

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Window to the Womb Limited

261 Derby Road, Bramcote, Nottingham, NG9
3JA

Tel: 01158776945

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Window To The Womb Limited
Registered Manager	Mr. Trevor Howard Bowbanks
Overview of the service	Window to the Womb Limited carry out 3D and 4D baby scans from their location in Nottingham.
Type of service	Diagnostic and/or screening service
Regulated activity	Diagnostic and screening procedures

Contents

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with four people who use the service. They told us they were happy with the service and the explanations given about the ultrasound scan. They confirmed they were treated with respect and their dignity and privacy was maintained. People also said they felt more comfortable and relaxed as the environment was not 'clinical.'

Specialised equipment was used for the ultrasound scanning. We saw the equipment was clean and in a good state of repair. We saw records which confirmed servicing was taking place. Only the sonographer (this is the person who carries out ultrasound scans) used the equipment for ultrasound scanning and they were qualified and experienced in its use.

We saw that the manager was carrying out checks of the professional registration of the sonographers who worked at Window to the Womb Limited. Sonographers are required to register with a professional body called the Health and Care Professions Council.

There was an effective complaints system available. The manager took account of any complaints to try and improve the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy and dignity were respected.

Reasons for our judgement

People who use the service were given appropriate information prior to attending the service for their scan. People were also given time to read the terms and conditions of the service which clearly explained the purpose of the scan and then signed to confirm their agreement to the scan taking place.

We spoke with four people who used the service on the day of our inspection. They told us they were happy with the service and the explanations given about the ultrasound scan. They confirmed they were treated with respect and their dignity and privacy was maintained. People also said they felt more comfortable and relaxed as the environment was not 'clinical.' This meant the provider had taken steps to provide the service in a manner that respected people's privacy and dignity.

Arrangements were in place to ensure that people's privacy and dignity were maintained. We observed the scanning process for two people who used the service on the day of our inspection. The scans were carried out in a private room out of the view of the main waiting area.

We observed the sonographer (this is the person who carries out ultrasound scans) and the provider talking with people in a respectful manner. One person said, "They are very professional, the guy on the desk at the front put me at my ease." Another person said, "The people are polite and respectful."

The sonographer only exposed the area of the mother's body that was necessary to perform the scanning process. Towels were provided to protect people's clothing during the scan. We observed that the staff explained what was happening during the scan in a way that people could understand.

The manager explained that they sometimes communicated using gestures to aid the understanding of people who had hearing difficulties or for whom English wasn't their first language.

Before they began, the provider confirmed with the person which scan package they were receiving and then explained the procedure to them. The provider and the sonographer explained what they were doing and what they could see throughout the scan. The provider gave people who use the service a copy of the scan to take with them when they left.

We saw that where the four dimensional scan pictures were not of a good quality because of the position of the baby, people using the service were invited back for a second scan. On the day of our visit one person using the service was invited back for a third scan.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

The scanning process was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The people we spoke with confirmed that they were satisfied with the manner in which the scan was carried out. The manager told us that where a scan revealed a possible problem with the pregnancy they would refer the person to their hospital or midwife for any treatment and support that may be required.

There was a procedure in place in the event of a scan revealing a foetal demise (this is when it is believed the baby may have passed away inside the womb). This involved referring the person to their hospital as soon as possible to receive any care and treatment that may be required. We spoke with a bereavement midwife at the local hospital who confirmed that they had received a referral from Window to the Womb in these circumstances. They confirmed that they had received appropriate information about the person from Window to the Womb. This meant that the provider had taken steps to ensure the safety and welfare of people using the service.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

The people we spoke with did not raise any concerns about the safety and suitability of the equipment that was used.

People were protected from unsafe or unsuitable equipment. Specialised equipment was used for the ultrasound scanning. We saw the equipment was clean and in a good state of repair. We saw records which confirmed servicing was taking place. Only the sonographer used the equipment for ultrasound scanning and they were qualified and experienced in its use.

An operational manual was available which explained how the ultrasound machine was set up and operated. We saw that the machine was regularly checked and serviced, repairs has been carried out when required.

Portable electrical appliance testing had been carried out less than a year prior to our inspection to check the safety of any electrical appliances that were being used. The report showed that some items had failed the test. These items had either been put out of use or replaced. This meant that people and staff were protected from the risks of unsafe equipment.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The people we spoke with told us that they felt the staff appeared to be competent and knowledgeable. The provider may find it useful to note that one person told us they would have appreciated some confirmation of the skills, experience and qualifications of the staff who carried out the scanning.

We saw that the manager was carrying out checks of the professional registration of the sonographers who worked at Window to the Womb Limited. Sonographers are required to register with a professional body called the Health and Care Professions Council. The sonographers were employed by an agency and were also working in other settings such as hospitals. This meant that the provider was taking steps to ensure that staff were qualified, skilled and experienced.

The manager sat in on each scan to assist the sonographer and also to observe that the sonographer was competent and providing a good service to people. The manager said that they if they had any concerns about a sonographer they would discuss these with them.

There were regular staff meetings being held in which discussions were held about the quality of the service and where any improvements could be made. We saw from the records that all staff were able to take part in the meetings and raise ideas. The most recent meeting had resulted in an action plan being put together which identified where improvements could be made.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. There was a complaints procedure available which was clearly displayed in the waiting area. This described the procedure that would be followed to deal with informal and formal complaints. The procedure gave a timescale for acknowledging, investigating and responding to any complaints.

We saw that any complaints received had been fully documented along with the outcome and whether or not the complainant was satisfied. These showed that each complaint was looked into and responded to appropriately. Where possible, complaints were resolved to the satisfaction of the person making the complaint.

The manager took account of any complaints they had received to try and improve their service. There was a section on each complaints form to identify any action required to reduce the likelihood of such a complaint being made in the future. We saw that these had been completed. This meant people who used the service could be confident any concerns or complaints would be dealt with appropriately.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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