spoke with six staff including the franchisor/ director, the manager, a sonographer and four scan assistants. We spoke with two women and four relatives. During our inspection, we reviewed three sets of patient records and observed two scans. There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. This was our first inspection of this provider and clinic.

Activity

August 2018 to July 2019

In the reporting period there were 2,221 Window to the Womb scans and 1,116 early pregnancy scans completed at the clinic

Track record on safety

The clinic recorded no never events

There had been no incidences of clinic acquired infections.

The clinic had received one written complaint.

The clinic did not have any services accredited by a national body.

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?

Good

We had not rated this service before. We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. There were 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.
- Staff understood how to safeguard people from abuse and had completed training at the required level on how to recognise and report abuse. Staff knew how to apply this training.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection. The service had suitable premises and equipment and looked after them well.
- The service had appropriate arrangements in place to assess and manage risks to women, their babies and families. There were appropriate processes for staff to raise concerns and report incidents. Staff understood their roles and responsibilities to raise concerns and record safety incidents.
- Staff kept detailed records of women's appointments, referrals to NHS services and completed scan documents. Records were clear, up-to-date and readily accessible to staff.

Are services effective?

We do not rate this domain.

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff monitored the effectiveness of care and treatment and used the findings to improve their practice.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and there were processes in place to assess sonographer competence and suitability for their role.
- Staff of different kinds 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. Staff followed the service policy and procedures when a woman could not give consent. All staff were aware of the importance of gaining consent from women before conducting a scan.

Summary of this inspection

Are services caring?

Good

We had not rated this service before. We rated it as **Good** because:

- Staff cared for women and their families with compassion. We saw positive interactions between women and staff. Feedback from women confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women and their families. Staff had training to support women when delivering bad news.
- Staff involved women and those close to them in decisions about their care and treatment.

Are services responsive?

Good

We had not rated this service before. We rated it as **Good** because:

- The service planned and provided services in a way that met the range of needs of people accessing the clinic. The facilities and premises met the needs of women and families, including children, that accompanied women to their scan.
- The service took account of women's individual needs and delivered care in a way that met these needs.
- People could access the service when they needed it. The clinic opened on evenings and weekends.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Are services well-led?

Good

We had not rated this service before We rated it as **Good** because:

- Managers at all levels had the right skills and abilities to run a sustainable service.
- Window to the Womb had a vision and strategy for what it wanted to achieve, and the clinic had a clear business plan to turn this into action. Staff were involved in the development of this vision.
- All managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality through regular audits and clinical reviews by lead clinicians employed by Window to the Womb (Franchise) Ltd.
- The service had systems to identify risks and plan to reduce them. The service completed risk assessments for identified risks
- The service managed and used information to support its activities, using secure electronic systems.

Summary of this inspection

- The service engaged well with women, staff and the public to plan and manage appropriate services and collaborated with partner organisations well.
- The service was committed to improving services by learning from when things went well or wrong and promoting training.

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

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We had not rated this service before. We rated it as **good**

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training requirements, including topics covered and frequency of training for each role were defined in the mandatory training policy.

All staff attended mandatory training including staff employed in the NHS. The monthly meetings included a mandatory training topic and there was a calendar of training for the year.

Mandatory training included equality and diversity, health and safety, information governance, fire safety, infection control, safeguarding for adults and children and young people, lone worker and mental capacity.

A record of achievement of completion of mandatory training was kept in each staff file. We saw that these had been completed and that all staff were up to date with their mandatory training.

Safeguarding

Staff understood how to safeguard people from abuse and had completed training at the required level on how to recognise and report abuse. Staff knew how to apply this training.

The service had a policy for safeguarding adults, children and young people and female genital mutilation. They were in date and had review dates.

There were flow charts for safeguarding processes with the local safeguarding board with relevant contact details and telephone numbers.

The registered manager was the designated lead for safeguarding and the registered manager and the deputy manager were trained to level three for safeguarding for children and young people as were the regional manager so that there was always somebody trained to level three on site when patients were having a scan. The director told us that they were starting to train some of the sonographers to level three as they felt this was good practice for the service they delivered.

All other staff were trained to level two safeguarding for children and young people and all staff had been trained for safeguarding for adults. All staff were trained in safeguarding for adults.

The service scanned patients over 18 years of age and patients between 16 and 18 years of age if accompanied by a parent. They would not scan anyone under 16 years of age. Patients were asked for their date of birth when they booked an appointment. The service had scanned two patients under 18 years of age in the last eighteen months.

Scan assistants we spoke with were aware of safeguarding procedures and the safeguarding policy although they had not referred any patients to safeguarding services or had any safeguarding concerns.

The service required all staff to have a Disclosure and Barring Service (DBS) check as part of the recruitment process. The service repeated the check every three years for the registered manager and scan assistants and annually for sonographers. We checked staff files and in the three files we checked the DBS check was documented in the files.

Good

Diagnostic imaging

There was a DBS policy acknowledging that circumstances could change the day after a DBS was completed and so the policy stated that a member of staff was never alone with a patient and that there would always be at least two members of staff with patients.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept equipment and the premises clean. At the time of our inspection all areas of the clinic were visibly clean and clutter free. We saw all posters displayed in clinical areas were laminated to make them easy to clean and prevent the spread of infection.

Infection control audits were undertaken as part of the clinic compliance audit. This was completed at this location in March 2019 and we saw that completion of cleaning logs, a hand wash audit and the cleaning of equipment were part of this audit. The clinic had undergone a deep clean in November 2019 which was documented as part of the clinic compliance audit.

There was a daily cleaning log for all areas of the location and we saw that the scan assistants completed this log. This included the toys in the waiting area.

The scanning room had ample personal protective equipment including gloves and aprons. There was a handwashing sink in the scanning room and we saw that staff washed their hands before and after scanning the patients. The flooring in the scanning room was appropriate and could be cleaned if there was any spillage. We were told that the carpet in the reception area was to be replaced by laminate flooring so that it would be easier to clean. There was a blood spillage kit if necessary.

Staff followed the World Health Organisation 'Five Moments for Hand Hygiene' and arms 'bare below the elbows' guidance. Hand sanitising gel was also available for staff, women and visitors to use at the reception desk. We saw that a handwash audit had been completed in November 2019 on six members of staff with 100% compliance.

Staff used disposable paper towels to cover the examination couch during the scan. We saw staff cleaned the bed with sanitising wipes and changed the towel after each scan.

Staff cleaned the ultrasound probe after each scan with sanitising wipes. They cleaned the ultrasound machine at the end of each day with sanitising wipes. Staff told us the transvaginal probe was cleaned with a high-level disinfectant foam between each use and the batch number of the disinfectant foam recorded on every patient record form.

There were appropriate bins for clinical waste disposal and these were emptied into clinical waste bins outside the premises. These were secure and emptied every two weeks.

The mops for the cleaning of floors were colour coded for each area of the clinic.

Environment and equipment

The service had suitable premises and equipment and looked after them well. The environment promoted the privacy and dignity of women using the service.

The service had completed a risk assessment on the premises which would be repeated every year.

The service was located on the ground floor of the building with an accessible toilet and access to all the rooms of the service. The radiators in the location had covers so that children could not burn themselves if they touched them. The windows in the scan room were blacked out, to darken the room and ensure scans could be seen and privacy was maintained. Staff locked the scan room door when a scan was in progress to prevent anyone entering accidentally and to promote privacy and dignity. The service provided a screen for women to change behind if they had a transvaginal scan.

The sonographer told us that the equipment was of good quality and as good or better than that used in NHS services. This was because the service needed good quality images. The scan settings were on the wall in the scanning room and were laminated.

The equipment was serviced every year by the manufacturer and we were told that if there was a problem with the scanning equipment, the manufacturers were responsive to coming out to attend to it.

Good

Diagnostic imaging

All electrical items were safety tested. Fire equipment was tested, and staff knew what to do in case of a fire. There were fire drills every three months. There were three fire extinguishers, foam, water and carbon dioxide to deal with different types of fires.

Staff kept substances which met the Control of Substances Hazardous to Health (COSHH) regulations in a locked cupboard. We saw that these were stored appropriately. A risk assessment was completed and would be repeated every year. COSHH training was part of the health and safety mandatory training.

Assessing and responding to patient risk

The service had appropriate arrangements in place to assess and manage risks to women, their babies and families. Staff kept clear records and asked for support when necessary.

The service used the 'Paused and Checked' checklist devised by the British Medical Ultrasound Society and Society of Radiographers. We saw the sonographer completed the checks during scans, which included confirming the woman's identity and consent, providing clear information and instructions, and informing the woman about the results.

The service advised all women to bring their NHS pregnancy notes with them, so sonographers had access to their pregnancy and medical history. Staff told us if a woman did not bring her notes they would call her GP or midwife before carrying out a scan. Staff made sure women understood that the ultrasound scans they provided were in addition to their routine maternity care and advised any woman who had missed a 12-week scan to register with a midwife.

All women completed a pre-scan questionnaire that included pregnancy history. This included a declaration signed by the woman which gave consent to pass medical information to an NHS care provider if needed and a confirmation that she was receiving appropriate pregnancy care from the NHS.

The service had clear processes and pathways with local NHS providers for staff to follow if any abnormalities were found on an ultrasound scan. Staff told us if an abnormality was detected they would call the local early pregnancy unit, triage unit or emergency gynaecology department, with the patient's permission. An appointment would be made, though staff said that some centres would accept walk in appointments.

If an abnormality was detected the sonographer would give an explanation to the parent(s) and the assistant would write up the report. Parents would stay in the scan room to ask any questions. The patient would be provided with a report to take with them to the hospital

If a woman was suspected of having an ectopic pregnancy the service would dial 999 for an ambulance to take them to hospital. Staff told us that sometimes the ambulance control staff would tell them that the woman could drive herself to hospital, but staff always insisted on an ambulance.

We saw that the national guidance for length of scans was discussed at a team meeting and that sonographers needed to inform patients that they could only scan as long as it was medically necessarily. The scan assistants measured the duration of the scan.

There were always at least two members of staff with patients including during scanning.

There was an established hand over system between the managers of different shifts so that any issues and concerns were addressed by the staff.

The service had a basic first aid kit and three staff were trained as first aiders. There was an accident book for the recording of any accident in the workplace.

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

Staffing

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

There were four sonographers who worked for the service, all worked in the NHS with at least two years' experience following qualification.

Good

Diagnostic imaging

All staff were directly employed and were on zero-hours contracts. Scan assistants were responsible for managing enquiries, appointment bookings, supporting sonographers during ultrasound scans and helping the families print their scan images.

The service did not use bank or agency staff. If cover was needed for the sonographer, for example due to annual leave, a sonographer from elsewhere in the group would be relocated to cover the clinic.

Records

Staff kept detailed records of women's appointments, referrals to NHS services and completed scan documents. Records were clear, up-to-date and readily accessible to staff.

Paper records were stored securely in a locked cabinet behind the reception desk. The service was hoping to go paperless in about three months. This would help with record storage.

We reviewed six records and we saw that they had been fully completed

There was a phone application for staff and patients and women were given a unique access code so that they could access their images. Women had instant access to their scan images and could share them with whoever they wanted to.

Medicines

The service did not use any medicines or controlled drugs.

Incidents

The service had appropriate processes for staff to raise concerns and report incidents. Staff understood their roles and responsibilities to raise concerns and record safety incidents.

The service recorded very few incidents, these usually concerned a sonographer being off sick and unable to attend the clinic to scan patients.

We saw that the service had a policy for duty of candour. Staff were aware of the duty of candour and said that they would apologise to patients if something went wrong.

Are diagnostic imaging services effective?

We do not rate this domain for diagnostic services

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence of its effectiveness.

Local policies and protocols were up-to-date, written by the clinical lead, a diagnostic sonographer and clinical nurse specialist and reviewed by the lead sonographer and a consultant in obstetrics and gynaecology. They followed national guidance from the Royal College and Society of Radiographers, the foetal abnormality screening programme standards and British Medical Ultrasound Society.

The service provided a handbook for sonographers which referenced relevant Society and College of Radiographers standards and guidance, guidance on CQC registration and national guidelines on safe use of doppler.

The service followed the as low as reasonably achievable principles outlined by the Society and College of Radiographers. This meant that sonographers did not scan for longer than 10 minutes and would not repeat scan within seven days of the previous scan.

We saw that standard operating procedures were on the wall of the scanning rooms so that staff could instantly see them.

The franchisor employed a consultant radiographer to advise the board on compliance with national standards and ensure policies and strategy was in line and best evidence-based practice.

Nutrition and hydration

The service had bottled water which it could provide to patients. Women were advised on whether they needed a full bladder when they attended for their scan.

Pain relief

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

Patient outcomes

Good

Diagnostic imaging

Staff monitored the effectiveness of care and treatment and used the findings to improve their practice. The service monitored patient outcomes and experience through their monthly clinic audits and patient satisfaction feedback cards.

The sonographers undertook peer review of their scans. Images were kept for a month so that they could review each other's work. We saw evidence of these reviews (November 2019) regarding the effective use of the scanning equipment and the repeat quality of the images.

The franchisor completed a comprehensive compliance audit every year and this was undertaken on 20 March 2019. Areas covered in the audit were physical clinic inspection, health and safety, infection control, emergency planning, operational delivery, policies and procedures, client feedback and staff including the sonographers. Following the audit action plans were put in place with dates for completion of those actions.

Every scan started with a diagnostic well being scan to give reassurance to the patients that the pregnancy was developing normally and to check the well being of the baby.

Scan assistants completed assessments of the sonographer they were supporting about their actions including the setting up of the scan room, the welcome to patients and their relatives, the explanation of the scan and what they did if any anomalies were detected.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and there were processes in place to assess sonographer competence and suitability for their role.

We checked three staff files and found that they were complete. We saw that employment checks had been completed and that references had been taken up for each member of staff. There was a statement from each NHS trust that employed the sonographers about their suitability for the role. All induction training had been completed and the initial assessment for the sonographers had been completed.

All the sonographers who worked for the service had two years post-qualification experience before they would be considered as sonographers for the service.

All staff had at least a week's induction before they started seeing patients and their competencies were signed off. They were then reviewed after they had been working for a month. Competencies were reviewed every year. The competency assessments included areas for development and any actions or training to address these. All staff received an employee handbook welcoming them to the company with their terms and conditions and company policies.

All the sonographers were registered with the Health Care Professions Council (HCPC) and we saw evidence of this in the registration log. As part of this registration were required to undertake ongoing continuing professional development. We saw evidence of this in staff files

One of the scan assistants had recently been promoted to deputy manager. There were other opportunities for scan assistants including marketing, taking telephone calls and extra training around bereavement support.

We were told how poor performance would be dealt with and what measures would be put in place.

All staff had received an annual appraisal.

Multidisciplinary working

Staff of different kinds worked together as a team to benefit women and their families.

We saw that all the staff worked well together. The scan assistants greeted people as they arrived at the service and supported them to fill in the paperwork. A scan assistant worked with a sonographer in the scanning room and each was aware of their role in the scanning process. They supported each other to form a good rapport with the women and their relatives. On completion of the scan the women were moved back into the waiting room to the area where they could pick their photographs.

The service worked with local NHS maternity services if they needed to refer women with any abnormalities on their ultrasound scan. The registered manager said that they had made contact with key members of staff from these organisations.

Seven-day services

Good

Diagnostic imaging

The clinic opened three evenings a week and all day on Saturdays and Sundays.

Health promotion

There were leaflets about morning sickness for women these included the symptoms, things that would be more likely to cause morning sickness and anything that could be done to alleviate the symptoms.

There was information about a telephone application to help women with any queries about their pregnancy.

There were information leaflets relating to anxiety and mental health promotion.

Consent and Mental Capacity Act

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. Staff followed the service policy and procedures when a woman could not give consent.

All women received written information to read and sign before their scan. This included a technology and safety briefing, terms and conditions, information on scan limitations, a crib sheet on what is and is not included in the scan package, information on medical records, consent and use of data. The pre-scan questionnaire and declaration form included a self-declaration stating the woman was receiving appropriate pregnancy care and consent to share information with the NHS.

On arriving for scan women had to sign the well being report which included their consent to the scan. The sonographer checked this with the patient once they were in the scan room.

There was a mental health policy which addressed the issue of patients who might return more frequently than expected for scanning. The service was aware of Gillick competence.

Are diagnostic imaging services caring?

Good

We had not rated this service before. We rated it as **good.**

Compassionate care

Staff cared for women and their families with compassion. Feedback from women was consistently positive and confirmed that staff treated them well and with kindness.

During our visit we observed positive interactions between the women and the staff. The sonographers tried to relax the women by building a rapport and they respected patient's dignity.

There was patient feedback on cards on the clinic wall, we saw quotes such as "absolutely amazing and friendly staff", "amazing experience" and really took time getting the perfect images and making you feel comfortable". There were no negative comments.

We saw that because of the way the babies were positioned in the womb the sonographers were not able to get the best images for the parents. The sonographer worked with the parents and did not rush them. One woman was asked to go for a walk and return to the scanning room and the other was asked to do some light exercise to try to get the baby to move its position. The sonographer told us that if they could not get the better images the women would be asked if they wanted to return to the clinic on a future date free of charge.

We saw the scan assistants chatting with the patients and explaining the processes of the scanning and the images. They showed patients the phone application and how they could get their images and how they could share them.

Privacy and dignity were protected as there was always a scan assistant in the scanning room with the patient who acted as a chaperone. The scan room door was locked when patients were having an intimate scan and there was a privacy screen, so the patient could undress. The patients were covered with paper towels during the scan.

We spoke to two patients who were attending for a scan. One patient had been before and said they had come back as it had been a positive experience previously. The other was a patient and said that the whole process had been very pleasant and that they were relaxed about the scan. They said that the sonographer had put them at ease.

Emotional support

Good

Diagnostic imaging

Staff provided emotional support to women and their families.

If a scan showed abnormal results the woman and her family could remain in the scan room whilst the sonographer explained the scan and arranged an appointment with an NHS provider.

The service provided training to staff on supporting women who had received bad news and the emotional impact of this.

Scan assistants had completed bereavement support training and the service provided information on bereavement support services and charities which supported the woman following miscarriage. One of the directors of the company was a bereavement midwife. They carried out training with the staff.

If a parent was referred following a suspicion of an abnormality to their baby the service would follow this up about a week later to check on the well being of the parents. Patients were asked if they wanted this follow up and staff told us that most of the patients agreed to it.

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 took time to explain the procedure before and during the scan. We saw the sonographer fully explained what was happening throughout the scan. They used appropriate language to explain the position of the unborn baby and the images on the monitors and asked women if they had any questions throughout and at the end of the scan. Women we spoke with told us that they had felt involved in the scan.

Staff communicated with relatives in a way they could understand. We saw they encouraged family members to be involved with the scan process by pointing out features on the scan and looking for the best images for them.

Are diagnostic imaging services responsive?

Good

We had not rated this service before. We rated it as **good.**

Service delivery to meet the needs of local people

The service planned and provided services in a way that met the range of needs of people accessing the clinic. The facilities and premises met the needs of women and their families including children.

The clinic was located close to public transport links and provided free parking. The service provided information on travelling to the clinic on their website.

Patients could contact the clinic by telephone or on line for an appointment. The website had good clear information about the packages available with clear pricing information. There was information for prospective patients about what to do before arriving at the clinic, what would happen on arrival and the scan itself. There were also frequently asked questions on the website. Patients could also telephone for additional information.

There was a large pleasant waiting area with comfortable seating. There was a play mat and a good selection of children's toys and books. In the reception area there were two desks so that patients could view their baby's images before making a choice on the ones they wished to save.

The scanning rooms were very spacious with comfortable seating for about six to seven people. There were three good size screens so that it was easy to view the ultrasound images. There was soft background music and patients and their relatives were not allowed to use phones in the scanning room.

The service did early pregnancy scans from six to 15 weeks and six days and Window to the Womb scans from sixteen weeks onwards.

There was a telephone application where women could view their scan images and have instant access to their images.

Good

Diagnostic imaging

Meeting people's individual needs

The service took account of women's individual needs and delivered care in a way that met these needs.

The service had separate sessions for Window to the Womb scans and Firstscan early pregnancy scans. This meant that women who may have experienced miscarriage did not share the same area with women who were much later in pregnancy.

All documentation used by the service was available in different languages although staff said that there had been few patients who could not speak English. The service had access to translation services by telephone if necessary. The information on the website was available in several different languages.

The service explained how they would support people to attend the service. An example was given if a patient had autism they could remain in their car until the clinic was clear for their appointment and then they would be brought in. Another example was where a patient or their relative had hearing loss they could put their hand on the speaker and feel the vibration from the baby's heartbeat.

Women could buy a range of baby keepsakes after their scan, including heartbeat bears which the service told us helped some women with mental health issues, especially after a bereavement.

Access and flow

People could access the service when they needed it.

All women self-referred to the service. They could book an appointment in person, by telephone or using an online booking form on the website.

Managers explained the booking system was flexible and allowed change to packages to meet women's choices. Women paid a small deposit and were given written information on what was and was not covered in their scan package. Women could change the package when they attended for their scan appointment if they wished.

The length of the appointment was 15 minutes although the scan time was a maximum of 10 minutes. This gave time for the parents to chat with the sonographer and ask any questions. Parents would then leave the scanning room to choose their photographs in an area off the main waiting room.

There were no waiting lists for scans and no cancellation of scans for non-clinical reasons in the period August 2018 to July 2019.

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 was a complaints policy which was in date and had a review date. We saw that there had been one complaint which had been upheld. The complaints log showed that the patient had received an apology.

There were lessons learned following the complaint and processes had been put in place to stop the same thing happening again.

Are diagnostic imaging services well-led?

Good

We had not rated this service before. We rated it as **good.**

Leadership

Managers at all levels had the right skills, experience and abilities to run a sustainable service.

Staff, including the scan assistants, told us that the directors of the company and the area manager were very visible and approachable. They came to visit the service periodically to undertake audits and meet with staff.

The registered manager had been in post for two years and was supported by one of the directors in their development. They had just recruited a deputy manager who was being supported in their development by the manager.

Vision and strategy

Window to the Womb had a vision and strategy for what it wanted to achieve, and the clinic had a clear business plan to turn this into action.

Good

Diagnostic imaging

There were short term goals and long term goals for the development of the business. There was also a business plan for the service.

The franchisor was working with the sonographers in the future development of the service.

Culture

All managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Staff told us that they enjoyed working for the company.

Governance

The service systematically improved service quality through regular audits and clinical reviews by lead clinicians. Governance arrangements were clear and appropriate to the size of the service.

The service had a clear governance policy which outlined the responsibility of board members, the relationship between 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 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. The franchisor visited the service at least once a month.

The service had policies and procedures for the operation of the service and these were available to staff in a folder in the clinic. All policies were up-to-date and reviewed annually. Policies were well ordered and were readily available to view in paper format and electronic format.

There were staff meetings every month. We looked at the records for three meetings and saw that they included agenda items such as clinical updates, guidelines from professional bodies around scan times and miscarriage training for staff. Staff also discussed any complaints, incidents, service changes and patient feedback

There were monthly meetings where the mangers from the different locations met to share their learning on issues such as complaints, incidents and good practice.

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 the clinic.

There was a newsletter for the company called “open window” which staff had to read and sign to say they had read it.

Managing risks, issues and performance

The service had systems to identify risks and plan to reduce them. The service completed risk assessments for identified risks.

We saw up-to-date risk assessments were completed for fire, health and safety, legionnaires’ disease and the Control of Substances Hazardous to Health. Risk assessments were recorded on a form which identified the risk and control measures and the member of staff responsible for monitoring and managing the risk. There were also organisational risks that were identified.

The service had employers liability insurance which has been renewed on 2 July 2019 and group medical malpractice insurance which had been renewed on 1 October 2019.

The service had appropriate emergency action plans in place in event of incidents such as power loss or fire. These outlined clear actions staff were to take and contact details of relevant individuals or services. Staff gave an example about what actions they took when they lost their internet connection.

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 managed and used information to support its activities, using secure electronic systems with security safeguards.

Good

Diagnostic imaging

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 company had received advice from a consultant with the changes to the General Data Protection Regulations and 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.

Staff received training for information governance and the General Data Protection Regulations.

Computer terminals were password protected, and the scanning machine was also password protected for each sonographer.

The telephone application for the sharing of images had a unique access code for each patient to access their images. The application was also used for staff communication.

Passwords for equipment and computers were changed if members of staff left the business.

Engagement

The service engaged well with women, staff and the public to plan and manage appropriate services.

There was engagement with local providers and the registered manager told us that they had written to local providers to introduce themselves when they first opened the service. The relationships had developed, and services would receive referrals from the service.

There was a staff survey with questions about job satisfaction. The staff socialised together outside work.

Learning, continuous improvement and innovation

There was a culture of continuous learning and development in the service.