

Precious Glimpse Limited

Precious Glimpse

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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Summary of findings

Overall summary

Our rating of this location improved. We rated it as requires improvement because:

Staff received training in key skills, however not all staff had completed mandatory training. We were not assured staff understood how to protect women from abuse, and managed safety well. There was lack of information relating to how the registered manager acted and recorded on risks to women. The service did not always manage safety incidents well and we found no evidence of learned lessons from them. Staff did not collect safety information to improve the service.

The registered manager did not monitor the effectiveness of the service and did not regularly review if staff were competent.

People could not always access the service when they needed it, the registered manager confirmed the service was open three days a week between 8.30-4.30pm. There were no evening appointments to accommodate women who worked. The service did not make it easy for people to give feedback, there was no evidence of how to make a complaint.

The service did not have a vision or values. There was a lack of governance processes to review performance and activity. Risks were not always identified, reviewed or mitigated. We found there was limited information to demonstrate how the service made improvements.

However:

The service-controlled infection risk well.

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

The registered manager used reliable information systems. Staff felt respected, supported and valued. We found staff were clear about their roles and accountabilities and worked within their scope of practice.

Due to the concerns we found during our inspection we used our powers to take enforcement action. We served the provider with a Section 29 Warning Notice. This told the provider that they were failing to comply with Regulation 17 Good Governance.

The provider now has a specified time to make improvements to ensure compliance with the Regulations. We will revisit the service to check that appropriate action has been taken and that the quality of healthcare has improved.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Diagnostic imaging

Requires Improvement



Our rating of this location improved. We rated it as requires improvement because:

Staff received training in key skills, however not all staff had completed mandatory training. We were not assured staff understood how to protect women from abuse, and managed safety well. There was lack of information relating to how the registered manager acted and recorded on risks to women. The service did not always manage safety incidents well and we found no evidence of learned lessons from them. Staff did not collect safety information to improve the service. The registered manager did not monitor the effectiveness of the service and did not regularly review if staff were competent. People could not always access the service when they needed it, the registered manager confirmed the service was open three days a week between 8.30-4.30pm. There were no evening appointments to accommodate women who worked. The service did not make it easy for people to give feedback, there was no evidence of how to make a complaint. The service did not have a vision or values. There was a lack of governance processes to review performance and activity. Risks were not always identified, reviewed or mitigated. We found there was limited information to demonstrate how the service made improvements. However:

The service-controlled infection risk well. Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs. The registered manager used reliable information systems. Staff felt respected, supported and valued. We found staff were clear about their roles and accountabilities and worked within their scope of practice.

Summary of findings

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Summary of this inspection

Background to Precious Glimpse

Precious Glimpse provides 2D, 3D, 4D, HD live and gender keep sake baby scans to self-paying women and their families. The service carries out trans abdominal ultrasound scans from week 7 to week 40. Appointments can be booked between 8.30am – 4.30pm Tuesday, Wednesday and Thursday. The ultrasound technician reviewed the woman's details before carrying out the scan, they checked consent and confirmed the woman was aware the scan was for keep sake purposes and not to provide diagnostic screening. The clinic is based in Burnley town centre and is reachable by public transport. The premises had a waiting room, scanning room, storage area, office and toilet facilities.

We carried out an unannounced inspection on the service on 17 June 2021. We spoke to four staff members, observed and spoke with two women attending for scans and reviewed twelve records.

How we carried out this inspection

To get to the heart of service user's experiences of care and treatment, we ask the same five questions of all services; are they safe, effective, caring, responsive to people's needs and well led? Where we have 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 registered manager understood and complied with the Mental Capacity Act 2005

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 the service MUST take to improve:

The service must ensure information and guidance about how to complain must be available and accessible to everyone who uses the service. It should be available in appropriate languages and formats to meet the needs of the people using the service. Regulation 16 (2)

The service must ensure they provide all regulated activities are under the registered provider Regulations 17(1)(2) (a)(b)(c).

The service must ensure they have effective systems in place to assess, monitor and improve the quality and safety of services provided Regulations 17(1)(2) (a)(b)(c)

The service must ensure they have effective systems in place to maintain records to meet the requirements of the General Data Protection Regulation and their own policies Regulations 17(1)(2)

The service must ensure they have processes in place to identify, monitor and mitigate any risks relating to safety, health and welfare of people using the service Regulations 17(1)(2) (a)(b)(c)

Summary of this inspection

The service must ensure the provider regularly reviews the competencies of all staff undertaking the regulated activity Regulations 18(2) (a)

Action the service SHOULD take to improve:

The service should ensure all staff complete the appropriate level of safeguarding training including PREVENT and embed safeguarding systems.

The service should ensure appropriate processes are in place to identify and safeguard any person attending under the age of 18 years old.

The service should ensure all documentation relating to employment and recruitment are maintained and completed.






Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

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

Are Diagnostic imaging safe?

Requires Improvement 

Mandatory training

Although the service provided mandatory training in key skills not all staff had completed it.

At the time of inspection, we found 56% of staff completed mandatory training including information governance, infection prevention control and equality, diversity and inclusion.

However, since the last inspection the registered manager had introduced further modules to ensure staff undertook relevant mandatory training to support them in their role.

The training matrix provided the registered manager with oversight as to who had completed training and who had not.

Safeguarding

Staff did not always understand how to protect women from abuse, but staff recognised they needed to contact the other agencies to share concerns.

The service reported 100% of staff had completed safeguarding level one and two training for adults and children. However not all staff had completed PREVENT training. PREVENT is part of the government anti-terrorism strategy about safeguarding vulnerable people from being radicalised; child sexual exploitation and female genital mutilation (FGM).

Staff had an understanding of FGM but were unable to give us information on how they would escalate their concerns and to whom.

There was no system or process in place to ensure women were not under the age of 18 years

However, posters on how to report abuse were displayed where service users could see it.

Diagnostic imaging

Staff recorded any safeguarding concerns in the safeguarding book and contacted the local authority to escalate their concern.

The service reported no safeguarding referrals had been made since they opened.

Staff had access to a safeguarding lead, if they needed support when dealing with a safeguarding concern. The safeguarding lead was trained to level three safeguarding adults and children. Any safeguarding issues were dealt with at the clinic and reported to the safeguarding lead.

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.

Cleaning tasks were scheduled to ensure areas were cleaned regularly. This included daily cleaning of equipment, rooms and main areas.

Staff were provided with antibacterial wipes, clinical wipes and cleaning sprays for the cleaning of equipment and surfaces. We observed staff cleaning the bed and surfaces with clinical wipes in between women's appointments.

Staff used cleaning schedules to demonstrate areas had been cleaned, we found schedules between May 2021 – June 2021 were complete.

Signs were prominently displayed about social distancing and social distancing markers were on the floor. Length of appointment times had been reduced to allow for management of social distancing, and to limit the number of people accessing the premises. Service users were asked at booking and attendance to confirm they did not have any symptoms of COVID-19 or that they were not self-isolating after having been in close contact with another person with COVID-19.

We observed that staff wore appropriate personal protective equipment (PPE), worked bare below the elbow and used hand gel between women. Toys had been removed from the environment to manage infection prevention and control.

Handwashing facilities were not within the scan room but available in the toilet facility adjacent to the scan room. We observed the ultrasound assistant washing their hands in between each appointment. However, we found no evidence of hand hygiene audits at the time of inspection.

The service reported staff did not do COVID-19 tests on site at the time of inspection. However, the registered manager said lateral flow testing would be introduced for staff on 17 June 2021.

The clinic was visited by a local authority COVID-19 marshal on two occasions. The COVID-19 marshal ensured the correct processes and procedures were in place. The visits did not identify any concerns or issues.

Environment and equipment

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

Diagnostic imaging

The clinic was based on the ground floor, with the main entrance at street level.

The waiting area was adequate, we observed there was enough seating for women whilst waiting to be seen. The seating area was sufficient to meet the requirements of social distancing.

Staff carried out safety checks of equipment, the ultrasound scan equipment was serviced annually and maintained in line with the manufacturer's guidance. We saw that the last service was completed in 2020.

The registered manager had the responsibility for ensuring all electrical equipment was tested. Documentation reviewed whilst on site confirmed that electrical equipment was tested annually. All equipment was tested in February/ March 2021.

First aid equipment was readily available to staff and located in the reception area. The clinic did not hold any other emergency equipment.

Assessing and responding to service user risk

The service did not have systems in place to identify, respond to and mitigate risks to women but had introduced a system to escalate abnormal findings.

There was no system in place to ensure staff knew how to manage a woman whose condition was deteriorating in the clinic. Therefore, we were not assured women would receive care quickly if an emergency situation arose on the premises.

Staff did not discuss the potential risks of frequent scanning with women, they relied on women reading the information in the client waiver form.

There was no process in place to identify women who frequently came for scans, the service did not recognise the potential risk of rescanning and did not monitor those who booked in regularly.

However, all women were asked to complete a client waiver form. This form included details of the service user, their doctor's contact information, the hospital they were giving birth at, consent and information about scans in the NHS. The form was read out before the scan took place and staff confirmed the scan was for non-medical bonding purposes.

The ultrasound technician reviewed the woman's details before carrying out the scan, they checked consent and confirmed the woman was aware the scan was for keep sake purposes and not to provide diagnostic screening. Since the last inspection, the registered manager had introduced pathways and processes to escalate unexpected findings at the examination. Staff had access to the written referral process, this was kept at reception.

Women completed a scanning safety consent checklist form which recorded the woman's consent, this was then verbally checked by the scanning assistant. The document was held in the woman's notes.

Staff completed the referral form and referred women to the local NHS trust if they found an anomaly. The form documented the findings, concerns and any other information. Feedback from the hospital was added to the form. We reviewed five records and found staff had signposted or made appointments to the early pregnancy unit for unexpected findings.

Diagnostic imaging

Staff advised women to attend their NHS scans as part of their maternity pathway. This was also reiterated to them whilst discussing the waiver form.

Emergency pull cords were available in toilets so that women could alert staff if they felt unwell.

Staffing

The service had enough staff with the right qualifications to meet the needs of the service.

At the time of inspection, the service had a receptionist and two assistant scanners, however we were told these staff members were employed by another company. During the inspection we were told a transfer of undertakings (Protection of employment) had taken place in October 2020 for these staff and at the time of inspection, staff worked at the clinic under a licensing agreement. TUPE is when a business changes owner and they take over the employment of current staff. Staff members are protected under the transfer of undertakings.

Records

We were not assured that staff kept detailed records of women's care.

Staff kept records of women attending for scans, including a client waiver form, scan forms and any referrals. However, client waiver forms of all women attending prior to May 2021 had been destroyed at the time of inspection. This was not in line with their client confidentiality policy which stated all client waiver forms must be kept for 12 months.

There was no assurance that scanning assistants had access to previous reports or images when women attended multiple times.

However, we looked at twelve service user records from women who attended the clinic between May 2021 and June 2021 and saw that all service user information and forms had been fully completed.

Additional paper-based documentation such as the client waiver form and COVID-19 declaration form was placed in a lockable filing cabinet. This could only be accessed by authorised staff.

Incidents

The service did not always manage safety incidents. Staff did not always recognise and report incidents. The registered manager did not investigate incidents and we found no evidence of shared lessons learned.

The service had not reported any incidents and therefore we were unable to comment on the how incidents were reviewed, investigated and documented. We found no evidence of learning from incidents.

During the inspection we identified incidents that had not been reported. For example, staff did not report that they were unable to contact the Early Pregnancy Unit on a Bank Holiday after detecting an anomaly as an incident. This meant if the incident was to occur again, staff had no system in place to reach the Early Pregnancy Unit on Bank Holidays.

Diagnostic imaging

Although we did not see any improvements made from incidents staff said any suggested improvements were discussed at team meetings.

However, staff we spoke with were clear on the process for reporting incidents; they would be reported locally using the service incident book.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate the effective domain for diagnostic imaging services

Evidence-based care and treatment

The service provided ultrasound scans based on national guidance and evidence-based practice. However, not all policies were in date at the time of inspection.

We found scanning assistants followed evidence-based protocols for scanning. Our review of policies and procedures saw that they referenced evidence-based care and national and professional standards. However, not all the policies we reviewed on site were in date.

Registered manager said they updated staff when new guidelines were introduced, however, we did not find any evidence of this.

We found no evidence of imaging reports being audited for quality purposes.

The service did not regularly review the effectiveness of the service through local audits. For example, the service did not have a system in place to identify women who attended frequently for scans.

Pain relief

Pain relief was not administered by the service.

Outcomes for service users

Staff did not monitor the effectiveness of treatment. They did not complete audits to make improvements and achieve good outcomes for women.

The service did not have a comprehensive audit programme in place, we found no evidence of improvements based on audit outcomes.

Although policies took account of national guidelines, we were unable to identify if the staff worked in line with them.

Competent staff

Diagnostic imaging

The staff were competent for their roles, however the service did not have an assurance process in place to check their ongoing competencies. Registered manager appraised staff's work performance.

There was no evidence that training needs were identified through regular observations, or supervision. The staff members annual appraisals and discussions was the only time staff had their competencies checked.

Since the last inspection the service had worked to address the gaps identified in staff records. In staff files a history of employment, supply of professional references and completion of enhanced Disclosure and Barring Service checks were available. However, documents were incomplete, we found references did not have dates on them.

New staff undertook an induction, this included a tour of the premises on their first day, how to find policies, where fire exits are located and where the first aid box was kept. There was a checklist that staff must complete before starting any activity in the clinic. This was signed by the registered manager; therefore we were not assured that the registered manager had oversight of Human Resources records.

Staff we spoke with said they had an open discussion with the registered manager during their appraisal however, we did not see from appraisals how any training needs were identified or discussed. All staff members had completed their appraisals, apart from one staff member who was on maternity leave.

All training records of staff operating imaging equipment were kept in their human resources file.

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 consent.

All woman were asked to complete a waiver form which included information about consent. The limitations and risks associated with the scan were discussed before the practitioner proceeded. This was so that all women could make an informed decision on proceeding with the scan.

Staff had a good understanding of the rationale for gaining consent and ensuring women had the capacity to consent. Women were escorted to the scanning room where a comprehensive check of the forms were taken, this included checking they understood what they were consenting to.

The woman completed and signed a declaration to state they understood the type of procedure they were attending for.

We observed consent being asked for verbally throughout the assessment.

Consent was obtained to share information with the women's GP and explained to the women why this was necessary.

Are Diagnostic imaging caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Diagnostic imaging

Compassionate care

Staff demonstrated a kind and caring attitude to women. We observed staff being polite and friendly.

Reception staff were often the first to speak with the attending woman and we saw evidence of staff being courteous.

The scan room was closed at all times during the appointment, the woman's dignity was maintained at all times.

Emotional support

Staff supported women through their scans, ensuring they were well informed and knew what to expect. Staff had not completed any specific training on how to support women if any anomalies were found, however they did refer women to NHS services where any concerns were identified.

We observed the scan assistants providing ongoing updates to women during their scan about what they were doing.

Understanding and involvement of women and those close to them

All women we spoke with said they felt informed about the procedure and understood staff were not performing a diagnostic scan.

The details of the scan, the reason for the scan and what would happen was fully explained to women and their relatives during appointments.

Are Diagnostic imaging responsive?

Our rating of responsive improved. We rated it as requires improvement.

Service delivery to meet the needs of local people

The service was planned and designed to meet the needs of the women requiring the service.

The service was located in town centre premises accessible by public transport. However, the service did not provide evening appointments to accommodate the needs of women who were unable to attend during the day.

Meeting people's individual needs

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

Women booked in at the reception area where reception staff carried out initial assessment. Staff were informed of the woman's arrival and they were greeted in the waiting area.

Diagnostic imaging

There were systems in place to aid the delivery of care to women in need of additional support. For example, staff wore visors instead of masks to support women who lip read.

The service had wheelchair access and a bed that could be adjusted in the scanning room if required.

The seating area was clean and comfortable with individual chairs.

However, there were no arrangements in place for people who needed translation services, we found staff depended on clients and their family member to translate the client waver form. This meant there was a risk of miscommunication and staff could not be assured if the right information was being translated.

Access and flow

Women could access the service three times a week. Bookings were made in advance to ensure they received timely appointments.

We were told the average length of the appointment was fifteen minutes to complete a comprehensive scan.

Learning from complaints and concerns

People were able to give feedback and raise concerns about the service received. However, information and guidance about how to complain was not available and accessible.

The service did not make available information and guidance about how to complain and did not have this information accessible to everyone who uses the service. We did not see posters and leaflets in waiting room or scan areas on how women and their families could make a complaint, this information was not on the website.

The formal complaints procedure involved a member of staff taking down the details of the complaint and escalating the information to the registered manager. The service had not appointed an independent complaints adjudication service to refer any dissatisfied complainant.

We were told there had been no complaints about the service at the time of the inspection.

Are Diagnostic imaging well-led?

Inadequate 

Our rating of well-led stayed the same. We rated it as inadequate.

Leadership

The registered manager did not operate effective governance processes. Although staff said they had regular opportunities to meet with their manager.

Diagnostic imaging

The registered manager was also the company director of Precious Glimpse Limited and had been in place since the provider's original registration. The registered manager also had oversight of two other Precious Glimpse locations, working flexibly across these different sites during each week.

Vision and strategy

The service did not have a vision for what it wanted to achieve or a strategy to turn it into action.

Since the last inspection, no work had been done to create a vision or strategy which focused on sustainability of services. The registered manager described how they would like to improve the service with future development of the company board, however there were no detailed plans for how to progress this.

Culture

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

Staff we spoke with said they felt supported by the registered manager. They described the team as being 'friendly, helpful and available'.

Governance

We found governance processes needed to be strengthened to enable the service to systematically improve service quality.

The registered manager was responsible for the governance processes at the clinic. There were some systems and processes to support the day to day running of the service but at the inspection we found this was minimal.

At the time of inspection, we found the registered manager had not informed regulators of the current staffing and financial arrangements in place with another company. We found the registered manager had failed to inform the regulator that they had a licence agreement in place with another company to provide staffing and handling of payments.

There was little understanding or management of risks and a lack of performance management and audit systems to identify and address concerns. For example, the service did not carry out peer reviews to review the quality of the scan assistant's work. Therefore, there was no process in place to make improvements or identify any areas for development. Additionally, there was no assurance that scans were appropriately conducted, and the right information was given to women.

The governance arrangements and their purpose were unclear, and there was a lack of clarity about authority to make decisions and how individuals were held to account. There was no process to review key items such as the strategy, values, objectives, plans or the governance framework.

We were not fully assured that the registered manager had full oversight of the performance and activity in the clinic. There was no audit programme to identify how the service was performing and to identify areas for improvement.

Diagnostic imaging

Contemporaneous service user records were not always maintained in line with General Data Protection Regulations (GDPR). Service user records were not held for the required length of time, they had been destroyed prior to the inspection and therefore we were unable to review any records of women using the service more than two months ago.

The service did not follow the requirements of their registration, for example, they had not displayed their CQC registration rating. At the time of the inspection the registered manager was made aware of this.

However, staff were clear about their roles and what they were accountable for. Staff did not advise women about anomalies and knew how to refer women to the NHS.

Managing risks, issues and performance

The registered manager and teams had limited systems to manage risks. There was limited recognition and escalation of relevant risks and issues and identified actions to reduce their impact.

However, in meeting minutes we reviewed, we found there was no set agenda and no reference to risks being discussed.

The service did not hold a risk register; therefore, we were not assured that the registered manager had oversight of risks. However, there were individual risk assessments for any local issues which were monitored by the registered manager.

The service performance was not monitored on a local or corporate level, reports did not include overall comparisons and benchmarking against other services. The service did not monitor a range of performance indicators such as ability to book timely appointments, service user engagement scores, incidents and hospital referrals.

We saw that there was limited monitoring of performance through audit activity. Managers did not review their performance or collate data to enable them to understand how they could make improvements.

Managing information

Staff could find the data they needed, in easily accessible formats to make decisions. The information systems were integrated and secure.

There were adequate number of computers in the centre for administration staff, which supported their daily functions.

The booking system could only be accessed by authorised individuals, this prevented unauthorised staff accessing personal data.

Engagement

The registered manager and staff actively and openly engaged with women.

The service actively engaged with women through social media platforms.

Learning, continuous improvement and innovation

Diagnostic imaging

We found no evidence on inspection that the registered manager made innovation and service development, a priority. There was minimal evidence of learning and reflective practice. The impact of service changes on the quality was not understood.

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

Diagnostic and screening procedures

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Governance systems were not identified and the registered manager had limited oversight of performance and activity in the service. The service did not have a vision or strategy and service development had not been prioritised.

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not have a system to ensure staff training needs were identified and to check ongoing competencies .

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The service did not make available information and guidance about how to complain and did not have this information accessible to everyone who uses the service.

This section is primarily information for the provider

Enforcement actions

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	<p>S29 Warning Notice</p> <p>The provider failed to establish and operate effective systems and processes to assess, monitor and improve the quality of the service provided, and to assess, monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk.</p>