

Cardioscan Ltd

London Office

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?

Insufficient evidence to rate



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was the first inspection of London Office. We rated it as good because:

- The service had enough staff to provide a safe service. The service controlled infection risk well. Staff had training in key skills, understood how to identify abuse, and managed safety well. Staff assessed risks, acted on them and kept good records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Managers monitored the effectiveness of the service and made sure clinical staff were competent. There were escalation processes for unexpected and significant findings. Staff worked well together for the benefit of patients and had access to good information.
- Staff treated patients with compassion, respect and kindness.
- Referring organisations and clinicians could access the service when they needed it. Referring clinicians and organisations receive their reports within the agreed time frame.
- The service planned care to meet the needs of patients and referring organisation and took account of patients' individual needs and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities. The service engaged well with patients, staff and referring organisations and all staff were committed to improving services continually.

However,

- Some of the governance systems and processes for peer reviewing of cardiac reports and escalation of significant findings standard operating procedure were relatively new, more time was needed to embed these new processes into practice.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	This is the first time we have rated this service. We rated it as good. See the summary above for details



Summary of findings

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Summary of this inspection

Background to London Office

London Office is operated by CardioScan (CSUK) providing cardiac diagnostics monitoring services and reports for adults and children, including 24 hour to 14-day ambulatory electrocardiogram (ECG), Holter monitoring (type of portable electrocardiogram that records electrical activity of the heart) and 24 hour ambulatory blood pressure monitoring for both independent and NHS patients on behalf of the referring clinicians and organisation. They provide cardiac equipment to the patient or referring organisation and process cardiac diagnostic tests taken at the hospitals, other health care settings and at patient's homes and provide the results to the referrer.

The London Office's referring organisations are a mix of NHS, Independent health services and independent referring clinicians.

The service has no direct physical contact with patients and does not provide direct patient care. The service has telephone contact with patients that choose to have their cardiac diagnostic test at home for the purpose of arranging the delivery and collection of the cardiac device.

At the time of the inspection there was a registered manager in place to oversee the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is registered to carry out the following regulated activities: Diagnostic and screening procedures.

The location had not been inspected since its registration with the Care Quality Commission (CQC) on 12 October 2020 and this was the first time the service had been inspected and rated. We inspected the service using the Diagnostic and screening service framework.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 12 July 2022. The service was not patient facing which meant we could not speak with patients, but we were able to review patient feedback information.

During the inspection we visited the registered office location and met with the Chief Executive Officer, Clinical Director, Chief Operating Officer and four members of managerial staff and operational staff.

Following the inspection, between 15 and 18 July 2022, we conducted telephone interviews with staff. We spoke with three reporting cardiac physiologists and a cardiologist.

We reviewed documents that related to the running of the service including policies and standard operating procedures, staff training records, meeting minutes, patient feedback and results of surveys and audits.

The inspection team consisted of a lead inspector and a specialist advisor. The inspection was overseen by Nicola Wise Head of Hospital Inspections for London.

Summary of this inspection

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 is necessary to comply with its legal obligations. 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.

Actions the service SHOULD take to improve:

- The service should continue to embed and strengthen its governance systems and processes for peer reviewing of cardiac reports and escalation of significant findings standard operating procedure.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Inspected but not rated	Insufficient evidence to rate	Good	Good	Good

Diagnostic and screening services

Safe	Good 
Effective	Inspected but not rated 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Good 

Are Diagnostic and screening services safe?

Good 

This is the first time we have rated safe at this service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training programme was delivered using an e-learning platform to staff. Topics included, but were not limited to, equality, diversity and human rights; information governance; conflict resolution; infection prevention control; mental health; safeguarding; lone working; duty of candour; and fire safety. As of June 2022, the mandatory training completion rate for all staff was 95%. Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to access their safeguarding policies, how to make a safeguarding referral and who to inform if they had concerns. We saw examples of safeguarding referral made by staff and learning from safeguarding cases were discussed with staff at governance meetings. Staff also participated in regular safeguarding quizzes sessions and it included safeguarding scenarios and prompts they might come across in the service to test their knowledge and competency on how to identify and report abuse.

Although, the service was not patient facing and did not provide treatment, staff completed safeguarding adults, safeguarding children and prevent radicalisation training. All staff completed a minimum of level two safeguarding adult and children trainings while the senior managers completed level three safeguarding adult and children trainings. As of June 2022, the safeguarding mandatory training for all staff on the safeguarding adults training was 100%, and 93% for the safeguarding children training. The service also reported that 100% of staff have completed the prevent radicalisation.

Diagnostic and screening services

Cleanliness, infection control and hygiene

The service controlled infection risk well. They kept equipment and the premises visibly clean.

The service did not see patients and patients did not visit the premises due to the nature of the service provided.

The open office area was separated from the fulfilment/clinical area where the cardiac equipment orders were packed and processed by staff to prevent cross contamination. We found the fulfilment area and office areas to be clean and well organised. Hand sanitisers were available in the fulfilment and office areas.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned and decontaminated the cardiac equipment before and after patient contact.

Staff followed best practice guidance in cleaning and decontamination of the cardiac diagnostic devices and the environment after patient use.

Environment and equipment

The equipment was suitable for the reporting of cardiac diagnostic services and there were processes in place to maintain equipment remotely.

The service was based in an office on the first floor. The service had an open plan communal workspace office which included a fulfilment area, a private meeting room, toilet and a closed office used by the senior managers.

The service provided staff with suitable equipment to work in the office and remotely from home. All reporting staff received information technology (IT) equipment supplied by the provider. Staff completed a display screen equipment (DSE) workstation risk assessment and the health safety and welfare mandatory training covered workstation set up.

Staff disposed of clinical and confidential waste safely in line with national guidance. The service conducted regular risk assessments and audits for environmental safety and fire safety, to identify any potential safety risks and implement appropriate mitigating actions.

The service had enough suitable cardiac diagnostic equipment in their office and partner organisation premises to help them to provide safe service to the patients. Service level agreements were in place with the machine manufacturers or third-party providers for the maintenance of equipment. All damaged equipment was returned to the manufacturer for repair. The equipment records reviewed showed that all cardiac equipment have been serviced and tested.

There were arrangements in place, which complied with best practice, to safely manage waste and clinical specimens. Waste was handled appropriately with separate colour-coded arrangements for general waste, confidential waste, clinical waste and sharps bin. The sharps bin was dated and not overfilled.

Assessing and responding to patient risk

Staff identified and quickly acted upon risks identified when reviewing patient diagnostic tests and results.

The service has no direct physical contact with patients. The service provided patients with the cardiac diagnostic equipment, analysed their test data and provided a diagnostic test results to the referring clinicians and therefore only completed part of the medical pathway for the patient.

Diagnostic and screening services

Staff responded promptly to any significant findings from the patient results. The service had process in place for the cardiac physiologist staff to escalate significant findings to a cardiologist and the referring organisation.

An urgent finding policy and standard operating procedure (SOP) was in place since June 2022, which guided staff on the process to take when they found a significant or urgent finding following the analysis of patient diagnostic data. This process includes alerting the referring organisation of any unexpected or significant findings from diagnostic reports. Unexpected, significant or urgent findings identified by the physiologist were first escalated to the cardiologists for a quality check of results and advice. Following the advice from the cardiologists, the physiologists will contact the appropriate referring organisation by telephone, e-mail and place an alert on the patient electronic record system. The use of the alert on patient record followed by a telephone calls and/or email ensured that the unexpected or significant finding was alerted to the referrer. The operations and physiologists' staff were available in the service from 9am to 5pm, five days a week. However, the senior physiologists were available on a weekend to receive any alert of significant or unexpected findings and contact the referrer.

The referrer could contact the reporting physiologists or cardiologists to discuss any test report findings or queries when required, the contact was managed by the UK cardiac physiologist team.

Patient diagnostic test result and referral form included all necessary key information to keep patients safe.

The service did not provide same day diagnostic testing for critical patients and did not accept referrals for critical patients. The service used a triage system to ascertain the suitability of patients for the service to manage and minimise risk and to ensure minimal delay to testing.

The service had two quality assurance process in place since June 2022 to monitor the patient report quality, ensure results were accurate and to identify any abnormal results or patients at risk of a heart problem. The two-quality assurance process required two cardiac physiologists to analyze the patient diagnostic test result. Any patients identified at clinically at risk by their test result during this process were flagged to the referring doctor and hospital on the patient electronic system.

The service had a process in place if a cardiac equipment was returned with no data or missing information. Staff would communicate with the referring service to flag any issues and ask if a repeat test should be carried out for the patient in the hospital or patient home. For the period of July 2021 to June 2022, the service reported 100 occasions where there were no returned data or missing information from the returned cardiac devices received. The service had developed a 'no patient left behind' initiative to ensure the patients with no returned test data were followed up and offered a repeat cardiac diagnostic test.

The service had system and fail safes in place to prevent patients being incorrectly assigned to cardiac devices and incorrect reporting.

Staffing

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

Managers regularly reviewed and adjusted staffing levels to meet the service demand.

The service employed 11 staff members including the senior managers, operation lead, logistic lead, patient liaison officer and the UK inhouse physiologists.

Diagnostic and screening services

The provider employed 10 physiologists, who were based in their head office in Australia and covered the diagnostic test result reporting for their global market including the UK.

The provider employed 17 cardiologists who were based at their head office and worked part time on a contract basis. There was 24/7 rota for the cardiologist team. The provider had a rostering system that ensured the cardiologist's availability in advance.

The service always had a cardiologists, physiologists and senior manager on call during evenings and weekends to escalate any significant findings to the patient referring physician or organisation.

Staff vacancy rate for the last 12 months was 28%. Senior managers told us that majority of their staff were recruited at the beginning of the COVID pandemic due to service expansion, surge in referrals and demand for the service. The service had recruited nine staff since the beginning of the COVID pandemic.

Staff turnover rates for last 12 months was 5.1%.

The service did not use agency staff and the staff sickness rate for the last 12 months was 1%.

Records

Staff provided detailed records of patients' cardiac diagnostic assessments. Records were clear, up to date, stored securely and easily available to required staff and referring clinicians.

The service received, stored and handled referrals in line with its data protection policy which assured confidentiality. All physiologists and cardiologists used a remote login system to access patient information and test data to read, analyse and report diagnostic results.

Patient diagnostic data and test results were uploaded onto a secure online electronic software system and analysed by the physiologists and cardiologists. Result were available in the electronic system for the referring doctor to access using their secure log in detail and once the report is read by the clinicians the results were encrypted and transferred automatically to the patient electronic record system of the referring organisation.

Medicines

Due to the nature of the service, this key line of enquiry was not inspected as it was not applicable to the service.

The service did not store or administer medicines as it did not have any direct face to face contact with patients.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

There was a system and process in place to report, investigate, and learn from incidents. The service had a system for reporting incidents. The service used a central monitor log to report incidents, which all staff had access to. Staff knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so. Incidents and lessons learnt were discussed at the governance meetings.

Diagnostic and screening services

The service reported 3260 incidents between July 2021 and July 2022, which included complaints and issues with logistics and courier service.

Staff understood the duty of candour. They were open and transparent, and gave patients, families and referring doctors a full explanation if and when things went wrong. Staff completed training on duty of candour as part of their mandatory training and demonstrated awareness. As at July 2022, 100% of staff had completed their duty of candour training. 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, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A notifiable safety incident includes any incident that could result in, or appears to have resulted in, the death of the person using the service or severe, moderate or prolonged psychological harm.

In the last 12 months, the service has not reported any never events and serious incidents.

Are Diagnostic and screening services effective?

Inspected but not rated 

We do not currently rate effective in diagnostic and screening services.

Evidence-based care and treatment

The service provided cardiac diagnostic reporting services based on national guidance. Managers checked to make sure staff followed guidance.

Policies and procedures were reviewed and updated in line with national guidance and best practice. Policies referenced appropriate national guidance to ensure they were in line with current legislation, standards and evidence-based guidance.

There was a system in place to ensure policies and standard operating procedures were up-to-date and reflected national guidance. Eight of the provider's policies reviewed, all were within their review date.

All staff, including reporting cardiologist and physiologists, had access to the service's policies and protocols via their shared cloud drive folder. This meant all staff had the access to the policies and procedures regardless of where they were working from.

Nutrition and hydration

The service did not have any direct face to face contact with patients, this key line of enquiry was not inspected as it was not applicable to the service.

Pain relief

The service did not have any direct face to face contact with patients, this key line of enquiry was not inspected as it was not applicable to the service.

Patient outcomes

Managers monitored the effectiveness of reporting and used the findings to improve the service.

Diagnostic and screening services

The service had an effective system to regularly assess and monitor the quality of its services, ensuring patient outcomes were monitored and measured, through audits.

The service demonstrated a continuous, proactive approach to improving the standards of cardiology diagnostic reporting.

The service had agreed reporting key performance indicators (KPIs) with the referring clinicians and organisations. These KPIs were that patient were contacted within 10 working days of referral for their first call, 20 working days for the second call and diagnostic test data would be analysed and reported within 24 hours of test data been available. At the time of the inspection, the service was meeting all their KPIs.

Managers used the results and information from the audits to improve patient outcome and service delivery. Managers shared and made sure staff understood information from the audits at their governance meetings.

The service monitored the number of significant findings from the patients' cardiac diagnostic test (Holter) result analysed. For the period of January 2022 to June 2022, the service carried out 19,004 cardiac test studies and of which, staff found 2,137 (11%) significant findings. The most common significant finding was ventricular tachycardia, which accounted for 37% (739) of the significant findings. Ventricular tachycardia is a fast and abnormal heart rate. Majority of age groups tested in the service were 66-80 (30.5%), 51-65 (27.6%), 36-50 (16.2%) and 18-35 (12.9%). People aged under 18 accounted for 1.3% and people over 80 years (11.6%) accounted for 11.6%.

The main reasons for patients Holter diagnostic test referrals were palpitation (44%), stroke (26%), syncoscope (16%), dizziness (6%) and known atrial fibrillation (4%).

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 the service.

All the physiologists who reported for the service were registered with the Association of Holistic and Complementary Practitioners (AHCP). The physiologists were competent for their role and all cardiac trained and had a degree in science, biomedical science or health related studies.

At the time of our inspection, the service demonstrated 100% compliance with employment and qualification checks for all staff. There was evidence of Disclosure and Barring Service (DBS) checks for staff in the seven staff files reviewed.

Managers gave all new staff a full induction tailored to their role before they started work. All new staff had a four-week full induction before they started work which included enrolling on the e-learning modules for mandatory training and reading the organisation policies. Staff told us the induction was comprehensive and tailored to their role.

Managers supported staff to develop through yearly, constructive appraisals of their work. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager at the annual appraisal and monthly check-ins and were supported to develop their skills and knowledge. From July 2021 to June 2022, the service reported that all staff had received an appraisal except the new members of staff that were new in post.

Diagnostic and screening services

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

Multidisciplinary working

Cardiologist, physiologist and operation staff worked together and supported each other as a team to benefit patients.

The physiologists and cardiologists spoke with the referring clinician if requested by the referring organisation or if they had a concern about a cardiac diagnostic test results and required more information.

Seven-day services

The service did not provide a seven-day cardiac diagnostic and reporting service

The service was open from 9am to 5pm from Monday to Friday.

The global physiologist team based in Australia worked Monday to Friday 8am to 8pm. There were on-call arrangements for out of hours and weekend for more urgent requests.

There was a 24-hours and 7 days a week rota cover for the cardiologist team.

Health promotion

The service did not have any direct face to face contact with patients, some key line of enquiry was not inspected as it was not applicable to the service.

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

The service promoted health promotion through information available on their website which included several information on cardiac health.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The service did not have any direct face to face contact or deliver any direct patient care, some key line of enquiry was not inspected as it was not applicable to the service.

Although the service was not patient facing, the booking process for the cardiac equipment to be sent out to patients home included obtaining verbal confirmation from the patients that they agreed to have the test, receive the equipment at their home address and to receive alert or information from the service via text.

The service had included a two-part telephone screening check regarding capacity, which ensured patients fully understand the use of and management of the cardiac device after hearing all the information provided by staff.

The mandatory training for staff included a module on Mental Capacity Act and the completion rate was 100%.

Diagnostic and screening services

Are Diagnostic and screening services caring?

Insufficient evidence to rate 

There was insufficient evidence to rate caring because the service had limited contact with patients due to the nature of the service.

Compassionate care

Although the service was not patient facing, they collected and reviewed patient feedback to make improvements as needed.

Staff we met were welcoming, friendly and helpful. It was evident that staff cared about patients, referring organisation and their colleagues, as well as the quality and safety of services they provided.

We observed telephone conversation between staff and patients. Staff treated patients with compassion, respect, dignity and caring way. We saw staff introduce themselves by name and job title and showed a sensitive and supportive attitude to the patients.

All phone calls made to patient were recorded and managers monitored the calls to improve patients experience.

Patients could contact the service via a helpline if they had a query about the cardiology equipment and how to use it.

The service sought user feedback through patient feedback form. For the period of April 2021 to July 2022, 85.4% of patients had a very good or good experience, 10% of patients had an average experience and while 4.5% felt the service received was poor or very poor. The service told us they used the feedback received to drive improvement to the service delivery.

Emotional support

The service was not patient facing which meant this key line of enquiry was not applicable to the service.

Understanding and involvement of patients and those close to them

Due to the nature of the service, this key line of enquiry was not inspected as it was not applicable to the service.

Staff gave patients the appropriate information needed to undertake the cardiology diagnostic tests at home. We observed that staff made sure the patients and those close to them understood how to use the cardiology device and information leaflet sent.

We observed some telephone conversation between staff and patients. We observed good instruction and interactions between staff and patients. Staff did not rush the telephone conversations and took their time to answer all the questions the patients had.

Diagnostic and screening services

Are Diagnostic and screening services responsive?

Good 

This is the first time we have rated responsive. We rated it as good.

Service delivery to meet the needs of local people

The services planned and provided a cardiac diagnostic service in a way that met the needs of their referring organisations.

The service did not see patients and patients did not visit the premises due to the nature of the service provided. However, they carried out cardiac diagnostic testing and result analysis on behalf of referring organisations and clinicians. The service delivered and met the needs of the referring organisations in line with the agreed targets.

The service offered 24-hour to 14-day ambulatory electrocardiogram (ECG) Holter monitoring and 24-hour ambulatory blood pressure (BP) monitoring analysis to referring clinicians and organisation. The service used two different service models. The “in-house” model involved staff from the referring organisation uploading information from the cardiac devices to the service for analysis and reporting. As part of the in-house model, the service worked with the referring organisation to train their staff and offer inhouse ambulatory cardiac Holter monitoring diagnostic tests to their patients while they were admitted to the hospital. The “remote” model involved the service’s own staff sending and receiving the cardiac device directly from the patient using a courier service and then staff would upload the data from the cardiac device to their server for analysis and reporting.

Managers planned and organised services, so they met the changing needs of the local population. The service expanded their service delivery during the COVID-19 pandemic to include an in-house Holter monitoring testing and result analysis in the referring organisation premises.

The cardiologists and physiologist worked flexibly and reviewed cardiac diagnostic results out-of -hours.

The service provided relevant information for patients and referring clinicians on their website which included clinical case studies, medical journals, and webinar on Holter of patients with pacemakers, ambulatory ECG after stroke, equipment set up guide, how to interpret ambulatory BP reports, how to apply patch paper and video guide for adult, children and neonates and a video on how to record a cardiac event. The website also includes information such as patch diary, patient fact sheets on cardiac conditions like atrial fibrillation (AF), hypertension, bradycardia, tachycardia and common arrhythmias. The website included information such as pricing, frequently asked questions (FAQs) performance results and feedback survey results.

The service reported that for the period of July 2021 to June 2022, 18,163 telephone calls were made to patients to arrange sending and receiving of cardiac equipment. Staff told us they made an average of 40-50 calls per day.

For the period of January 2022 to June 2022, the service had carried out 7,157 Holter test diagnosis and reporting, with a reporting accuracy of 100%. In the same period, the service reported that the average repeat rate of Holter tests was 1.28% due to no data on returned cardiac devices.

Facilities and premises were appropriate for the cardiac diagnostic services being delivered.

Diagnostic and screening services

Meeting people's individual needs

Staff ensured the service delivered met the individual needs of patients and referring clinicians.

The service did not see patients and patients did not visit the premises due to the nature of the service provided.

The service ensured the referring clinician or hospital received test reports in a timely manner and where the result required a second opinion staff advised the referrer.

The service had developed welcome instructions for doctors to hand over to patients and for staff to send out with the equipment. Staff told us the leaflets can be made available in different languages upon patients or referring organisation requests. For example, the service had provided a cardiology device instruction in Bengali language to a cohort of patients following a request from a referring organisation. The service had redesigned some of their patients leaflet to improve the size of fonts of texts, develop a leaflets for women with adapted pictograms and step by step flow instructions following feedback from patients to help guide patients on how to use their cardiac devices.

The service did not offer a translation or interpretation service and referring organisation were aware of this before signing a service level agreement. Patients whose first language was not English had their cardiac diagnostic test in the referring organisation premises.

Staff accommodated patient preferences and commitments, and provided patients with options of when to receive and return the cardiac device.

It is best practice to advise patients to clean their chest and shave any hair when preparing to have a holder monitoring test. Staff sent a complimentary shaver with the posted cardiac Holter monitoring device. This ensured patients have all the equipment needed to undertake their Holter test at home.

Access and flow

Referring clinicians and organisations could access the service when they needed it and received the cardiac test and results promptly as outlined in their individual contract.

Managers monitored turnaround times and made sure referring clinicians could access services when needed and received their laboratory results within agreed timeframes. Urgent requests were prioritised during the day to ensure patients received appropriate treatment in a timely manner.

The service turnaround target time from the upload of diagnostic test to availability of results was one day. For the period of April 2021 to March 2022, the average turnaround for cardiac reports was 0.9 days.

The service was not involved in making care and treatment decisions. The service's physiologists provided a report to support the referring clinician's diagnosis of the patient's condition.

The service had service level agreements (SLA) in place with agreed key performance indicators (KPIs) for each referring organisation. The service was meeting its target and KPI with the referring clinicians.

For the period of April 2021 to March 2022, the service data showed the service achieved 99.7 % on-time Holter reporting against their SLA target of 98% and achieved 99.9% reporting accuracy for the diagnostic test result. For the same period, the service reported an error rate of 0% against a target of less than 0.1%. The repeat rate of cardiology test was 1.2% against a target of less than 2%.

Diagnostic and screening services

Patients referred to the service for diagnostic tests were contacted within 10 business days for the first call and 20 business days for the second call in line with the SLA. The turnaround time by test was 25 days for diagnostic test that lasted between 24 hours to 48 hours, 30 days for test duration up to a week and 35 days for two weeks test study. The turnaround time included the patient pathway from time of referrals, patient telephone contact, sending and receiving of the cardiac device, and test analysis and report. The average turnaround time for the end to end cardiac diagnostic test and report carried out between July 2021 to June 2022 was 25.1 days. This showed that the service was meeting its target and KPI with the referring clinicians.

The service had a business continuity policy and plan in place should their IT infrastructure fail. They had access to a point of contact for the referring organisations who they would call in the event of disruption to the service.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about services received. The service had processes in place to treat concerns and complaints seriously, investigated them and learned lessons from the results.

The service had procedures in place regarding complaints, comments and suggestions. The complaint's policy included response times for acknowledging receipt of complaints and how to handle complaints with referring organisations.

No formal complaints had been received by the service in last 12 months. The service received six informal complaints from patients and referring organisations in the last 12 months which were mainly related to logistics and results.

Staff had received training on managing complaints and conflict resolution. Staff we spoke with understood the policy on complaints and knew how to handle them. Staff training records showed 100% compliance of completion.

Staff discussed the content and outcomes of compliments and informal complaints in a variety of meetings, including governance and team meetings. Staff reviewed the outcomes of feedback identifying learning, training and development opportunities for staff which were discussed at team meetings.

Staff could give examples of how they used patient and referring organisation feedback to improve daily practice. This include updating of the patient fitting instruction to include a tailored paper and video instruction format for women, men and children.

Are Diagnostic and screening services well-led?

This was the first time we had rated well-led. We rated it as good.

Leadership

Managers at all levels had the right skills and abilities to run the service. They were visible and approachable for the staff.

The service manager was managed locally by the UK chief executive (CEO), who was also the location's registered manager. The CEO was supported in his role by other members of the senior leadership team, which consist of the CEO, chief operating officer (COO), clinical director, hospital director and business development lead.

Diagnostic and screening services

The senior management team were supported by the departmental management team that consisted of an account manager, operations lead, and logistics lead and they reported to the clinical director. They managed the remote service teams; logistics coordinators and patient liaison officers.

There was a clear management structure with defined lines of responsibility and accountability.

All staff we spoke with were positive about the senior management and departmental management teams, stating they were available and approachable. Leaders and the team met regularly to maintain good working relationships, share learning and ensure effective lines of communication.

Vision and Strategy

The service had a vision, mission and values for what it wanted to achieve and workable plans to turn it into action, which was developed with input from staff, patients and referring organisation. Leaders and staff understood and knew how to apply them and monitor progress.

The provider had a clear vision, which was to “become the leader in cardiac diagnostic in the UK by providing clinically safe and effective, cost effective and environmentally friendly services that are undertaken conveniently and promptly for patients”.

Their values were “accountability, commitment, generosity, heart, the whole team and agile & innovative”. The service’s vision and mission were developed with involvement of staff.

The service had long-term plans to improve the service-models it offered through building extra capacity, expansion, “no patient left behind” initiative and co-ordinating the service across local integrated care services. The service long term plans also focused on people and communication, tailor made cardiac diagnostic pathway, governance and systems. One of their plans around expansions was to recruit a physiologist in UK and this had been achieved at the time of the inspection.

Staff we spoke with knew and understood the vision, values and objectives for their service, and their role in achieving them.

Culture

Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. They were focused on the needs of patients and referring organisation. The service had an open culture where staff could raise concerns without fear.

Staff we spoke to felt supported, respected and valued by their colleagues and managers, and were proud to work at the service. Staff spoke positively of how leaders actively engaged with staff, patients and their stakeholders. They told us there was an open culture, which was centred on the needs and experience of people and referring organisation who used the service.

The clinical and non-clinical staff we spoke with praised their leaders and felt confident and supported to raise concerns with senior managers. Staff told us that any errors or concerns were discussed openly at the team and governance meetings and managed in a fair way, with an emphasis on learning, in order improve the service delivery and their processes.

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They told us that the manager and senior leaders were open and approachable. Staff described good relationships with the senior leaders and felt their feedback and input were valued.

The service culture encouraged openness and honesty at all levels. Staff were encouraged to provide feedback and raise concerns without fear of reprisal. The service had systems, processes and procedures in place to meet the duty of candour.

Staff told us that any errors or concerns they had, were discussed openly at the team and governance meetings and managed in a fair way, with an emphasis on learning, in order to improve the service delivery and their processes.

There was an emphasis on staff well-being in the service and staff had access to a well-being support app, which they have found to be beneficial.

There were flexible working arrangements for staff; some of the staff such as the physiologist and phone operators could work remotely from home. Staff told us that half of the phone operators worked remotely from home.

Governance

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

The clinical director was the designated quality and governance manager. The roles and responsibilities of staff were clearly defined and contributed to consistent practice in the service.

The leaders audited service performance including turnaround times, mandatory training, incidents and complaints as part of the governance process.

The service had regular governance meetings, which include the weekly team meeting and monthly governance meetings. Both meetings were attended by leaders and staff at all levels. Staff told us that both governance meetings were well attended, and the service have improved their governance process around the team meeting following a recent external audit by ensuring the staff meeting minutes were recorded.

Minutes of the last eight governance meeting minutes showed the meetings were well attended by staff and the agenda included topics such as central monitoring log, safeguarding, risk assessments, compliments, mandatory training, patient feedback, staff feedback, annual leave, phone system data, social event, logistics update on courier service, operations update, finance, clinical and quality update.

The service had a business continuity plan, which detailed preventative and recovery controls to maintain service levels with the minimum of down time in the event of system failure.

Staff we spoke with at all levels were clear about their role and responsibilities and understood what they were accountable for.

All policies and procedures seen were reviewed and updated in a timely manner, in line with national guidance. However, at the time of inspection, we note that the service had drafted an information governance policy which was

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going through the final approval process with their local and global senior management team. Staff we spoke to were knowledgeable about information governance, data protection and General Data Protection Regulations (GDPR). Following the inspection, the service provided us with the final information governance policy which have been ratified and circulated to all staff members.

The service had a central monitoring log where incidents, complaints, duty of candour etc were monitored.

Management of risk, issues and performance

Leaders and teams worked to use systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans in place to cope with unexpected events.

The service completed risk assessments and had a risk register which recorded specific local risks to the service. The risk register included a description of the risk record of the mitigating actions and controls that were in place. Risks included a range of concerns around clinical and non-clinical risks such as data upload, electronic booking software, electronic record systems, software failure, missing patient details, delay to patient testing, logistics and courier boxes. The risk register and risk assessment were kept up to date and had an assigned risk owner. The service also completed an environmental risk assessment for the office.

The service had a business continuity policy and plan which included what will be done if a significant event occurs that affects their information technology (IT) system, communication with customer or analysis and reporting of patient data caused by service interruptions and failures.

Staff completed training on fire safety as part of their mandatory training. The service had a first aid kit in the office and majority of staff (92%) were emergency first aider.

The service had an effective system and method for receiving and disseminating alerts from the MHRA/Central Alert System (CAS).

The service carried out a focused retrospective audits of patient diagnostic results to review the work of reporting staff following feedback from a referring partner around a patient results to ensure patient safety and service improvement. The audit result showed staff were competent in their task and only one error found in the 448 tests reviewed.

Information Management

The service collected, analysed, managed data and used information well to support all its activities, using secure electronic systems with security safeguards. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

The service had standard operating procedure (SOP) for training cardiac physiologists and for analysing data to ensure consistent approach to data security, processing and reporting.

The service used an online based phone, which ensured staff working from home or remotely were not using their personal mobile phone to contact patient and storing their details.

All phone calls made to patient were recorded and patients were advised the calls were recorded. These calls were audited to understand performance, staff training and drive improvements.

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Staff completed training on information governance and data protection as part of their mandatory training, and these were also covered as part of their induction. The service completed all the relevant technical due diligence needed to ensure the service delivery was effective and that results were secure and encrypted.

The new information governance policy was aligned with relevant legislation, including GDPR 2016/679. The service was compliant with GDPR 2016/679.

Information governance (IG) is about how an organisation manage, handle and share information or data appropriately. It covers personal information relating to patients, employees and corporate information. All transfer and upload of data was encrypted or sent via a secure cloud-based network between the referrer organisation and the service.

The service submitted statutory notifications to the Care Quality Commission as required.

Appropriate access and security safeguards were in place to protect the service information systems, communication system and patient electronic record systems, this include including two-factor authentication for remote access to the computer network and end-to-end encryption of emails.

There was a shared cloud drive available to all staff, which contained links to the current guidelines, policies and procedures. Staff knew how to access this, and the information contained within.

Engagement

The service engaged well with staff and referring organisations to plan and manage services.

The service used a wide range of methods to ensure all staff remained up to date with the organisation. This ensured staff who worked remotely received consistent information. Staff told us they were kept updated through regular team meetings, check-ins, monthly governance meeting, quarterly social event, emails and online collaboration platforms. Senior manager also provided paid lunch for staff every fortnight and used this time for engagement and social activities.

Staff told us that the senior leaders and line managers were approachable, and they felt comfortable to raise any concerns with them.

The service engaged with referring organisations and clinicians, throughout their contract to obtain feedback on the service and identify opportunities for learning an improvement. We saw example of changes made to the service provision following feedback from referring organisation. The service had improved the language and vocabulary used in the patient report to ensure it was appropriate to the British clients. The UK physiologists now carried out quality check of all UK reports to ensure it was appropriate and met the customers needed.

We saw several examples of change made to service following patient feedback. These included displaying of the service numbers so patient that missed their call were able to call back, development of an online video instruction on how to use the Holter device, personalised text message service, the service process of sending and receiving Holter device was included in their enrolment script protocol so patients were clear on what to expect in the end to end cardiac diagnostic process.

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The response rate to the 2022 staff survey was 100%. There was positive feedback on relationships, staff were proud of the service and values, work engagement, autonomy, training and development and culture. However, the service scored low on career advancement, company strategy and salary and benefit.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services by learning when things went well and wrong and making changes in practice through shared learning, audits and external reviews.

Leaders were responsive to any concerns raised and performance issues and sought to learn from them and improve services.

The service was committed to improving the services and use audits and feedback for their stakeholders including staff, patients and referring clinicians and hospital to drive the service.

Patient feedback and concerns were discussed at team and governance meetings and used to drive conversations around improvements in the service delivery and patient experience.

The trust conducted an external review in June 2022 to monitor performance and drive improvement to the service. There were 15 recommendations which included a focus on documenting lessons learnt, peer reviews of cardiac reports, governance, risk register, safeguarding exercise and record keeping. During inspection we saw that majority of these recommendations have been actioned or in progress. For example, the staff meetings were now recorded, and the service had implemented safeguarding exercises for staff to improve their knowledge and competence. The service had a detailed improvement action plan to address the key areas identified from an external monitoring audit. Staff told us the governance process in the service had greatly improved following the external review.

Clinical governance meetings had a structured agenda which allowed the whole team to share learning from incidents, complaints, offer ongoing training and discuss new innovations and techniques.

The service had introduced a no patient left behind initiative, which ensured patient whose returned cardiac device have no recorded data were followed up and offered a repeat cardiac diagnostic test.

The service was committed to choosing and using the latest cardiac reporting technology including cardiac holters and heart monitoring devices for diagnostic testing and improving cardiac diagnosis.

The service was taking a lead in the UK in training cardiologists on the health and economic benefits of longer cardiac diagnostics.

The service carried out a research and systematic reviews on enhanced cardiac monitoring for the early detection in atrial fibrillation (AF) in post-stroke patients. The findings showed that if Holter monitors were not applied soon after an index stroke event, longer monitoring periods were necessary to detect AF and there were delay in diagnosis due to report turnaround time. The provider was building a business case for early detection in AF in post-stroke patients and carrying out a clinical trial to assess and monitor patient outcome. The service was working with partner organisation to monitor and improve patient outcomes.