Cardiac Screen Limited

Inspection report

The Medical Specialists, Balppa House
57-61 Newington Causeway
London
SE1 6BD
Tel: 02074035294
www.cardiacscreen.co.uk

Date of inspection visit: 07 September 2022
Date of publication: 28/11/2022

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Cardiac Screen Limited as part of our inspection programme.

Cardiac Screen Limited is a private service, specialising in complete heart screening procedures. They also offered services related to gynaecology and psychiatry.

The senior cardio physiologist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission 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.

For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We spoke with two patients during this inspection and received positive feedback.

Our key findings were:

- There was a lack of good governance and limited evidence of quality improvement activity to review the effectiveness and appropriateness of the care provided.
- Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks.
- The service did not have systems in place to assure that an adult accompanying a child had parental authority.
- The service did not have reliable systems for the appropriate and safe handling of medicines to ensure safe prescribing.
- Prescribing was not audited or reviewed to identify areas for quality improvement.
- The performance of doctors was not monitored and the service was unable to provide assurance that the consultations of all doctors were undertaken in line with relevant national UK guidelines.
- Clinical audits were not carried out.
- A formal infection control audit was not carried out.
- The service acted on and learned from some safety alerts related to diagnostic equipment. However, medicine safety alerts were not received and shared with clinicians internally.
- A fire risk assessment and legionella risk assessment were not carried out.
- Safeguarding lead we spoke with demonstrated lack of understanding of the Gillick competency test.

Overall summary

- Some policies did not include sufficient information. The medicines management policy was not available. Most of the policies did not include the name of the author and they were not dated.
- The service was unable to provide documentary evidence to demonstrate that all staff had received formal safeguarding children training, safeguarding adult training, infection control training and fire safety training relevant to their role.
- Annual appraisals were not always carried out regularly.
- The service organised and delivered services to meet patients' needs.
- Patients were able to access care and treatment in a timely manner.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Organise sepsis awareness training.
- Carry out health and safety risk assessments, organise fire drills and inspect emergency lighting.
- Carry out a formal infection control audit.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Cardiac Screen Limited

Cardiac Screen Limited is an independent clinic in South East London.

Services are provided from: The Medical Specialists, Balppa House, 57-61 Newington Causeway, London, SE1 6BD. We visited this location as part of the inspection on 07 September 2022.

Cardiac Screen Limited is a private service, specialising in complete heart screening procedures. They also offer services related to gynaecology and psychiatry. On average the service offers 21 appointments per month with cardiologists, 40 with a gynaecologist and 16 with a psychiatrist.

The service offers health screening to taxi drivers, racing drivers and pilots.

The service was open to children (14+ years old) and adults.

Online services can be accessed from the practice website: www.cardiacscreen.co.uk

The team consists of two directors, four cardiologists, one gynaecologist, one psychiatrist, one psychologist and two part time reception staff. One of the directors is working as a clinic manager, cardiac physiologist and a CQC registered manager. The second director is working as a part time receptionist at the service.

The service is registered with the Care Quality Commission to provide the regulated activity of diagnostics and screening procedures and treatment of disease, disorder or injury.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with both directors. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We spoke to a patient and reviewed patient feedback collected by the service.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

- Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks.
- The service did not have systems in place to assure that an adult accompanying a child had parental authority.
- Not all staff had received safeguarding children training, safeguarding adult training, infection control training and fire safety training appropriate to their role.
- The service did not have reliable systems for the appropriate and safe handling of medicines.
- A formal infection control audit was not carried out.
- A fire risk assessment and legionella risk assessment were not carried out.

Subheadings:

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The service conducted some safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- The service offered services to children (14+ years old) and adults. The service had some systems to safeguard children and vulnerable adults from abuse. The safeguarding policy did not include sufficient information. For example, it did not include how to report safeguarding concerns to the local authority.
- On the day of the inspection, the service did not have systems in place to assure that an adult accompanying a child had parental authority.
- On the day of the inspection, the service was unable to provide documentary evidence that the doctors had completed safeguarding children and safeguarding adult training appropriate to their role. The clinic manager (also a cardiac physiologist) was the safeguarding lead and had received level two child safeguarding training which was not appropriate to their role in line with intercollegiate guidance for all staff working in healthcare settings. All non-clinical staff had not received child safeguarding training and adult safeguarding training relevant to their role.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- We noted that appropriate recruitment checks had not always been undertaken prior to employment. For example, the one staff file we reviewed showed that references (satisfactory evidence of conduct in previous employment) and appropriate health checks (satisfactory information about any physical or mental health conditions) had not been undertaken prior to employment and interview notes were not always kept in staff files. A contract was not available, an application form or curriculum vitae (CV) was not kept in the staff file and the confidentiality agreement was not signed.
- Disclosure and Barring Service (DBS) checks were not always undertaken where required or not always kept in staff files. For example, on the day of the inspection, evidence of DBS checks was not available for three clinicians. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All doctors had practising privileges to offer services to children and adults at the service. (A practising privilege is the 'licence' agreed between individual medical professionals and a private healthcare provider).
- Both non-clinical staff who acted as chaperones were not trained for the role. We noted that they had received a ‘basic’ or ‘standard’ DBS check, which was not appropriate to their role and an appropriate risk assessment was not completed.
- There was a system to manage infection prevention and control. However, a formal infection control audit was not carried out. Staff we spoke with informed us that fabric curtains were washed monthly. However, written records were not maintained.

Requires Improvement

Are services safe?

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The service had not carried out appropriate environmental risk assessments.
- On registering with the service, a patient's identity was not verified. Patients were able to register with the service by verbally providing a date of birth and address. At each consultation, patients confirmed their identity face to face. They were able to pay by debit or credit card and cash.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, some improvements were required.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However, the non-clinical staff we spoke with were not sure how to identify and manage patients with severe infections, for example, sepsis. Staff we spoke with informed us they had not had to deal with such poorly patients in the time that this service had been opened.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. However, paediatric pads for the defibrillator and paediatric masks for oxygen were not available. (A defibrillator is a device that gives a high energy electric shock to the heart of someone who is in cardiac arrest).
- The service did not have a spill kit in stock.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- Patient records were stored securely using an electronic record system. However, we noted the doctors used their portable computing devices to carry out online video consultations and they were not using a secure programme.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service did not have reliable systems for the appropriate and safe handling of medicines.

- The service offered a specialist cardiology diagnostic and screening service (Cardiology deals with disorders of the heart and the cardiovascular system). In addition, they offered gynaecology (the treatment of women's diseases, especially those of the reproductive organs) and psychiatry (the treatment of mental health conditions) related healthcare services.
- The service offered health screening to taxi drivers, racing drivers and pilots.

Requires Improvement

Are services safe?

- The service informed us they did not store any controlled drugs on the premises. However, the doctors were able to prescribe any controlled drugs or high risk medicines as required. Processes were not in place for checking and monitoring whether these medicines were prescribed in line with legal requirements and current national guidance. However, these medicines were only prescribed by qualified doctors who were authorised by the service and granted practising privileges to work at the service.
- The service was unable to provide a documented medicines management policy on the day of the inspection.
- The service did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescribing audits were not carried out. The service was unable to provide documentary evidence to demonstrate whether the doctors were following the antibiotic prescribing protocol.
- Staff vaccination was not maintained in line with current Public Health England (PHE) guidance.
- All medicines were prescribed based on the clinical need on an acute basis. The service informed us that the doctors were providing care and treatment to patients with long term conditions.
- The private prescriptions were printed with the consultant headed name and other necessary information. These paper prescriptions were prescribed and signed by the doctorwith their GMC number.
- The systems and arrangements for managing emergency medicines and equipment minimised risks.

Track record on safety and incidents

The premises was well maintained and the facilities were good. However, some improvements were required.

- Health and safety risk assessment was not carried out.
- On the day of the inspection, the service was unable to provide documentary evidence that a fire risk assessment was carried out. The service was not carrying out regular fire safety checks. However, we noted electronic fire detection system was installed and checked annually. Few days after the inspection, the service informed us that they made an appointment with an external contractor to carry out a fire safety risk assessment on 30 October 2022.
- The fire extinguishers were serviced annually.
- The fire drills with full evacuation were not carried out.
- Emergency lighting was not inspected.
- The service had not carried out a legionella risk assessment and regular water temperature checks had not been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was also a shower on the premises.
- The fixed electrical installation checks of the premises had not been carried out. However, few days after the inspection, the service informed us that the checks were carried out on 7 October 2022.
- Portable appliance testing was carried out.
- Most staff had not received fire safety training.

Lessons learned and improvements made

The service learned and made improvements when things went wrong. However, some improvements were required.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. There had been no significant events.
- There were adequate systems for reviewing and investigating when things went wrong.
- The service acted on and learned from some safety alerts related to diagnostic equipment. However, medicine safety alerts were not received and shared with clinicians internally.

Requires Improvement

Are services effective?

We rated effective as Requires improvement because:

- The performance of doctors was not monitored and the service was unable to provide assurance that the consultations of all doctors were undertaken in line with relevant national UK guidelines.
- Prescribing was not audited or reviewed to identify areas for quality improvement.
- The service was not actively involved in quality improvement activity.
- The service was unable to provide documentary evidence that all staff including doctors had received training relevant to their role.
- Most staff had not received any formal appraisal within the last 12 months.
- The safeguarding lead we spoke with demonstrated a lack of understanding of the Gillick competency test.

Effective needs assessment, care and treatment

The service told us their doctors were expected to work within current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The performance of doctors was not monitored and their consultations, prescribing and referral decisions were not reviewed. The service was unable to provide satisfactory evidence that the work of all its doctors was undertaken in line with relevant national UK guidelines.
- All patients completed a registration questionnaire on their first visit which included information about their past medical history, personal details, date of birth and NHS GP details. This questionnaire was scanned and uploaded into the attachments section of the clinical record system.
- We reviewed 15 examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment in a timely manner. The outcomes of each assessment were clearly recorded, and the clinical notes included appropriate information in an accessible way.
- The service offered various heart screening procedures which included Resting ECG (An electrocardiogram (ECG) is a test used to check your heart's rhythm and electrical activity), Exercise Treadmill ECG and Echocardiogram (ultrasound of the heart). An ultrasound scan is a procedure that uses high-frequency sound waves to create an image of part of the inside of the body). The service also offered Ambulatory ECG and Ambulatory Blood Pressure Monitoring (ABPM), which allowed the patients to walk around and carry out their usual activities.
- A miniature ambulatory ECG recorder was used which was capable of memorising the most significant pathological events and monitoring the patient's continuous heart rate.
- The service had an in-house laboratory and they were offering pathology services (on average 10 appointments per month) and some pathology samples were sent for external laboratory analysis. Pathology results were managed in a timely manner.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service was offering appointments for cervical cancer screening tests (on average 13 appointments per month). The service had a system to ensure results were received for all samples sent for the cervical cancer screening. The service had established failsafe systems to follow up women who were referred to as a result of abnormal results.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

Requires Improvement

Are services effective?

- There was limited evidence of quality improvement activity. For example, the service was collecting patients' feedback to monitor the quality of care and treatment provided.
- The provider was unable to demonstrate that the service used information about care and treatment to make improvements.
- The service had not carried out any clinical audits to assess and monitor the quality and appropriateness of the care provided. For example, the provider offered minor surgery procedures but did not carry out any clinical audit to monitor the clinical effectiveness.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. Patients were required to attend a periodic check with the service, without which the doctor would not prescribe further medicines.
- The doctor advised patients what to do if their condition got worse and where to seek further help and support.
- The service informed us they used the outcome of regular blood test results to monitor the delivery of effective care.
- There were no prescribing audits to monitor the individual prescribing decisions to monitor the quality of the prescriptions issued, but individual patients on prescribed medicines were monitored to identify the appropriateness of their medicines. Overall clinical outcomes for patients were monitored.

Effective staffing

- The service was run by a director and employed two reception staff.
- The doctors were registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice and were up to date with revalidation.
- On the day of the inspection, the service was unable to provide documentary evidence that all staff including doctors had received safeguarding children, safeguarding of vulnerable adults, equality and diversity, mental capacity act, fire safety, infection control, basic life support and health and safety training relevant to their role.
- Most staff had not received any formal internal appraisal within the last 12 months.
- A cardiac physiologist was registered with the British Echocardiogram Society (BSE) and the Registration Council for Clinical Physiologists (RCCP). They received regular appraisals from the BSE and RCCP.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment. However, some improvements were required.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. They informed us if the patient did not agree to the service sharing information with their registered GP, then in case of an emergency, the service discussed this again with the patient to seek their consent. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The service had not risk assessed the treatments they offered. They had not identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions.

Requires Improvement

Are services effective?

- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The safeguarding lead we spoke with demonstrated a lack of understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).
- The service did not audit or monitor the process of seeking consent appropriately.
- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.
- There was information on the service's website with regard to how the service worked and what costs applied. The website had details on how the patient could contact them with any enquiries.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service encouraged and supported patients to be involved in monitoring and managing their health.
- Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance. However, some improvements were required.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We spoke with two patients over the telephone during this inspection.
- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- We reviewed patient feedback available online (social media) which was positive.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- The service gave patients clear information to help them make informed choices including information on the clinic's website. The information included details of the scope of services offered and information on fees.
- We saw that diagnostic procedures were personalised and patient specific which indicated patients were involved in decisions about care and treatment.
- Feedback suggested that patients felt diagnosis were explained clearly to them.
- The service had comprehensive patient information leaflets available explaining the diagnostic procedures and what to expect.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Patients' individual needs and preferences were central to the planning and delivery of tailored services. Services were flexible, provided choice and ensured continuity of care, for example, late evening appointments were available for patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The provider offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against anyone.
- The service website was well designed, clear and simple to use featuring regularly updated information. The website included arrangements for dealing with complaints, information regarding access to the service, consultation and treatment fees and chaperone policy.
- They provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of its patients.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. Patients could access the service in a timely way by making their appointment over the telephone or in person.
- Referrals and transfers to other services were undertaken in a timely way.
- This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if more appropriate to contact their own GP or NHS 111.
- The patient feedback we received confirmed they had the flexibility and choice to arrange appointments in line with other commitments.
- Appointments were available between 10am to 7.30pm Monday to Friday.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints.
- There was a designated responsible person to handle all complaints.
- Information about how to make a complaint was available on the website. We saw this information included the complainant's right to escalate the complaint if dissatisfied with the response.
- The provider had not received any formal complaint in the last 12 months.

Requires Improvement

Are services well-led?

We rated well-led as Requires improvement because:

- There was a lack of good governance in most areas, which included recruitment checks and staff training, safety alerts, fire safety risk assessment and legionella risk assessment.
- Some policies did not include sufficient information. The medicines management policy was not available. Most of the policies did not include the name of the author and they were not dated.
- There was no arrangement in place to review the clinician's performance.
- The service was unable to monitor and review prescribing activity effectively.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. However, some improvements were required.

- Leaders had the experience, capacity and capability to run the service and ensure patients accessing centre received high-quality assessment and care.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service was offering minor surgery procedures including insertion of Mirena coil and removal of moles, but they were not registered for relevant regulated activity with the care quality commission.

Vision and strategy

The service had a clear vision and aspired to deliver high quality care and promote good outcomes for patients.

- The service had the vision to provide a high-quality person-centred service.
- The service had a strategy and supporting to achieve priorities. However, the service did not always monitor the progress against the delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The service was unable to provide documentary evidence of most clinical and non-clinical staff appraisal and career development conversations.
- The service promoted equality and diversity. However, all staff had not received equality and diversity training.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

There was a lack of good governance and improvements were required. For example:

Requires Improvement

Are services well-led?

- Most service specific policies were available and saved online. However, some policies did not include sufficient information including safeguarding policies.
- The medicines management policy was not available on the day of the inspection to ensure the delivery of safe and effective care and treatment.
- Most of the policies did not include the name of the author and they were not dated so it was not clear when they were written or when they had been reviewed.
- The service was unable to provide documentary evidence of any clinical audit demonstrating improved outcomes for patients, and infection control audits were not in place to monitor infection control standards. There was no medicine or prescribing audit to monitor the quality of prescribing. There was no planned programme for future audits.

Managing risks, issues and performance

There were some processes in place for managing risks, issues and performance. However, improvements were required.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas required improvement, such as recruitment checks, safety alerts, staff training, fire safety risk assessment and legionella risk assessment.
- The service did not have reliable systems for the appropriate and safe handling of medicines to ensure safe prescribing.
- We noted that the service was unable to monitor and review prescribing activity effectively. This did not enable them to understand risks and give a clear, accurate and current picture that led to safety improvements.
- The service was unable to provide evidence of any formal peer reviews. There was no arrangement in place to review the clinician's performance. Individual prescribing decisions were not monitored or reviewed periodically by any other clinician.
- The service had no formal documented processes in place to manage current and future performance.
- The clinical audit had not been carried out to monitor the quality of care and outcomes for patients.
- There was no documented business continuity plan in place.

Appropriate and accurate information

The service acted on appropriate and accurate information. However, some improvements were required.

- Patient assessments and consultation notes were recorded on a secure electronic system.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, we noted the doctors used their portable computing devices to carry out online video consultations and they were not using a secure programme.
- The service submitted data or notifications to external organisations as required.
- The service was registered with the Information Commissioner's Office (ICO).

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and valued feedback from patients. These were reviewed and considered by the provider.
- There were examples of compliments received by the service. We saw a number of positive comments documented on the online review websites at the time of our inspection. This was highly positive about the quality of service patients received.

Requires Improvement

Are services well-led?

Continuous improvement and innovation

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

- There was limited focus on continuous learning and improvement. Most staff had not received formal training relevant to their role and most staff did not receive any formal appraisal within the last 12 months.
- Staff meetings were not formally documented.
- There were systems to support improvement and innovation work. For example, the service informed us they were using the latest modern medical equipment to carry out complete heart screening diagnostic procedures. They informed us all medical equipment was regularly replaced every two years.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, we found: • There was no documented medicine management policy. Prescribing audits were not carried out. • The service did not have reliable systems for the appropriate and safe handling of medicines to ensure safe prescribing. • Medicine safety alerts were not received and shared with clinicians internally. • Paediatric pads for the defibrillator and paediatric masks for oxygen were not available. • A fire safety risk assessment was not carried out. • Legionella risk assessment was not carried out. Water temperature checks were not carried out. • The service was carrying out regulated activities that they were not registered for. For example, the service was offering minor surgery procedures including insertion of Mirena coil and removal of moles, but they were not registered for relevant regulated activity with the care quality commission. This was in breach of Regulation 12 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 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

How the regulation was not being met:

The provider had not done all that was reasonably practicable to assure systems and processes were established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular, we found:

- There was a lack of good governance in most areas.
- There was limited evidence of quality improvement activity and clinical audits were not carried out.
- Clinical audits were not carried out regularly.
- Prescribing was not audited or reviewed to identify areas for quality improvement.
- The performance of doctors was not monitored and the service was unable to provide assurance that the consultations of all doctors were undertaken in line with relevant national UK guidelines.
- Clinicians were not using the secure platform for online consultations.
- The safeguarding lead we spoke with demonstrated a lack of understanding of the Gillick competency test.
- Some policies did not include sufficient information and some policies were not available on the day of inspection.
- The service was unable to provide documentary evidence to demonstrate that all staff had received formal training relevant to their role.
- Annual appraisals were not always carried out regularly.
- Staff vaccination was not maintained in line with current Public Health England (PHE) guidance.
- There was no documented business continuity plan in place.
- The service did not have systems in place to assure that an adult accompanying a child had parental authority.
- The service did not have systems in place to assure that an adult accompanying a child had parental authority.
- The doctors used their portable computing devices to carry out online video consultations and they were not using a secure programme.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

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 registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular, we found: • Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks or records were not always kept in staff files. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.