

Precious Glimpse- Saltaire

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

Overall summary

Precious Glimpse Saltaire is operated by Precious Glimpse Limited.

Precious Glimpse Saltaire provides pregnancy reassurance and keepsake scans to self-paying members of the public. The service carries out trans abdominal ultrasound scans, including 2D, 3D and 4D baby keepsake scans and gender scans. The clinic does not provide diagnostic scans.

The service is based in Shipley and in addition to the manager employs two ultrasound assistants; and one part time receptionist.

The clinic is situated in Shipley, Bradford, close to public transport and nearby parking. The premises has a waiting room reception area; a scanning room; and toilet facilities with basement office facility and storage area.

We inspected this service using our responsive inspection methodology. We carried out an unannounced inspection on 30 August 2019. This inspection was carried out further to concerns identified during recent inspection at another Precious Glimpse Ltd location.

To get to the heart of patients' experiences of care and treatment, we asked the same questions of the service: are they safe, effective, 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 Precious Glimpse was baby keepsake scanning.

Services we rate

We inspected but did not rate this service.

- Staff did not always identify risks for service users and follow systems to minimise risk.
- Staff did not always understand how to protect patients from abuse but knew how to contact other agencies where they had concerns.
- The service did not always provide care and treatment based on national guidance. and systems were not established to make sure staff followed guidance.
- The service did not always ensure staff were competent for their roles.
- Leaders were aware of key risks, issues and challenges in the service but overall systems for identifying, reducing and monitoring risks were not yet in place. Effective governance processes were not established throughout the service.

Summary of findings

- The service did not have records for disclosure and barring service enhanced checks for one director and one member of staff, although these applications had been made.

However

- The service provided mandatory training in key skills for all staff and made sure everyone completed it.
- The service used appropriate control measures to manage the risk of infection.

- The culture was positive, and leaders were visible and supportive. Leaders had undertaken extensive actions to address the areas of concern identified following the recent inspection of another Precious Glimpse location.

We issued the provider with four requirement notices for actions they must complete that affected Precious Glimpse Limited.

Ann Ford

Deputy Chief Inspector of Hospitals (North Region)

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating Summary of each main service

The service provided at this location was diagnostic and screening procedures.

Keepsake baby scanning was the only core service provided at this location.

We inspected but did not rate for safe and well led key questions . We do not currently have enough evidence to rate for effective and we did not inspect caring and responsive key questions.

The provider had recently implemented widespread actions to ensure staff were sufficiently skilled and qualified to deliver effective care and treatment to individuals using the service.

Safeguarding systems and consent processes had been improved following concerns identified at a recent inspection of another location of Precious Glimpse Ltd.

Appropriate, policies and guidelines referencing national evidence-based practice had been recently introduced and staff were aware of these.

Overall systems for managing risk, governance and operational performance were not yet embedded.

Summary of findings

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Precious Glimpse Saltaire

Services we looked at

Diagnostic imaging;

Summary of this inspection

Background to Precious Glimpse- Saltaire

Precious Glimpse Saltaire is operated by Precious Glimpse Limited. The service has been registered at Saltaire since December 2017. The service offers pregnancy reassurance scans, 2D, 3D and 4D scans to fee paying members of the public. It is a private clinic in

Shipley, Bradford England, primarily serving the communities of Bradford and the surrounding area. It also accepts service users on a self-referral basis from outside this area.

The service has had a registered manager in post since December 2017.

Our inspection team

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

Information about Precious Glimpse- Saltaire

The clinic had one ultrasound scanning machine and is registered to provide the following regulated activities:

- Diagnostic and Screening services.

During the inspection, we inspected all areas at the clinic and observed four ultrasound scans. We spoke with two staff, the manager, and a receptionist. We reviewed service user feedback.

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 the clinic's first inspection since registration with CQC.

Activity (July 2018 to July 2019)

In the reporting period 30 July 2018 to 30 July 2019 There were 2303 scans

Track record on safety

- Zero Never events (Never events are serious patient safety incidents that should not happen if healthcare

providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

- Zero duty of candour notifications (the duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify people who use the services (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person).
- Zero safeguarding referrals.
- Zero incidences of healthcare acquired infections.
- Zero unplanned urgent transfers of a patient to another health care provider.
- Zero number of cancelled appointments for a non-clinical reason.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We inspected but did not rate for this key question, We found:

- The provider identified mandatory training in key skills and ensured staff completed this.
- Staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care.
- Staff understood how to protect service users from abuse and knew how to contact other agencies in case of any safeguarding concern.
- The service had revised policies to ensure scans were not provided to women under age 18 years.
- The service controlled infection risk well and used control measures to prevent the spread of infection.
- There was always a member of staff trained in first aid on the premises.
- Staff assessed risks to service users and systems were in place for referral to NHS services in case of any concerns.

However

- Staff did not always understand how to protect service users from abuse, but staff knew how to contact other agencies in case of any safeguarding concern.

Are services effective?

We inspected but do not rate effective because we do not have enough information to make a judgment. We found:

- The provider had developed policies and procedures to ensure care and treatment was delivered in line with national guidance and best practice.

However:

- The provider did not monitor the effectiveness of care and treatment delivered or use audit to monitor outcomes and drive improvement.
- The service did not have a policy and staff had not yet completed training regarding the Mental Capacity Act.

Are services well-led?

We inspected but did not rate for this key question. We found:

Summary of this inspection

- Although there was an overall aim to develop the service, there was no strategy or plan documented to progress this.
- Although the service had revised and identified key policies and procedures for staff to follow, there was not an effective governance process in place at the time of inspection.
- The service did not have current records of Disclosure and Barring Service checks for two members of staff, although applications had been submitted for these.

However:

- The service had completed extensive reviews of staff training, competencies and practice in line with national guidelines, in response to concerns identified during a recent inspection of another location of Precious Glimpse Ltd.
- Leaders were aware of key risks, issues and challenges in the service and were developing systems for monitoring these.

Diagnostic imaging

Safe

Effective

Well-led

Are diagnostic imaging services safe?

We inspected but did not rate for this key question.

Mandatory training

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

- Following a recent inspection in August 2019 at another Precious Glimpse location, a programme of mandatory training had been identified and all staff had completed health and safety training, infection prevention and control, fire safety and safeguarding training.
- Three out of five staff members had completed first aid training with plans for all staff to complete this. Arrangements were in place to ensure there was always one member of staff available onsite who was first aid trained.
- In the month prior to the inspection staff had completed safeguarding vulnerable adults training level one and two, and safeguarding children level three training.
- The service had a mandatory training policy, which identified core subjects including
- During inspection we saw records of staff training were being collated to demonstrate role specific training, and overall systems for mandatory training were being progressed.

Safeguarding

Staff did not always understand how to protect service users from abuse, but they knew how to contact other agencies to share concerns. Staff had some understanding of potential safeguarding issues which may arise in the service, but new systems were not embedded.

- All staff in the service had completed safeguarding vulnerable adults and safeguarding children training.

- The service had introduced a new safeguarding policy in August 2019 which referenced current national safeguarding guidance.
- Ultrasound scans were not provided to young people under the age of 18 years. The service had revised consent procedures and documentation to ensure service user's age and date of birth details were confirmed prior to appointments.
- Staff told us they would share any safeguarding concerns initially with the manager for escalation. Staff did not provide any examples of safeguarding concerns identified in the service and the manager had not made any safeguarding referrals.
- A safeguarding book was kept in a locked drawer at reception for staff to record any safeguarding concerns where these had been identified. This also contained contact details for the local adult safeguarding team, adult social care services and police service. We saw there had been no details of safeguarding concerns recorded in this book and the service had not made any safeguarding referrals in the last twelve months prior to inspection.
- Most of the staff we spoke with demonstrated an understanding of safeguarding, with several staff reflecting this understanding from their previous employment experience in a different role. However, there was only partial awareness of how safeguarding issues related to the service, with recent training and new systems not yet embedded in practice.
- The manager had a current Disclosure and Barring Service certificate and evidence of this was provided. A midwife who worked in the service had a Disclosure and Barring Service certificate relating to their NHS occupation, but the service did not have evidence of this. Two other staff and one of the directors in the service had recently applied for a Disclosure and Barring Service certificate although this had not been

Diagnostic imaging

received at the time of inspection. The service had appropriate records confirming identification and two character or professional references for each member of staff.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

- The premises appeared visibly clean and were free from clutter. A checklist of cleaning duties identified different cleaning tasks for all areas. Staff managed cleaning duties on a daily basis, following the checklist and cleaning rota. We reviewed latest records of daily checklists and saw these were all completed for July and August 2019.
- Staff wore uniforms with the company logo and were arms bare below the elbows. Staff did not have access to hand washing facilities in the scanning room but used hand gel prior to scans. Aprons were not provided but gloves were available for ultrasound assistants to wear during scan procedures.
- Staff had completed recent training in infection prevention and control. The service had an infection prevention and control policy.
- A paper towel covered the treatment couch during client scans and was replaced after each client's use. During the scan, women were given a paper towel to help maintain their dignity. Following the scan, paper towels were used to wipe the gel from the ultrasound transducer head.
- Staff wiped down the treatment couch after each appointment, using domestic cleaning wipes. Although this followed guidance in the cleaning tasks schedule, this was not in line with infection prevention and control guidance, which recommends use of an antibacterial cleaning product. Ultrasound assistants maintained the daily cleanliness of the ultrasound machine.
- There had been no incidences of healthcare acquired infections at the service since it opened.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

- The service had ground floor premises nearby to side street parking, with main entrance at street level; this entrance was also the fire exit. External signage was clear for people accessing the service.
- The clinic had a large waiting area with reception, a scan room, accessible toilet facility, and a separate office and store room facility located in the basement. The reception waiting area was light and spacious, with two sofas providing comfortable seating for people using the service. A children's area with a chair, table and toys was also available here.
- The ultrasound scan equipment was serviced annually and maintained in accordance with the manufacturer's guidance. Arrangements were in place for supply of replacement equipment from the contractor, in the event of any emergency breakdown. There were no reports of this having occurred.
- Records we reviewed showed the service had arrangements for electrical safety testing with an external contractor. All electrical equipment we saw displayed a current electrical safety testing sticker.
- The scan room contained seating, the treatment couch and ultrasound system, together with a large screen for service users to view the scan. The furniture and equipment appeared in good condition.
- The storage area contained a locked cupboard for storage of substances hazardous to health, such as cleaning products. Various stock and items for sale were stored on shelves in an orderly manner.
- Two helium cylinders for inflating balloons were kept in the reception area. These were freestanding and not secured, with possibility of their falling over causing injury. We raised this issue to the registered manager for immediate action during inspection.

Assessing and responding to patient risk

The service had systems in place to assess and manage risks to women and their babies.

Diagnostic imaging

- The service did not offer medical diagnostic imaging scans. Website information stated scans were non-medical, for baby bonding and souvenir purposes, not intended to replace routine NHS maternity scans and services.
- The service had recently amended its information and website to state it did not provide scan services to women age under 18 years old. Also, information clearly stated that where any concerns were identified during a scan, service users would be directed to NHS maternity services, as needed.
- The service did not identify any other specific exclusion criteria for women having a scan at the time we inspected although staff told us if they had any concerns they would discuss these and raise with the manager as needed.
- Service users booking in were asked to initial separate paragraphs containing key information, then sign a client waiver form prior to having a scan. The client waiver form asked women to confirm they were currently in good health and had no new or ongoing health concerns they needed to make Precious Glimpse aware of. Ultrasound assistants did not read through the client waiver form again to the client prior to the scan to ensure their complete understanding, following a two-stage consent process. We discussed this with the registered manager after inspection, who immediately spoke with staff and planned to introduce this step.
- The service had recently introduced new documentation, including a flow chart for staff to follow, where any anomalies or concerns were identified during a scan. We saw from training documentation that staff had been trained to identify what may present as a possible concern from each type of scan. The service had recently started to keep a record of cases where referral to NHS services had been made, or women had been directed to seek further advice. The form identified the initials of the service user; date; reason for referral; and details of the outcome that has been confirmed with the woman. There were no cases recorded on the new documentation to date.
- We observed scans during which ultrasound assistants used phrases such as 'everything looks perfect' and

confirmation that the foetus was formed normally. We raised this as a concern to the manager, who was unaware about this use of potentially diagnostic language and said they would not use this themselves. The manager spoke to staff immediately during our inspection about the importance of communicating with language which did not imply any diagnosis.

- Women were not routinely asked to bring their maternity notes and for early pregnancy reassurance scans medical records would not generally be available.
- Arrangements were in place to ensure there was always one member of staff available onsite who was trained in first aid. A first aid box was available at the reception desk.
- The service did not undertake non-invasive prenatal blood tests for service users.

Staffing

There were sufficient staff to meet the needs of the service. Staff had the right skills and experience to keep people safe from avoidable harm and to provide the right care and treatment.

- There were two part time ultrasound assistants and one part time receptionist working in the service. The registered manager also carried out scans when this was needed; staff worked together in shifts to provide reception cover. On occasion staff worked between other locations of Precious Glimpse limited if there was a need.
- There were no vacancies in the service at the time of inspection. Any sickness was covered between staff, as and when it occurred. The service did not employ bank or agency staff.

Records

Staff kept appropriate records of service users' care and treatment, using electronic systems and paper records. Records were clear, up-to-date and available to all staff providing care.

- Women accessing the service completed a client waiver form at the time of their appointment. This stated the basic terms and conditions and identified the service user's consent for the scan procedure.

Diagnostic imaging

- The service had introduced new systems for recording referrals for service users, where any concerns or anomalies had been detected and service users had been directed to NHS professionals.

Incidents

The service managed patient safety incidents and systems were being introduced for staff to share any learning from incidents.

- The provider had reviewed the incident policy for the service in response to concerns identified during a recent inspection of another location of Precious Glimpse Ltd. Staff had completed health and safety training and were aware of the procedures for reporting any incidents.
 - Staff recorded any incidents in the accident and incident book located at reception; this was kept in a locked drawer. We saw there had been no incidents recorded since the introduction of the new system.
 - The new policy stated that the registered manager would investigate any incidents after these were reported. The manager told us they were introducing review of incidents to share any learning with staff, although this had not happened formally to date.
 - Staff were aware of the principles of being open and honest and the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. We were told us of occasions where staff had communicated openly to share information with service users, after identifying a possible abnormality during their scan.
- New protocols and pathways to support safe care and treatment of people who use the services had been identified in response to . There were documented standard operating procedures for staff to follow for scan procedures.
 - The client waiver form stated, "Precious Glimpse Limited follows NICE guidance for frequency (sound waves) and length of scan which has found no detrimental effects in 40 years of case studies, but the British Medical Ultrasound Society do not recommend ultrasound for non-medical purposes." The provider did not have any record to demonstrate how they followed the NICE guidance referenced.
 - The service had not participated in any audits or used audit information to plan where improvements could be made. Audits, such as for infection control, booking forms, image quality, principles and safety problems of diagnostic ultrasound guidelines (ALARA), were not identified.
 - Women were advised regarding the need to drink water prior to their scan to enable a better image of their baby. Staff provided water to women at their appointment, if this was requested or needed.

Patient outcomes

Staff monitored feedback from service users but did not monitor the effectiveness of care and treatment or use the findings to improve them.

Are diagnostic imaging services effective?

The domain for effective was inspected but not rated

Evidence-based care and treatment

- The service did not always provide care and treatment based on national guidance and evidence-based practice.

- Staff recorded information about the number and type of scan appointments each month.
- The service maintained a secure file containing details of referrals where any concerns or anomalies had been identified following a scan.
- Women were asked to complete feedback forms and invited to comment on social media following their appointments to assist the service in identifying areas of improvement.

Competent staff

The service ensured staff were competent for their role.

- The provider kept appropriate records of staff employment history and professional references.

Diagnostic imaging

- The manager had completed a two-day private training course in ultrasound awareness in May 2016. Following inspection, the manager provided a letter confirming this training had been completed. The letter stated the training included ‘hands on training on the ultrasound equipment that you intend to use, including product training of the GE Voluson E8 Expert (ultrasound machine); how to start the machine, select functions appropriate to the scanning in pregnancy and how to select the correct settings to obtain an image in 2D, 3 / 4D and HD live to obtain images for reassurance and bonding.’ The registered manager did not have any evidence of continued professional development or updated training on how to use the equipment.
- Staff were trained in use of the ultrasound equipment by the registered manager. Records confirmed the training content and dates when staff had completed this training. Different practice standards had been identified based on the training documentation and were used to assess the level of staff competence for ultrasound scan techniques.
- Staff had not completed any other training in ultrasound practice outside of the service. The registered manager had not received any training or have any evidence of competency to provide training on the equipment to others. However, the manager demonstrated an established awareness of ultrasound scan techniques based on their own training and experience; we also observed staff were confident during different scan techniques and spoke knowledgeably about what was being observed.
- There were no completed peer reviews for ultrasound assistants although the manager informed us of they would carry out a process of informal supervision.
- Staff had not had an annual appraisal, although the service had recently introduced documentation for conducting performance appraisals. The manager informed us this was a new system in practice and intended for future development. Staff we spoke with said they had met with the manager to identify their development needs.
- The service had recently revised documentation for an induction checklist, but this had not been implemented to date. Staff confirmed they had

previously completed an informal induction, whereby they would be shown the different tasks required for their role as needed. The manager confirmed they would be present during the first week of a new member of staff’s employment to provide any support that was needed.

Multidisciplinary working

Staff of different kinds worked together as a team to support women accessing the service.

- During our inspection we observed professional communication and a positive working environment between staff and towards service users. The atmosphere was calm and friendly, allowing women to feel at ease.
- The service linked with local NHS maternity services with consent of women, where there was an identified need. The manager was planning to meet with local services to develop communication systems.

Seven-day services

- The service was open on Thursday, Friday, Saturday and Sunday between 8.30am and 4.30pm at the location. Should women wish to have an appointment outside of the clinic opening hours, appointments could be offered at other locations operated by Precious Glimpse Limited.

Consent and Mental Capacity Act

Staff supported service users to make informed decisions about their care and treatment. and followed national guidance to gain patients’ consent.

- The provider told us that people self-referred to the service and consent was captured within the client waiver form, which service users were asked to complete by signing with their initials. We reviewed eight client waiver forms and saw these were fully documented.
- The service had recently updated the consent policy to specify scans were not provided for under 18-year olds and this was added in the client waiver form.
- The client waiver form detailed consent for the ultrasound scan procedure. The manager stated the

Diagnostic imaging

service saw only medically fit individuals and did not perceive there had been any service users who lacked mental capacity or who had a need relating to their mental health.

- At the time of our inspection staff had not completed any training in consent or the Mental Capacity Act (2005) although this was planned.

Are diagnostic imaging services well-led?

We inspected but did not rate for this key question.

Leadership

Leaders had the abilities to run the service and understood the issues the service faced but did not identify priorities. They were visible and approachable for service users and staff.

- The leadership team was made up of two directors, one of whom was the registered manager and ultrasound technician. The registered manager did not inform us of any specific leadership training they had completed for their role but had an understanding of their service.
- An operations manager had started in the service on the day of inspection. This role had been identified to provide additional leadership support for the service and to assist in the development of organisational systems and processes. The operations manager had previously worked in a leadership role within education.
- The manager was visible and approachable; staff in the service said they were well supported. Staff consistently told us the manager was accessible and responsive to requests for advice where there was any need.

Vision and strategy

The service did not have a vision or current strategy.

- We were told the previous business plan had reached a stage where it had achieved its current objectives, with the proposed opening of a fourth location

- Staff we spoke with expressed a general aspiration to develop the service, and to complete further ultrasound training, but were unaware of any future detailed plans.

Culture

The manager promoted a positive culture across the service that supported and valued staff.

- There was an open and transparent culture within the service; staff we spoke with were enthusiastic about the service and proud of their work.
- We saw the culture continued to be positive and staff were keen to make improvements.
- Staff felt able to raise concerns to the manager without any fear of retribution.
- During the inspection when we shared information about areas of the service where improvements may need to be made, the manager was consistently positive and response to this. Where possible, we saw that immediate actions were taken to follow up issues identified during the inspection.

Governance

Leaders did not operate effective governance processes but were clear about their accountabilities. In the weeks prior to inspection several new policies in important service areas had been implemented. However, the processes to oversee key items and systematically manage performance were only starting to be identified.

- Although in the weeks prior to inspection the service had implemented new and revised policies in key areas, including for mandatory training, safeguarding and consent, the development of related governance systems was not yet in place. Processes were not established to ensure that policies and practice continued to be appropriate, were regularly reviewed, and referenced current best practice guidelines.
- There was no governance framework to support the delivery of good quality care. The stated aspiration for the service was to 'deliver the highest quality treatment and care possible', but the service did not complete any audits or use this information to drive quality improvement.

Diagnostic imaging

- We noted that the provider had focussed on revising procedures, guidance and documentation for many areas of service activity over recent weeks to provide assurance of safe care. A central aspect in this was revision of the client waiver document and consent process. Staff were clear in following these changes and new systems.
- The service had revised its recruitment processes for employees and we reviewed staff files to confirm these changes. Files for each member of staff contained photographic ID record and two references received. We saw completed enhanced Disclosure and Barring Service checks were in place for two members of staff and the registered manager; one member of staff did not have a DBS specific for the service; one of the directors did not have a DBS certificate. Both applications had been made and were in progress.

Managing risks, issues and performance

Leaders did not have an overall system to manage performance effectively. There was an informal working awareness whereby staff could raise any concerns to the manager. New systems for identifying and escalating relevant risks and issues had only recently been created and actions to mitigate risks were not yet established. Plans to cope with unexpected events were in the process of being identified.

- The service did not have systems to identify risks, plan to eliminate or reduce them. In response to concerns identified during a recent inspection of another location of Precious Glimpse Ltd., there had been an increased awareness of the need to manage risks and issues, and early plans for this were being identified.
- Systems for performance management and audit processes were starting to be developed and staff had met with the manager to discuss these.
- The service had a business continuity plan which identified actions to take in case of power failure, IT systems failure or phone systems failure. Risks in relation to clinical aspects of care for women using the service were also now being considered although there was not yet a fully documented plan for overall risk management in the service.

- We saw that previously there had been no arrangements in place for identifying, recording and managing day to day risks and the service. In response to concerns identified during a recent inspection of another location of Precious Glimpse Ltd. the provider had acted swiftly to address key areas of risk, including gaps in mandatory training, safeguarding training and systems, and recruitment procedures,

Managing information

The service collected and used information well to support its activities using secure electronic systems and security safeguards.

- Computers used by staff and for service users choosing scan images in the reception area were password protected.
- The ultrasound scan machine was not password protected and we were told digital images were manually deleted after three months. The registered manager was following up contact with the provider of the ultrasound equipment to update password protection. The scan room was locked when not in use.
- Scan images were transferred via a data stick to a reception computer for service users to choose their images. The data stick was kept in a locked drawer when not in use.
- Information on the website was clear about services provided and the various costs of these. The client waiver form confirmed terms and conditions of the service.
- The service did not have a confidentiality and General Data Protection Regulation (GDPR) policy in place. Staff had not received any training in information governance.

Engagement

- The provider engaged with service users through the service's website and social media accounts, to promote its services. The provider monitored feedback from service users via follow up surveys and social media comments.

Diagnostic imaging

- Staff engaged with their colleagues in daily communications about the service and their work. Staff meetings were held when possible and it was planned to have these on a more regular formal basis for the future.

Learning, continuous improvement and innovation

- During the inspection it was clear the registered manager was keen to improve the service and expressed an intention to pursue further training to support this. Following the inspection, the registered

manager informed us they had been unable to join a course in September 2019 for further ultrasound training with the Royal College of Obstetricians and Gynaecologists. However, this was now scheduled to begin April 2020.

- Although we did not hear of any other specific development plans, staff in the service were motivated to improve services where they could and were open to opportunities to do this.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure risk assessments are identified and continue to develop incident investigation procedures, to ensure there are systems for sharing learning with staff. (Regulation 12 (1)(2)(a)(b).
- The provider must ensure that all staff have the appropriate qualifications, competence, skills and experience to provide safe care to service users. Regulation 12(1)(2)(c).
- The provider must assess, monitor and improve the quality and safety of the services provided, and implement systems to evaluate and improve their practice. Regulation 17(1)(2)(c).

- The provider must ensure robust recruitment procedures are in place and staff have completed Disclosure and Barring Service and current certificates. Regulation 5 (1)(2)(a) (3)(a)(e),

Action the provider **SHOULD** take to improve

- The provider should continue to implement appraisal and supervision systems for staff.
- The provider should continue to develop systems for governance and risk management in the service.
- The provider should maintain robust systems for recruitment and employment of persons employed in the service.
- The provider should review arrangements for safe storage of helium canisters in the premises.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Regulation

Diagnostic and screening procedures

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

The provider did not have robust recruitment and employment procedures and one of the directors did not have a completed Disclosure and Barring Service check, employment references, or photographic ID.

Regulation 5 (1) (2)(a) (3)(a)(e)

Regulated activity

Regulation

Diagnostic and screening procedures

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have a fully documented exclusion criteria and systems for risk assessment were new and not yet embedded.

The provider did not have an embedded process to ensure staff had the skills and competencies to provide safe care.

Regulation 12 (1) (2) (a) (b) (c)

Regulated activity

Regulation

Diagnostic and screening procedures

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided.

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not have robust recruitment and employment procedures and staff did not have completed DBS checks.

Regulation 19 (1) (a) (b) (2)