

Precious Glimpse Limited

Precious Glimpse Saltaire

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to women, families, and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not record the most recent scan date from other private or NHS services on women's records.
- Two policies did not include complete information.
- The service did not have an electronic back up system for electronic records.
- The website included language that could be misleading.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to women, families, and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not record the most recent scan date from other private or NHS services on women's records.
- Two policies did not include complete information.

Summary of findings

- The service did not have an electronic back up system for electronic records.
 - The website included language that could be misleading.
-

Summary of findings

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Summary of this inspection

Background to Precious Glimpse Saltaire

Precious Glimpse Ltd is an independent ultrasound baby scanning studio registered with CQC since 2018. It is registered to provide diagnostic and screening procedures to women over the age of 18.

At the time of inspection, the service had a registered manager who was an ultrasound technician. There were also two additional ultrasound technicians, a receptionist who was also an ultrasound technician in training and a staff manager employed. The service operates between Tuesday and Saturday with evening appointments available once per week.

The service provides 2D, 3D and 4D HD livescans. Gender identification scans are also offered. These services are provided to fee paying members of the public to allow women and families the opportunity to see their baby developing.

This service was inspected in 2019 but was not rated. The service was issued with four requirement notices following breach of Regulations 5 (Fit and proper persons: directors), 12 (Safe care and treatment), 17 (Good governance) and 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Changes were made and we were satisfied these breaches were met.

How we carried out this inspection

The team inspecting the service comprised of a CQC lead inspector and an inspector. The inspection was overseen by Sarah Dronsfield Deputy Director, North Network.

The inspection was announced at short notice to ensure the service was operational on the day of the visit to allow for observation of routine practice.

During the inspection visit the inspection team inspected all 5 of the key questions, safe, effective, caring, responsive and well led and rated four of these. Effective is not rated for diagnostic and imaging services.

- The team spoke with the registered manager, one ultrasound technician and the staff manager.
- We observed three scan procedures and reviewed seven sets of records.
- We reviewed feedback from women attending via social media pages.
- Policies, procedures, and other documents relating to the delivery of the service were reviewed.
- The suitability of environment and facilities were looked at.
- The suitability of the website for Precious Glimpse limited was reviewed.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Summary of this inspection

Action the service SHOULD take to improve:

- The service should ensure staff complete autism, mental health and learning disabilities training (Regulation 9).
- The service should ensure non diagnostic language is used throughout the content of the website (Regulation 17).
- The service should ensure the ultrasound examination policy content reflects practice such that a heartbeat will not be listened to until after 13 weeks gestation (Regulation 12).
- The service should ensure records include women's most recent scan dates in any service prior to attending are recorded (Regulation 12).
- The service should consider maintaining a record of women who are refused appointments because they do not meet the criteria for acceptance into the service (Regulation 17).
- The service should consider creating a record to review successful gender identification following peer and external review (Regulation 17).
- The service should ensure the client confidentiality policy reflects the timescale for storage of scan pictures (Regulation 17).

The service should ensure an electronic record back up system is in place (Regulation 17).






Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

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

Is the service safe?

Good 

Mandatory training

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

At the previous inspection there had been a breach of Regulation 12, Safe Care and Treatment. This was because staff did not complete all appropriate and necessary mandatory training. We were satisfied that this breach had been met.

The mandatory training was comprehensive and met the needs of women and staff. There was a mandatory training policy and a training matrix which identified all staff training and frequency required by each member of staff. Mandatory training did not include autism, learning disabilities or mental health awareness. The registered manager told us this was being considered for inclusion.

We reviewed three staff files. We saw mandatory training records were kept up to date and reviewed monthly by the staff manager. The staff manager alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

There was a safeguarding policy in place. The Registered Manager was the safeguarding lead.

There was a training policy in place that identified the appropriate level of training for all staff. The registered manager had completed adult and children's safeguarding level three and designated safeguarding lead training. Staff received level two training for adults and children. There was 100% compliance with safeguarding training. All staff had also completed PREVENT training. Two staff had completed additional training on extremism and radicalisation.

Staff could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff explained that the service was developing a system for women to be able to communicate confidentially with staff.

Staff reported that no safeguarding referrals had been made.

Diagnostic imaging

All staff we spoke to were able to give examples of safeguarding concerns. Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff were aware of female genital mutilation (FGM).

There were visual prompts displayed on the wall in the staff office to support staff to follow a process when considering safeguarding or domestic violence concerns.

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

Cleanliness, infection control and hygiene

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

We saw an infection, prevention and control (IPC) policy dated April 2023. We saw staff complied with the policy. For example, staff arms were bare below the elbows, gloves were used and changed between clients. All surface areas were cleaned down between clients with antibacterial wipes. All furnishings were impermeable.

We saw evidence that the premises had been sanitised using the fogging method in February 2023. The registered manager told us that this had been in response to an increase in COVID 19 cases in the local area and was being considered as a future routine practice to improve IPC.

Cleaning records were maintained daily. We saw completed records for the previous four weeks. Records demonstrated that the clinic room, toilet area and waiting areas were cleaned as per the policy. There were no omissions in the records.

We reviewed the Ultrasound Examination Policy that outlined the use of personal protective equipment (PPE) during the scan. This included a section on appropriate cleaning of the transducer probe. Staff wore gloves when undertaking the scan. We observed PPE to be appropriately disposed of in a sensor operated bin.

We observed staff wash and gel their hands between each client interaction. We saw completed monthly hand hygiene audits for all staff. Audits showed 100% compliance. Handwashing posters were displayed on walls.

On arrival, we observed women and families were asked to gel their hands. Face masks were made available for use should any visitor choose to use one.

There was a small amount of children's play equipment available. Staff told us that this equipment was cleaned as required by staff. At the time of inspection this was not included on the cleaning rota as a routine task. We raised this at inspection. Since inspection the policy and cleaning rota have been updated to include this task.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Access to the service was directly from the main street outside. There was one step up into the building. We saw there was a portable ramp that could be used if needed. The premises had large shop front windows with screening to allow for family's privacy whilst in the waiting area. The service provided a light, comfortable and spacious area allowing enough space for women to attend with family members. There was a reception desk immediately on entering the front door with a small baby gift shop to one side.

Diagnostic imaging

All areas were clean and well maintained.

Toilet facilities were available with a call buzzer that would sound at reception should any visitor require support. The toilet facilities were not wide enough for wheelchair access due to the existing structure of the building. There was a booking policy in place that identified women attending the service should be made aware the toilet facilities were not wheelchair accessible at the time of booking.

We saw the service records for the scan machine dated January 2023. The scan machine had passed all areas except for one area relating to a requirement for a copy of current system software available with the machine. The registered manager told us that this had been rectified following the service.

We saw evidence of up-to-date portable appliance testing (PAT) records.

There was a site assessment document in place dated July 2022. There was a fire risk assessment in place dated July 2021 with a three year review date recommended.

The service had suitable facilities to meet the needs of women's families. There were two adequate and comfortable seating areas with a small amount of children's play equipment.

The scan room had a new electronic height adjustable bed. The registered manager informed us that this would be serviced at one year from its purchase. There was an audit sheet in place identifying the service due date as January 2024. Staff identified the benefits of this equipment both for women attending for scans and for staff with individual needs, for example, a pregnant member of staff requiring the bed to be at a different height.

The service had enough suitable equipment to help them to safely care for women. Ultrasound transmission gel was used in accordance with guidance from the UK Health Security Agency. We saw guidelines regarding storage of the gel. All gel was dated and any opened bottles were discarded after two weeks if not used during that timescale.

The service received updates from the Medicines and Healthcare products Regulatory Agency (MHRA).

Staff disposed of waste safely. The service did not generate any clinical waste. Clinical and non-clinical waste were defined within the infection prevention and control policy.

Assessing and responding to patient risk

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

All staff were first aid trained and knew how to seek help in an emergency.

Staff completed risk assessments for each patient on booking, using a recognised process outlined in the booking policy. The policy stated and staff explained they would ask for details regarding the pregnancy, clarify any impairments / disabilities or health concerns. Women would be advised they would not be given an appointment if they were seeking any medical advice or waiting for an additional scan within the NHS due to any health concerns. Staff told us they would confirm the date of the last scan with themselves and would confirm this using their booking system which automatically populated the timescale since last appointment. Staff stated they would also ask for the date of the last NHS scan and would not offer a scan within two weeks of this date, however, did not record the date of the last NHS scan or details of reasons for refusing women a scan. Allergies were recorded on the records.

Diagnostic imaging

Staff followed 'as low as reasonably achievable' (ALARA) recommendations for lengths of scans and frequency of ultrasound waves. The thermal and mechanical index were kept to a minimum. The ultrasound examination policy clearly outlined the timescale between scans and the appropriate use of the machine. Staff explained the maternal heartbeat would not be listened to until after 13 weeks gestation. This was explained on the Precious Glimpse website. However, the ultrasound examination policy did not include this.

Staff were clear that they provided scans for keepsake purposes and not medical purposes. Staff gave examples of how they used language to avoid any diagnostic interpretation. For example, were clear not to use phrases such as 'everything looks fine' and would not refer to scans as 'reassurance scans'.

Staff would recognise repeat attenders by looking at the last appointment date on the electronic booking system. There was an ultrasound examination policy in place that outlined scans were not recommended within two weeks of the most recent scan.

Staff would advise women to see their GP or midwife for further advice if they had any anxieties regarding their pregnancy. However, the date of the most recent keepsake or NHS scan was not recorded on the women's records.

Women would not be offered a scan if they were awaiting an additional scan within NHS services for medical reasons.

Staff shared key information to keep women safe when handing over their care to others. We reviewed the referrals policy and procedure which clearly described the service as non-diagnostic and any concerns during scans would require a referral. If concerns were detected during the scan women would be advised that a referral to the local maternity assessment unit should be made. Women had the option to choose whether this referral was completed for them by the staff or to self-refer. Referrals would be made immediately following the scan where women were consenting.

Staffing

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

The ultrasound technicians had completed training on the use of the scan machine. We reviewed details of training confirmation that evidenced safe and correct use of the machine, how to safely obtain images, and how to follow ALARA principles. There were always two staff on duty.

The registered manager was able to adjust staffing to cover leave. There were no vacant posts.

Records

Staff kept detailed records of women's care. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

We reviewed seven sets of records. All the records reviewed were completed in full. We saw records were stored in a locked filing cabinet in the staff office accessible by all staff. Records were kept for 12 months before being destroyed.

We saw audits completed over the previous 3 months evidencing that records were not kept for longer than the client confidentiality policy identified.

Diagnostic imaging

Scan pictures were stored on the password protected scan machine for six months. At the time of the inspection, it was identified that there was no electronic record back up system in place.

The registered manager informed us there was a plan in place to begin saving these pictures to a secure external hard drive.

The client confidentiality policy did not outline the timescale for storage of pictures.

Incidents

The service managed safety incidents well. Managers knew to investigate incidents and share lessons learned with the whole team and the wider service. If things went wrong, staff knew how to apologise and give women honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.

There was an accident and incident management policy and an incident folder was in place. Staff knew what incidents to report and how to report them. At the time of inspection there had been no incidents reported within the previous year.

The service also provided public facing information regarding the management of an incident. This was available within a folder in the waiting area.

Policies we reviewed identified that incidents would be discussed through monthly team meetings to support improvements.

Staff understood the duty of candour. They were open and transparent, and explained how they would give women and families a full explanation if things went wrong. We reviewed the duty of candour policy. This set out clear guidelines for all staff to follow.

Is the service effective?

Inspected but not rated 

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff were able to explain national guidance that was followed including ALARA principles and National Institute for Clinical Excellence (NICE) guidance. The registered manager carried out checks to ensure staff followed guidance. We saw evidence of this being completed following each scan. A scan check form was completed confirming that scans were carried out in under 15 minutes and were understood by women attending to be non-medical. The service provided written information to confirm that the British Medical Ultrasound Society (BMUS) does not recommend ultrasound for non-medical purposes. Information provided also made reference to the evidence base that refers to no detrimental effects being found in over 40 years of research and recognised research is ongoing.

We reviewed the quality, governance and risk policy. We saw that this outlined the responsibility of the registered manager and staff within the service to keep up to date with national guidance and emerging research.

Diagnostic imaging

Patient outcomes

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

Outcomes for women were positive, consistent, and met expectations.

All staff participated in a range of regular and comprehensive audits. These audits included policy reviews, health and safety, documentation, staff files, staffing levels, feedback and complaints. The quality, governance and risk policy clearly outlined the role and purpose of audits to promote quality improvement. Managers shared and made sure staff understood information from the audits. All staff told us they took part in audits.

We observed systems in place for peer review of scans. Ultrasound technicians would work together within the service to review scans carried out by each other. We were told that external feedback was also sought to identify any discrepancies with gender identification following women attending NHS scans. Women were asked to advise the provider of any discrepancy should this happen. However, staff did not keep a record to confirm successful gender identification upon peer review or external confirmation.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. The Society of Radiographers recommend that anyone using ultrasound equipment should be trained to use it safely and competently as a minimum by a manufacturer's application specialist. The registered manager provided evidence of external training sufficient to safely carry out scans using the scan machine. This training comprised of a two day training with an external provider. This training included use of the specific scan machine, ALARA principles, relevant guidelines and legislation, practical skills and completion of scans. We also saw an internal training plan and clear competencies to be achieved for all ultrasound technicians working within the service. The registered manager was able to explain how poor staff performance would be recognised and how staff would be supported to improve.

Managers gave all new staff a full induction tailored to their role before they started work. We reviewed and saw completed induction records in three staff files.

Managers supported staff to develop through yearly, constructive appraisals of their work. We saw individual staff supervision and appraisal records. We saw clear guidance on setting staff objectives.

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

The registered manager and staff manager told us they worked together to identify any training needs and ensure time and opportunity to develop staff skills and knowledge.

Multidisciplinary working

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

We observed the team to work well together.

Diagnostic imaging

The service linked with the local NHS maternity services to make referrals with women's consent. Staff told us that there was a good working relationship with the maternity assessment unit. They explained that if there were difficulties, for example, making contact with the maternity assessment unit out of hours they would follow this up and ensure the Precious Glimpse team were aware of any changes that might impact on being able to make referrals in a timely way.

Health promotion

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

Staff recognised that the service was for the sole purpose of providing keepsake baby scans and therefore did not provide any other form of health assessment. There was maternal health promotion information available in leaflet format provided through other nationally recognised organisations.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported women to make informed decisions about their care. They followed national guidance to gain women's consent.

There was a consent policy in place. The consent policy clearly outlined the process for gaining informed consent. Staff gained consent from women for their care and treatment in line with legislation and guidance. We observed client information and waiver forms being completed prior to the scan. The client waiver form provided all information necessary for women to be able to make an informed decision. Clients initialled each piece of information separately to confirm they had read and understood. We observed all information to be reconfirmed prior to the start of the scan.

Consent forms were stored securely in women's records.

There were no women under the age of 18 seen within the service. Women were asked to provide their date of birth at booking. Staff told us that if women looked under 25 years old when attending formal identification (ID) checks would be completed. This would be recorded on the client waiver form prior to the scan taking place.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

Compassionate care

Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for women. All staff were observed to take time to interact with women and those close to them in a respectful and considerate way. Women provided feedback through social media that demonstrated positive feedback.

Staff told us that they allowed the time needed to achieve the aims of the appointment and did not rush appointments if baby was not positioned well enough to gain a good image.

Diagnostic imaging

Staff were observed to follow policy to keep patient care and treatment confidential. For example, we saw the computer screen and filing cabinets were locked. We saw a comprehensive confidentiality policy in place and evidence of a named Caldicott Guardian.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. There was a Chaperone policy in place that outlined the need for recognition of respect and diversity.

Emotional support

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

Staff gave women and those close to them help, emotional support and advice when they needed it. Staff understood the need to manage difficult news with empathy. Staff were clear that they were not able to give any kind of diagnostic view. Staff explained how they took responsibility for supporting women with any concerns identified during the scan or women who became distressed by allowing them time within the private clinic room area either supported by staff or alone with family according to preference.

They offered women the option to be referred or to self-refer onto the local maternity assessment unit. This decision was recorded on the women's notes.

Staff had access to a detailed policy on breaking bad news. The breaking unexpected news policy clearly outlined the use of appropriate language to ensure empathy whilst working within the remit of the baby keepsake scan service.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Follow up emails were sent to any women who had been referred on to the maternity assessment unit offering emotional support and best wishes. There was no requirement for women to respond to these emails. Three women referred during the previous four weeks had provided feedback that demonstrated they appreciated the follow up messages.

Understanding and involvement of women and those close to them

Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure women and those close to them understood their care and procedures. Staff provided written and verbal information to clarify the role and remit of the scans. Information was provided on the Precious Glimpse website that clarified the role of the service and the suitability for each scan. The website included a frequently asked questions page.

Staff talked with women, families and carers in a way they could understand.

Women and their families could give feedback on the service and their treatment and staff supported them to do this. Written feedback forms were available in the waiting area, were provided to women visiting the service and comments could be posted on social media pages.

Women gave positive and negative feedback about the service on social media sites reviewed. We saw five reviews over a two month period. Four reviews gave positive feedback. One gave negative feedback. There was a regular team meeting agenda item to discuss any feedback and opportunity to make improvements.

Diagnostic imaging

Is the service responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

The service was visibly located on the main road through the town with street parking available for up to two hours outside the premises.

Facilities and premises were appropriate for the services being delivered. There was level access and spacious waiting areas. The toilet facilities had a call buzzer should any person attending need help.

Managers monitored and took action to minimise missed appointments. Cancellations were advertised via social media to allow others to book into appointments available.

Meeting people's individual needs

The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services.

Staff understood communication needs of women with a disability or sensory loss. Staff gave examples of ways they would communicate with people with a sensory loss, for example through using word documents to type information for people with hearing impairments.

The service had the option to print information leaflets available in languages spoken by the women and local community. Staff explained they had used an electronic translation service when women had attended who required information in a different language.

Access and flow

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

Women were able to book appointments at a time that suited them. Women could send a message to request an appointment through the website or ring to book an appointment. There were evening, weekday and weekend appointments available.

No planned appointments were cancelled unless there were unplanned unavoidable staff absences. Staff explained that this had not happened often and appointments would be rebooked within the same day where possible.

Staff offered support to women when they were referred on to the local maternity assessment units. Staff sent a follow up email to women 72 hours following the referral to ensure they had received contact and to offer any further support regarding the referral.

Diagnostic imaging

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

Women, relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern. There was information on how to make a complaint displayed on the wall in the waiting area and client facing policy information provided in a folder in the waiting area. Information was included on how to refer a complaint for an independent review.

At the time of inspection there had been no formal complaints raised. Staff understood the policy on complaints and were able to describe what to do if a complaint was received.

Staff would review feedback to improve daily practice. There was a section in the team meeting agenda for discussion of client feedback.

Is the service well-led?

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills.

At the previous inspection there had been a breach of Regulation 5, Fit and Proper Persons: directors and Regulation 19, Fit and Proper Persons Employed because not all staff had Disclosure and Barring Service (DBS) check certificates in place. We reviewed this and were satisfied that all staff met requirements for appropriate DBS checks. The registered manager met the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors are fit and proper to carry out this role. The registered manager described the responsibilities of the leadership role within the service and how staff were supported and valued on a day-to-day basis. The registered manager had completed additional training in leadership and management. The registered manager told us that she would make herself available for staff support during the business opening times and provided examples of how she had offered staff support following difficult scans. The registered manager was visible within the location for women and families attending during the inspection.

We reviewed staff appraisal forms and found there was opportunity to discuss skill development should any member of staff choose to seek any further progression.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.

Diagnostic imaging

The service had a clear set of aims and objectives set out in the statement of purpose. The registered manager explained the service was constantly striving to provide dedicated care with positive experiences for all women and families with commitment to making improvements.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work. The service had an open culture where women, their families and staff could raise concerns without fear.

Staff we spoke with said they enjoyed their work and felt they worked together well as a team. We observed all staff showing equal respect to other staff, women and families visiting the service.

Women were encouraged to raise any concerns either during the appointment or through a feedback form following the appointment.

Governance

Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

At the previous inspection there had been a breach of Regulation 17, Good Governance. This was because there was no governance process in place. We were satisfied that this breach had been met. There was a quality, governance and risk policy in place. This policy outlined the role of the managing director and registered manager and included the governance structure and processes within the service. The service had a comprehensive range of policies and procedures. The policies we reviewed included a version number, date of issue and date of review. Each policy was supported by a list of national guidance, legislation, and evidence-based practice references where appropriate. We saw evidence of team meetings demonstrating discussion that included training, policies and feedback reviews. All staff we spoke to were clear about their job roles, responsibilities and to whom they were accountable.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making.

The registered manager was aware of financial pressures and described recent changes to other Precious Glimpse locations to be able to ensure continuity of care at the current location.

There was no system in place to save electronic records or scan pictures to a separate hard drive. However, the registered manager recognised this as a potential risk with plans to put a system in place.

There was a procedure in place in the event that the scan machine should fail. The machine was fully serviced according to guidelines. We saw an audit form identifying the date of the last service and the next service due.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure.

Diagnostic imaging

The service had a client confidentiality policy in place outlining data protection and all staff had completed mandatory training as required under the General Data Protection Regulation (GDPR) 2018. The website provided information on the privacy policy. All paper records were stored securely in a locked filing cabinet. All electronic records were stored on a password protected computer. All scan pictures were stored on the password protected machine.

Engagement

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

The service had a website that provided information about the services available. The service also used social media sites to promote the service and to seek open and honest feedback from clients. The registered manager described a recent change that had been made where a follow up email was sent to women requiring onwards referral as a gesture of goodwill.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The registered manager told us about the commitment to continually improve and develop the service. All staff we spoke to were committed to working together to provide the best service they could for the women and families in the local area. The registered manager described recent improvements to the service, for example, ensuring the clinic bed was upgraded to meet all staff and women's physical needs. There were also future plans described to seek additional external peer review specifically for the registered managers own role and to be able to benchmark the care provided against other local services.