

Dr Kosta

# Mobile Cardiac Service

## 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 carried out an inspection of Mobile Cardiac Service using our comprehensive methodology on 6 August 2022 to 12 August 2022. The service had not been previously inspected.


Our inspection was announced. We gave the provider short notice of the inspection date to ensure their availability on the day.

This was the first time we inspected the service. We rated it as good because:

- The provider was up to date with mandatory training and had the right qualifications, skills, training and experience to keep patients safe and to provide the right care and treatment.
- The provider had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well.
- The provider provided good care and treatment. They monitored the effectiveness of the service. Key services were available to suit patients' needs.
- The provider treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	The service had not been previously inspected or rated. During this inspection we rated it as good. See the summary above for details.

# Summary of findings

## Contents

### Summary of this inspection

Background to Mobile Cardiac Service

Page

5

Information about Mobile Cardiac Service

5

---

### Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

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# Summary of this inspection

## Background to Mobile Cardiac Service

Mobile Cardiac Service is an ultrasound service that provides adult transthoracic echocardiograms (ECHOs) to people over the age of 18. An ECHO is an ultrasound scan used to look at the heart and nearby blood vessels. The service is run by Dr Kosta.

The service has been regulated with the CQC to undertake the regulated activity of diagnostic and screening services since 10 May 2019. The provider is the clinician who carries out the regulated activity. They are a cardiology consultant who is registered with the General Medical Council (GMC). They are a fellow of European Society of Cardiology and are a member of the European Association of Cardiovascular Imaging (EACVI).

Patients self-referred to the service and patients could be seen either at a clinic based in Ealing Hospital, or in their own homes. The service had carried out 250 ECHOs in the 12 months prior to our inspection.

This is the service's first inspection since their registration with CQC.

## How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties. The onsite inspection team comprised of a lead CQC inspector, a specialist advisor with expertise in imaging and an offsite CQC inspection manager.

We gave the service short notice of the inspection because we needed to be sure it would be in operation at the time we planned to visit. The inspection was undertaken at the clinic located in Ealing Hospital.

We spoke with the provider who was also the sonographer, as well as the secretary who was the only other member of staff. The secretary's only role was to remotely book patient appointments with the provider. We spoke with three patients and reviewed three patient records.

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>.

## Outstanding practice

We found the following outstanding practice:

- The service was responsive to individual patient's needs and offered echocardiograms at both a clinic and in the patient's home.

# 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	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

# Diagnostic and screening services

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

## Are Diagnostic and screening services safe?

Good 

This was the first time we rated safe. We rated it as good.

### Mandatory training

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

The provider received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff.

The training record showed details of different training courses completed and updated in the previous 12 months. This included advanced life support for adults; infection prevention and control; information governance; health and safety; fire safety; manual handling; and equality and diversity.

The provider had completed a recognised training course in adult transthoracic echocardiograms (ECHOs) and had evidence of competency in carrying out and reporting on the ultrasound's findings.

Mandatory training information and completion information was accessible on an electronic record. The provider monitored their mandatory training and received automated reminders when courses required updating. The provider completed mandatory training with their substantive NHS employer and provided annual confirmation of this.

### Safeguarding

**Staff understood how to protect patients 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.**

The provider received training specific for their role on how to recognise and report abuse. This included safeguarding children level three and safeguarding adults level three. These courses were updated in line with national guidance.

The provider knew how to identify adults and children at risk of, or suffering, significant harm, and described the reporting process. The provider knew how to make a safeguarding referral and who to inform if they had concerns.

The service had an up-to-date chaperone policy and chaperones were provided if needed.

# Diagnostic and screening services

There were up-to-date safeguarding adults and safeguarding children policies which referenced national guidelines and contained contact details for local authority safeguarding teams. No safeguarding alerts had been required in the previous 12 months.

## Cleanliness, infection control and hygiene

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

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. The provider was able to describe how they would ensure the environment was clean if undertaking the scan in the patient's home.

The service generally performed well for cleanliness. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

The provider cleaned the ultrasound machine after every use and at the end of each session. They were able explain the steps they followed to clean the machine after a scan, and this supported good infection prevention and control.

The provider cleaned and decontaminated ultrasound probes in line with the service's policy. The policy for decontamination of ultrasound probes followed the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA) medical device procedure for the decontamination of reusable ultrasound probes. Equipment we viewed were visibly clean and dust-free and there was a daily cleaning check list.

The provider followed infection control principles including the use of personal protective equipment (PPE). The service provided staff with personal protective PPE such as gloves and aprons. We observed the provider wearing PPE. They were bare below the elbows enabling effective hand hygiene, as recommended by the Department of Health. The service undertook their own hand hygiene audits which showed 100% compliance with the services hand hygiene policy.

## 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.**

The service had suitable facilities to meet the needs of patients. People using the service arrived in the reception area of the clinic which included comfortable seating and a water-cooling machine. The service had allocated scanning rooms which were situated on the ground floor and were easily accessible.

The provider carried out daily safety checks of specialist equipment. They demonstrated checks undertaken of the ultrasound probes before each clinic. The service had enough suitable equipment to help them to safely care for patients. Equipment included two ultrasound machines.

The equipment we saw was labelled with the date of safety testing and was in date. The service had access to the hospital's resuscitation equipment in the clinic. The provider told us they would call emergency services and commence basic life support if needed in the community.

Staff disposed of clinical waste safely. The service had a waste management policy, and waste was segregated with separate bins for general waste and clinical waste. The provider described how they disposed of clinical waste in the patient's homes which was in line with the waste management policy.



# Diagnostic and screening services

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration**

The provider described how they would respond to any sudden deterioration in a patient's health. In an emergency, they knew to dial 999 for an ambulance if in a patient's home, and could use the hospital's emergency call system if they were at the clinic. The provider had advanced life support and emergency first aid training so could utilise that if required. The provider was also aware of the location of the nearest defibrillator.

The service used a 'pause and checked' system, as guidance from the British Medical Ultrasound Society. The provider checked the full name, date of birth and first line of address with patients. Most ECHOs performed were for the purpose of occupational health clearance, therefore patients were required to bring photographic evidence of their identity to ensure no fraudulent activity occurred.

The provider carried out risk assessments for all patients before their appointments. Patients gave written consent to the diagnostic test before their scan, and also gave verbal consent at the time of the scan.

The provider knew about and dealt with any specific risk issues. The service had pre scan questionnaire which helps to mitigate risks in relation to patients pre-existing conditions and tailor appointments where necessary. The provider told us how any unexpected or significant findings from image reports were escalated. The provider told us dependent on the finding's, patients may need to go to the local accident and emergency department if it was needed.

The provider had access to an external consultant radiologist for a second opinion on unexpected findings.

## Staffing

**The provider had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The provider was the only sonographer employed by the service. The service was suspended during periods of annual leave or ill health.

The service had recently employed a secretary to book appointments for patients. This was done online, by email, or telephone. In the event of sickness or holidays the provider would book the appointments. The secretary had appropriate employment checks completed including a disclosure and barring service check (DBS).

## Records

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

Patient notes were comprehensive, and the provider could access them easily. The service used electronic records to document patient's diagnostic needs. Patient records included the reason for the ECHO, images, the report and any conclusions. We reviewed three sets of records and they were all fully completed. Records were stored securely. All patient's data, medical records and scan results were documented on a secure electronic record system that was password protected.

# Diagnostic and screening services

Patients we spoke with on the day of the inspection were having ECHOs completed as part of their occupational health checks for their employment. They had specific paper records supplied by their employers that needed to be completed by the registered provider. The registered provider checked photographic ID to ensure that the patient presenting for the ECHO was the same person as the patient detailed on the employer's form. The registered provider would not undertake the ECHO if they could not be assured of the person's identity.

The service did not take referrals from the NHS. Private patients self-referred online, by secure email or telephone. The registered provider then triaged the referral to confirm whether the referral was appropriate.

## Medicines

**The service did not use medicines**

## Incidents

**Although the service had not had any patient safety incidents, staff knew how to recognise them and were aware of the need to report incidents and near misses. The manager was aware of the need to investigate any incidents. When things went wrong, staff were aware of the need to apologise and give patients honest information and suitable support.**

The provider knew what incidents to report and how to report them. The service had a paper-based incident reporting form. The provider was responsible for conducting investigations into all incidents and had access to a second, external opinion if required. Staff had not needed to report any incidents in the last 12 months.

Staff understood the duty of candour. They were open and transparent and were aware of the need to give patients and families a full explanation if and when things went wrong. The provider provided an example of an incident where duty of candour was used appropriately, and the patient was informed in a timely manner. The service had a duty of candour policy which was up-to-date to support staff in undertaking this duty.

## Are Diagnostic and screening services 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 care and treatment based on national guidance and evidence-based practice. The provider ensured they followed up to date guidance.**

The provider followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service adhered to guidelines from National Institute for Health and Care Excellence (NICE), British Medical Ultrasound Society (BMUS) and Society and College of Radiographers (SCoR). During our inspection we reviewed a selection of policies and found that these were all within their review date and had been ratified and approved by the provider for use. Policies were accessible to staff via an electronic system.

# Diagnostic and screening services

The provider was a Clinical Fellow with the European Association of Cardiovascular Imaging and kept up to date with guidance and best practice shared through the association. Including attending yearly congress. The provider had yearly peer reviews undertaken to ensure they were providing care and treatment in line with the latest national guidance.

## Nutrition and hydration

Food was not supplied to patients however a water cooler was available for patients who wished to have a drink.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain.**

Staff told us ECHO patients did not routinely require pain relief. Staff assisted patients into comfortable positions for imaging wherever possible.

## Patient outcomes

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

The service participated in annual peer review audits and would seek second opinions where necessary. The service had an external peer review system for patient scan reports to ensure examinations, images, and ultrasound reports were of a high standard.

The peer review showed that 100% of records reviewed were high quality scans with accurate reports in place.

The service monitored report turnaround times. The manager told us reports were provided on the same day following completion of the scan.

Patients we spoke with told us there was no waiting time to have their ECHO and they could choose a time and date that suited them for it to be undertaken.

## Competent staff

**The service made sure staff were competent for their roles. Staff engaged in continuous professional development.**

The provider was experienced, qualified and had the right skills and knowledge to meet the needs of patients. They had completed an accredited certified course 'EACVI Adult Transthoracic Echocardiography' with the European Association of Cardiology Imaging. The provider was a Cardiology Consultant who was registered with the General Medical Council (GMC). They were also a Clinical fellow with the European Society of Cardiology. The provider also still practices within NHS organisations.

The provider continued to develop through continuous professional development. The provider continuously engaged in professional development to ensure their practice remained up to date, including attending international echocardiography congresses.

The provider had yearly appraisals in their role in the NHS and the service accepted these as part of practicing privileges. They regularly revalidated their practice in line with the requirements of their GMC registration.

# Diagnostic and screening services

## Multidisciplinary working

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

The provider worked closely with GPs that referred patients into the service to enable patients to have a prompt diagnosis. If concerns were identified from scans, they escalated them to the referrer, or advised them to attend an urgent and emergency department.

## Seven-day services

**Services were available to support timely patient care.**

The service was available to private patients outside of business hours and operated six days a week. The provider told us they flexed the hours of operation depending on the needs of patients. The service was able to be delivered both at the clinic or in patient's homes if needed. The service held a regular clinic on a Saturday.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

The provider gained consent from patients for their care and treatment in line with legislation and guidance. They checked patients' details were correct and explained the scan procedure. Patients had the opportunity to ask questions before consenting for the scan. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

The provider understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had a consent policy. The provider understood how to assess a patient's capacity to make the decision about having a scan.

## Are Diagnostic and screening services caring?

This was the first time we rated caring. We rated it as good.

## Compassionate care

**The provider treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

The provider was discreet and responsive when caring for patients. They conducted scans in a dedicated scan room which provided privacy to patients. There was a changing area in the scanning room with a screen to maintain patient dignity.

The provider was discreet when discussing patient care and stored patient records securely. They took time to interact with patients and those close to them in a respectful and considerate way. They were engaging, friendly and professional. Patients said the provider treated them well and with kindness. They were happy with their care and told us they had an "amazing experience". They said the provider was "very nice". All patients we spoke with said they would recommend the service.

## Diagnostic and screening services

The provider understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. The service had a chaperone policy and patients could bring their own chaperone to the appointment. The provider could access translation services when required.

### Emotional support

**The provider provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

The provider gave patients and those close to them help, emotional support and advice when they needed it. Patients said they felt reassured by the information they were given before their appointment and that it helped them prepare for their scan.

The provider provided reassurance and support for nervous and anxious patients. Patients said they helped them to feel calm and relaxed. Patients were complimentary of all aspects of care they received from booking the appointment to completing the scan.

### Understanding and involvement of patients and those close to them.

**The provider supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

The provider made sure patients and those close to them understood their care and treatment. Patients said the provider explained the scanning procedure in a way they could understand, without jargon, and allowed them plenty of time to ask questions. Patients said the provider asked about their understanding of the procedure before commencing the scan.

Patients and their families could give feedback on the service and their treatment and the provider supported them to do this. Patients were encouraged to complete a feedback form following their appointment.

Staff discussed the cost of the procedure when patients booked their appointments. Prices were clearly displayed on the provider's website.

## Are Diagnostic and screening services responsive?

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

### Service delivery to meet the needs of local people

**The provider planned and provided care in a way that met the needs of local people and the communities served. They worked with others in the wider system and local organisations to plan care.**

Facilities and premises were appropriate for the services being delivered. Patients with limited mobility were able to access clinic. The service had parking available including a disabled space that patients could use.

# Diagnostic and screening services

The clinic was accessible to wheelchair users and had a disabled toilet with an emergency call bell available. If patients were not able to attend the clinic, the service was able to go to the patient's home and complete the ECHO in the home environment.

The service did not operate a waiting list. The provider said that all patients were seen promptly, and patients rarely had to wait for an appointment. Patients we spoke with confirmed being able to access the service in a timely manner. Patients said they were impressed with how quickly and easily the appointment was arranged. Reports were available immediately and were given to patients before they left their appointment.

## Meeting people's individual needs

**The service was inclusive and took account of patients' and their families individual needs and preferences. Reasonable adjustments to help patients access services were made. They coordinated care with other services and providers.**

The provider completed an equality and diversity course as part of their mandatory training. The service had an up-to-date discrimination prevention policy that was compliant with the Equality Act (2010) and ensured staff delivered care without prejudice to protected characteristics.

There was a clear care and treatment ethos based on individualised care. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

The service was accessible to wheelchair users and had an accessible toilet. The couches in the scanning room could be height adjusted as and when required. Staff had access to an interpreter service if required.

## Access and flow

**People could access the service when they needed it and received the right care promptly.**

The provider monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. Patients had timely access to appointments and there was no waiting list for scans. Staff were proactive in offering earlier appointments where cancellations or clinician availability enabled this.

Technology was used to support timely access to appointments and facilitate patient choice. The service enabled patients to book their appointments online.

Patients could have their scans undertaken in their own home if they were unable to attend the clinic.

During our inspection, when patients arrived for their appointment, they did not wait more than a few minutes for their scan. Patients said they did not experience any delays when booking their appointments or having the scan. The scan report was generally prepared immediately after the scan.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**

Patients knew how to make a complaint if needed. Information on how to make a complaint was included on the provider's website. This included information on how to make a complaint to an independent body if they did not want to contact the provider directly.

# Diagnostic and screening services

The provider had an up to date policy that detailed the process for dealing with concerns and complaints. The provider described their process for investigating formal complaints which followed their policy.

The manager had a process to record any complaints received. However, no complaints had been received in the 12 months prior to the inspection. All feedback received by the service was positive.

## Are Diagnostic and screening services well-led?

Good 

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

### Leadership

**The provider had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were available and approachable for patients.**

The service was managed and operated by a sole provider who was also the clinician. The provider had maintained their skills and knowledge through continuing clinical practice in the NHS.

The provider demonstrated leadership and professionalism. They had a genuine interest in developing their abilities and skills to benefit the service.

The service recently employed a secretary to book appointments. The secretary was highly complementary of the provider and found them to be extremely kind, supportive and approachable.

### 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 the sustainability of services. The provider understood mechanisms to improve sustainability.**

The provider had a vision and aims and objectives it wanted to achieve. They aimed to provide expert, compassionate cardiology care, tailored to the individual needs of patients. The provider wanted to expand the availability of out of hospital ECHO's and had visions of taking the service into GP clinics and business offices.

The provider worked in a way that demonstrated their commitment to delivering high-quality care in line with the services' vision and values.

### Culture

**The service had an open culture. The provider was focused on the needs of patients receiving care.**

There was a positive culture and attitude towards patient care. The provider was proud of the work that they carried out. They enjoyed leading the service.

The provider was enthusiastic about the care and services they provided for patients.

# Diagnostic and screening services

They responded positively to feedback and showed a culture of willingness to learn and improve.

## Governance

**The provider operated effective governance processes. They were clear about their role and accountability for the service provided.**

The provider and the service secretary had in-date Disclosure and Barring Service (DBS) checks completed and there was a process for renewing this annually. The provider was registered as a Cardiology Consultant with the General Medical Council (GMC). They had evidence of their indemnity insurance.

The provider was aware of their responsibility to report statutory notifications to CQC. There had been no incidents requiring a statutory notification from August 2021 to July 2022.

Policies seen were relevant, in date and referenced. All policies had a plan for when renewal was required to ensure they were updated in a timely way.

There was a programme of yearly audits completed by the provider in order to monitor the service. These included infection control and documentation.

The provider received peer reviews from other cardiac physiologists, and we saw that these were very positive. The peer reviewer discussed the reviews with the provider so that they could improve practice if necessary.

## Management of risk, issues and performance

**Systems to manage performance had been implemented. The provider was able to identify risks and actions needed to be taken to reduce their impact, however these were not listed on a service risk register. They service had plans to cope with unexpected events.**

The service had an up to date risk management policy in place. The provider undertook risk assessments prior to undertaking ECHOs. The service had an additional risk assessment in place for ECHOs being undertaken in people's homes.

The provider was aware of the top three risks to the service such as equipment failure and loss of information technology. They were aware of, and identified actions that needed to be taken to reduce the risk. The service had an accurate, up to date risk register in place.

## Information Management

**The service collected reliable data. Data was easy to locate and stored in easily accessible formats. The information systems were secure. There was a process to submit notifications to external organisations as required.**

The provider had a secure login to access the service's electronic systems. This included the patient management system, patient records and the service's policies. All electronic devices including the ultrasound scanning machines were password protected and encrypted.

Clinical records were electronic. The provider reviewed reports and sent information from scans remotely to the referrer in a timely way to enable them to determine appropriate patient care.



# Diagnostic and screening services

The service had systems and policies to ensure the availability, integrity and confidentiality of identifiable data was maintained. Records and data management systems were in line with data security standards.

The provider and the secretary had completed training in data protection and cyber security.

The provider knew how to submit data and notifications and would do so if necessary.

## Engagement

**The provider engaged with patients, the public and local organisations to manage their service. They collaborated with partner organisations to help improve services for patients.**

The service's website included information for patients, the location and directions and how to contact the service. Patients could contact the service through an online form on the website.

The service encouraged patients to provide feedback through patient satisfaction surveys, through online reviews, social media reviews or email. We saw positive examples of patient feedback.

## Learning, continuous improvement and innovation

**The provider was committed to continual learning and improving their service. They understood the skills required to make improvements and they shared information for research and to innovate future services.**

The provider kept up to date with new information, research and sharing of learning through the European Association of Cardiovascular Imaging to ensure they were providing safe and effective care. They were keen to learn from anything which would improve the experience for patients.

The provider was committed to continuous professional development and to improving care for patients undergoing ECHOs.

The provider was aspiring to expand out of hospital echocardiogram services to include GP services, businesses, as well as in patient's homes.

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.