

CURX HEALTH LIMITED

CuRx Operational Base

Inspection report

The Mezzanine, Junction 21 Business Park
Gorse Street, Chadderton
Oldham
Lancashire
OL9 9QH
Tel: 07716090301
Website:

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Overall summary

We carried out an announced comprehensive inspection on 25 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring care in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well led in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our key findings were:

- The service had systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service had some arrangements to ensure that facilities were safe. However, some of the information required for this was not in place at the time of inspection. For example, some service contracts and maintenance schedules were observed however, this did not cover all the equipment currently in use.
- The provider carried out recruitment checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Policies were in place to support this. However, we found that Disclosure and Barring Service (DBS) checks were not undertaken as required for all staff members prior to employment and there was no risk assessment in place to support this.

Summary of findings

- The service had some systems for ongoing review and improvements. This included data collection and regular monitoring of key performance indicators.
- Staff treated patients with compassion, kindness, dignity and respect.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.
- The service sought feedback from patients.

We identified regulations that were not being met and the provider must:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure all premises and equipment used by the service provider is fit for use.

Full details of the regulations not being met are at the end of this report.

There were areas where the provider could make improvements and should:

- Review the service infection control policy, in particular to ensure that information includes the requirements necessary to undertake scans for patients with suspected or confirmed contagious and communicable diseases and/or suppressed immune systems. The policy should also refer to the procedure for the decontamination of equipment and environment following use by patients with suspected or confirmed contagious or communicable diseases.
- Review the service protocols to ensure recommendations made following audit is actioned and the issues identified re audited to improve the quality.
- Review the records kept to demonstrate competency training for each staff member.

CuRx Operational Base

Detailed findings

Background to this inspection

The service is run by a private organisation named CuRx Health Ltd. The provider registered with CQC in 2017 to provide the regulated activities of treatment of disease disorder or injury, diagnostic and screening procedures, surgical procedures and family planning. At registration these regulated activities were applied for and set up to support the provider when making bids for local NHS contracts which covered these activities.

At the time of inspection, the only regulated activity being carried out was diagnostic and screening. We found that the provider ran a remote ultrasound scanning service commissioned by the local Clinical Commissioning Group (CCG). The service was commissioned as part of a government initiative with a 'any qualified provider' (AQP) structure to improve patient access to diagnosis and management.

The only registered location for the provider is the organisation headquarters at The Mezzanine, Junction 21 Business Park, Gorse Street, Chadderton, Oldham, Lancashire, OL9 9QH. Remote imaging (ultrasound scans) are undertaken across several host locations within a number of GP practices. Service level agreements are in place to support these arrangements. The ultrasound scans available include abdominal, hepato-biliary, liver, gallbladder, pancreas, spleen, pelvic – uterus, ovary and transvaginal scans.

The service currently operates from the main headquarters and out from six GP practices across the area. Open times vary at each host location.

The lead clinical director at the service is also the registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like

registered providers, they are 'registered persons'. 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. We carried out this inspection as a part of our comprehensive inspection programme of independent health providers.

Our inspection team was led by a CQC lead inspector, who was supported by a Radiologist specialist advisor. The inspection was carried out on 25 September 2018. Prior to the visit, we received some information from the registered manager. During the visit we:

- Spoke with two directors and the company operational lead.
- Spoke with a member of the sonographer team and some of the administration support team.
- Reviewed a sample of patient records.
- Reviewed comment cards in which patients shared their views and experiences of the service.

We asked for CQC comment cards to be completed by patients prior to the inspection. We received three comment cards which were all positive about the standard of care received.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was not providing safe services for all areas related to safe systems and processes, in accordance with the relevant regulations.

Safety systems and processes

The provider had some systems to keep patients safe and safeguarded from abuse.

- The premises were not owned by the provider, a lease arrangement was in place. The service had service specific policies that staff had access to. The building displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises, materials and equipment had been carried out, such as Control of Substances hazardous to Health (COSHH) risk assessments. Fire training had been carried out for staff and appropriate fire safety checks were undertaken. However, a fire risk assessment of the building had not been completed. Information was sent following inspection that an appointment had been made for the completion of a fire risk assessment. The service had a business continuity plan in place that was available to all staff.
- We looked at the arrangements in place for the management and maintenance of the scanning equipment in use. Some of the information required for this was not in place at the time of inspection. For example, some service contracts and maintenance schedules were observed. However, this did not cover all the equipment currently in use. There was evidence that all equipment had been PAT tested but we could not confirm if equipment required calibration during the inspection because manufacturer's instructions were not available. We observed that one of the ultrasound units was not stored appropriately and did not ensure optimum protection to prevent damage to the probes.
- Information was sent to us following inspection however, this did not include evidence that an annual service had been undertaken for all the scanning equipment which required this.
- The service maintained appropriate standards of cleanliness and hygiene in each of the consultation rooms. There were infection prevention and control

policies and protocols and staff had received training in infection control. However, the policy did not include information on the requirement to undertake scans for patients with suspected or confirmed contagious and communicable diseases and/or suppressed immune systems. The policy also did not refer to the procedure for the decontamination of equipment and environment following use by patients with suspected or confirmed contagious or communicable diseases. We found infection prevention and control audits were regularly undertaken, the last one was undertaken in September 2018 and showed the service was fully compliant.

- The provider carried out recruitment (DBS) However, on the day of inspection we found that one member of staff did not have a completed DBS check and was working unsupervised. Staff who acted as chaperones were trained for the role and had received a DBS check.
- All staff received induction training and regular refresher training for health and safety, infection control and safeguarding relevant to their role. However, there was no detailed competency training sheets available for each staff member.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff had received annual basic life support training.
- The clinic had an oxygen cylinder with adult masks and there was also a first aid kit available. A risk assessment was in place to support this.
- Professional indemnity arrangements were in place for all clinical staff.
- We discussed with the provider the need to ensure that the health and safety risks in all the GP locations should be considered by the provider and this was agreed during the inspection. This should improve the availability of emergency equipment at each host location.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Protocols were in place for managing ultrasound scanning referrals from GPs. This included checking and prioritisation of referrals. We saw that actions were taken by the team when requests made were inadequate or held the wrong patient information. Individual patient records were written and managed in a way that kept patients safe.
- The records we saw showed that information collected identified patients that may be vulnerable or may need additional support.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

No medicines were stored or administered at the service.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The service monitored and reviewed activity, for example an environmental risk assessment was completed for location and checks were in place for each of the GP practices the service operated from.

Lessons learned and improvements made

Staff learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for managing notifiable safety incidents.
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong.
- There was a system for receiving and acting on safety alerts. The service learned from safety events across the organisation as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. Sonographers assessed needs and undertook ultrasound tests in line with current legislation, standards and guidance supported by clinical pathways and protocols.

Monitoring care and treatment

The service monitored that guidelines were followed through audits and random sample checks of patient ultrasound scans. This was in line with the monitoring requirements reported to the CCG as part of the contract. We saw that two audits had been completed. This involved a retrospective review of a sample of scans looking at the quality and standards achieved for the images. Data was gathered and recommendations were made if changes and improvements were needed. We saw that recommendations were made following the first audit. However, it was unclear if the recommendations had been actioned and if they were to be reviewed as part of the second audit to drive improvement.

Regular clinical meetings were also taking place and the audits completed were discussed at this time. At these meetings any incidents or errors that had occurred were discussed and appropriate actions taken.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

- Staff were provided with ongoing support. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

The provider had a secure IT system for the storage, retrieval and transmission of patient information. Systems were in place for effective communications with the patients GP referrer. This mostly included electronic communications with some fax communications taking place. We found that a referral would be made to the service and prompt appointments would be given to patients. Letters were followed up with a telephone call and text messages to patients to reduce the numbers of missed appointments.

Systems were in place to monitor how long it takes for patients to receive an appointment and for how long it takes to provide GPs with the reported ultrasound scans. Imaging and initial and final reporting timescales were closely monitored by the provider.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Written policies were in place.
- Sonographers we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent appropriately.
- Staff we spoke with ensured that patients understood what was involved in the procedures for their treatment.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. All the feedback we saw was positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We were told that private areas were available for patients who needed to undress for the ultrasound.

We made patient comment cards available at the service prior to our inspection visit. Each of the comment cards we received were positive and complimentary about the caring nature of the service provided. We spoke with one patient during the inspection and their feedback aligned with the patient views expressed in the comments cards.

Involvement in decisions about care and treatment

Patients were offered written information about the ultrasound scan they had been referred to the service for. The provider had a public website patients and GPs could use to understand the procedures involved. This information included contact details for the service, the

locations used by the provider and the opening hours. For each imaging procedure, patients were sent a letter which included the preparation required for the procedure and how results would be communicated back to their GP.

Staff we spoke with told us they would help patients so that they understood the procedures as part of the consent process.

Interviews with staff indicated that patients' privacy, dignity and security would be maintained a, including security of clothes and personal belongings during examinations and procedures. We found;

- There was one treatment room in the head office location and we observed that the doors were closed during consultations.
- Chaperone arrangements were in place for patients when intimate personal scans were undertaken.
- On entry to the service the patients were greeted by a reception staff member and directed to a waiting area on the lower ground floor.
- Patient information and records were held securely and were not visible to other patients in the reception area.
- Positive feedback was seen for how staff treated patients in the provider's patient survey which was completed at the end of each clinic.
- Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

The service organised and delivered services to meet the needs of patients requiring diagnostic scanning. Services were set up in host locations at GP practices often closer to a patient's home and local community. It took account of patient needs and preferences when appointments were made and depending on the urgency of the referral. We found that;

- Verbal and written information was provided to patients. For example, appointment letters were sent to patients followed up by a telephone call and text message.
- We were told that at the time of booking, if patients told the administrator that they had complex needs and required more time this would be arranged.
- The service made reasonable adjustments when patients found it hard to access the service.
- Verbal and written information was provided to patients. For example, letters were sent to patients followed up by a telephone call and text message.

Timely access to the service

Patients could access care and treatment from the service within an acceptable timescale for their needs.

- The service operated daily open from 8am to 7pm. Weekend appointments were available at some locations from 8am to 4pm.
- Patients comments cards stated the appointment system was easy to use.
- All booked appointments were for 15 minutes and for a more complex comprehensive assessment a 30-minute appointment would be given. The administrators that ran the on-call appointment system were approachable, friendly and responsive to patient's needs.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. All patient complaints were discussed with staff so that they could reflect on their practice. In all cases, patients were reassured that their treatment had been appropriate and further advice had been given.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability;

The team at CuRx were supported by a number of directors and senior managers, including a clinical GP lead. During our inspection we found that the management team at the service had the capacity and skills to deliver high-quality, sustainable care. Managers were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Leaders at all levels across the service were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. Interviews with staff confirmed they shared the organisation vision and ethos for ensuring and promoting this.

Culture

The service had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued.
- The service focused on the needs of patients requiring diagnostic examinations.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal which was planned for later in the year and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff and teams.

Governance arrangements

There was clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Indemnity arrangements were in place for all clinical staff.
- Service specific policies were implemented and were available to all staff. These were available in hard copy or available online for staff.
- The service was aware of their current performance and this was monitored at staff meetings on a regular basis.
- The service monitored that guidelines were followed through audits and random sample checks of patient ultrasound scans.

Managing risks, issues and performance

There was clarity around processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The management team had processes to manage current and future performance. The management team had oversight of national and local safety alerts, incidents, and complaints.
- Key performance indicators, including timescales for imaging and reporting were reviewed regularly by the provider and the local commissioners.
- Audits were undertaken by the service and used to improve the quality of scans completed for patients.
- The service implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- We saw evidence that staff completed daily checks to monitor the safe and effective running of the service out in the GP practices.
- Staff told us that they understood the fire evacuation procedures and that fire alarm tests and fire drills were carried out.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Policies were in place to ensure the provider completed appropriate pre-employment checks as required by Schedule 3 of the HSCA 2008 (Regulated Activities) Regulations 2014. However, on the day of inspection we found that a DBS check had not been completed for a member of staff and no risk assessment had been completed for this to enable them to work unsupervised.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients in the form of a patient survey which had high numbers of patient responses.
- The service used performance information which was reported and monitored and management and staff were held to account. This was reported to the local Clinical Commissioning Group (CCG) for on-going monitoring of the service.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.

Engagement with patients, the public, staff and external partners

The service proactively engaged with patients and staff to gain their feedback and views. All patients were asked to complete a satisfaction survey at the end of their scan. Patients GPs were also asked to complete a survey to gain their views about the service. We saw that any negative comments were acted upon when required.

The service was transparent, collaborative and open with stakeholders about performance, including the CCG. A weekly meeting was held with staff at the service allowing staff members to discuss any issues with managers and provide feedback if required.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: The provider did not ensure that all parts of the premises and equipment used by staff and patients were safe. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not operate effective recruitment procedures for staff. Appropriate checks were not completed prior to new staff commencing employment at the service. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.