

InHealth Limited

Quality Report

The Cardiac Unit
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

InHealth Limited is operated by InHealth Limited. The service has two purpose built cardiac catheterisation laboratories within the unit. A catheterisation laboratory is an examination room with a specially designed X-ray machine used to perform minimally invasive tests and procedures to diagnose and treat cardiovascular disease. Facilities include two cardiac catheterisation laboratories, a control area and a 10 bedded day ward.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 2 July 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We rated it as **Good** overall.

We found the following areas of good practice:

- The service was visibly clean and tidy and there was no incidence of a hospital acquired infection in the reporting time period.
- Equipment was regularly serviced, cleaned and checked.
- There was a positive incident reporting culture. Staff knew how to report incidents, what incidents to report and were informed of learning from incidents through staff meetings and newsletters.
- Staff of varying disciplines from both the host hospital and InHealth worked well together as a team. We saw teamwork was particularly good within catheterisation laboratories with each staff member having a voice and an equal place within the team.
- Staff provided care to patients in a professional, compassionate and caring manner.
- The leadership was visible and approachable. Staff felt comfortable to raise concerns with managers.
- The service had appropriate governance structures. Senior managers used performance data to identify, mitigate and learn from incidents.

However, we found an area of practice that the service needed to improve:

- The service should consider providing staff with chaperone training.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (South East)

Summary of findings

Our judgements about each of the main services

Service

**Diagnostic
imaging**

Rating

Good



Summary of each main service

We rated this service as good because it provided a safe, caring, responsive and well led service. We do not rate effective.

Summary of findings

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Good 

InHealth Limited

Services we looked at

Diagnostic imaging

Summary of this inspection

Background to InHealth Limited

InHealth Limited is operated by InHealth Limited. The service opened in 1998. It is a private service located on the grounds of St Peters Hospital in Surrey. The service primarily serves the communities of Spelthorne, Runnymede, Elmbridge, Woking, and parts of Surrey Heath and Epsom.

The service offers a range of cardiac interventional procedures including angiograms and pacemaker

procedures. As a 24-hour heart attack centre offering primary percutaneous coronary intervention in-hours, the service operates from 7.30 am until 6pm Monday to Friday and out of hours; from 6 pm until 7.30am on call staff are on standby to manage emergency cases.

The current registered manager has been in post since December 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, an assistant inspector, and a specialist advisor with expertise in diagnostic imaging. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about InHealth Limited

InHealth Limited has two cardiac catheterisation laboratories, a 10 bedded day ward and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

During the inspection, we visited the day ward, both cardiac catheterisation laboratories and the administrative areas. We spoke with 10 staff including registered nurses, health care assistants, reception staff, medical staff, and senior managers. We spoke with four patients and two relatives. During our inspection, we reviewed four sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected three times, and the most recent inspection took place in June 2015, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (March 2018 to March 2019)

- The service treated over 2,469 patients during the year.
- The majority of patients were NHS-funded patients.

The service employed an angiography service manager, nine cardiac nurses, five cardiac radiographers, four healthcare assistants and four patient administrators as well as having staff on zero-hour contracts.

Track record on safety

- No never events
- No serious injuries
- No incidences of hospital acquired
Meticillin-resistant *Staphylococcus aureus* (MRSA),
Meticillin-sensitive *staphylococcus aureus* (MSSA),
Clostridium difficile (c.diff) or *Escherichia coli* (E-Coli).
- No complaints

Services accredited by a national body:

Summary of this inspection

- Investor in People (Gold award) December 2019- whole organisation
- ISO9001:2015 December 2019- Whole organisation
- ISO27001:2013 December 2019- Whole organisation

Services provided at the hospital under service level agreement:

- Clinical and/or non-clinical waste removal
- Translation services
- Grounds maintenance
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- Patient sandwiches
- Infection control & prevention advice
- Pharmacy supplies and advice
- Point of care (POCT) testing support
- Maintenance services for the day ward and reception area
- Portering

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as **Good** because:

- All staff had completed their mandatory training, and they were trained to use all the diagnostic equipment.
- There were effective systems for safeguarding vulnerable adults and children.
- The centre had suitable environments for the services offered. Staff had access to a range of specialist equipment and equipment was safely maintained.
- Records were safely stored and kept confidential.
- The service had effective processes to recognise and respond to deteriorating patients' needs and clinical risks.

Good



Are services effective?

- Patients received effective care and treatment that met their needs.
- Staff monitored the effectiveness of care and treatment and where necessary actions to improve were put in place and reviewed for completion. This ensured a continuous improvement cycle.
- The centre had qualified staff and they had the skills needed to carry out their roles in line with best practice. Staff learning needs were identified and they had training to meet these learning needs. Staff were supported to maintain and further develop their professional skills and experience.
- Staff worked together as a team for the benefit of patients. InHealth staff and host hospital staff supported each other to provide care.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

We rated it as **Good** because:

- Staff consistently involved and treated patients with compassion, kindness, dignity and respect. There was consistently positive feedback.
- Patients received information in a way which they understood and felt involved in their care. Patients were always given the opportunity to ask staff questions.

Good



Summary of this inspection

Are services responsive?

Good



- The service was planned with the needs of local population and host hospital in mind.
- Cultural and specific needs were identified at the time of pre-assessment and the service ensured they could accommodate patients through their patient journey.
- Patients had access to the complaint's procedure however, the service had not received any formal complaints in the 12 months before our inspection.
- Waiting times and delays were minimal and managed safely. Services ran on time. Staff kept patients informed of any disruption to their care or treatment.

Are services well-led?

Good



- The service had a vision for what it wanted to do and plans to achieve this. Staff understood their roles in achieving this.
- The service had supportive, competent managers who promoted a learning culture.
- The unit had its own risk register and managers had clear visibility of their own risks and were knowledgeable about the mitigating actions taken.
- The service did not hold regular minuted staff meetings however, staff felt they were informed of changes to practice or development within the service and organisation. InHealth used alternative forums to engage with staff such as daily team huddles.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	N/A	Good	Good	Good	Good

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

Mandatory training

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

- InHealth provided staff with a comprehensive statutory and mandatory training programme. New starters had an induction programme and employees were automatically enrolled on an e-learning system where they completed their mandatory training through a combination of online modules and face to face training.
- The registered manager was responsible for ensuring staff had attended and were up to date with the relevant training for their role.
- Staff received email reminders when they were due for a refresher course. Staff confirmed they were given time to attend courses and seminars to maintain their compliance.
- InHealth group set a target of 90% for completion of mandatory training which was met for all the modules except for moving and handling, which was 88%.
- The training covered 11 modules including: fire safety, infection control, moving and handling, basic life support, safeguarding children and adults, data security awareness and equality and diversity.

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.

- Safeguarding adults and children formed part of the induction and mandatory training. Data showed compliance with safeguarding training was 100% for all staff. The service manager and InHealth staff had completed safeguarding children level two. This was in line with intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014). The guidance states all non-clinical and clinical staff who have any contact with children, young peoples and/or parents/carers should be trained to level two.
- All staff had completed safeguarding vulnerable adults training level two.
- Staff had access to a level four trained safeguarding lead and a deputy within InHealth. Staff could name the safeguarding lead and their contact details were clearly displayed throughout the service for staff to use when seeking advice and guidance. Onsite InHealth staff had access to the host hospital's safeguarding leads for adults and children.
- Staff were aware of what constituted abuse and demonstrated a sound understanding of safeguarding and the service's safeguarding policy and procedures.
- The service had made one safeguarding referral in February 2019. Information provided showed staff had escalated their concerns to the registered manager, the relevant safeguarding leads and the patient's GP.

Diagnostic imaging

Staff we spoke with knew how to make a referral and told us that they would raise this with the service manager and the hospital's safeguarding lead. This was in line with the safeguarding policy.

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.

- InHealth Limited had infection prevention and control (IPC) policies and procedures which provided staff with guidance on appropriate IPC practice for example, infectious diseases and isolation.
- As the service was an extension of cardiology services provided by the host hospital, InHealth Limited were required to adhere to hospital IPC policies and protocols. As such, staff had access to an InHealth infection control link nurse who provided support to the local team to ensure compliance. InHealth had a designated infection control lead who provided the link nurse and the service with further support if required and monitored compliance with IPC policies and procedures.
- All areas of the service we visited appeared visibly clean. Each area had a cleaning schedule which was completed daily in accordance with policy. Cardiac catheterisation laboratory staff of all disciplines were involved in cleaning the laboratories after each procedure.
- Cleanliness, infection prevention and hygiene were regularly monitored through a process of internal and external audits.
- We reviewed an IPC audit feedback tool dated March 2019 where the service achieved an overall score of 94%. The review was carried out by the InHealth infection control link nurse and two members of the host hospital's IPC team. The tool reviewed various areas within the service identifying problems and recommending actions. One of the problems identified included torn covers on pillows and these were actioned by disposing of them and ensuring pillows were checked between patients.
- The service completed monthly hand hygiene audits to measure compliance with the World Health

Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define the key moments when staff should be performing hand hygiene to reduce risk of spreading infections between patients. Results for the reporting period April 2018 to March 2019 showed a compliance rate of 98%. Hand hygiene results were communicated to staff through their staff meetings and through email.

- Hand washing facilities and hand gel dispensers were available for staff and visitors to use. These were placed at strategic points throughout the unit for example, at the reception desk and at the entrance of the scanning unit. We saw both staff and patients using these.
- All staff were bare below elbows. This enabled effective hand and wrist washing to prevent the spread of infections.
- Cardiac catheterisation laboratory staff wore scrubs and specific lab shoes. Staff did not wear scrubs out of the unit. Scrubs were kept in a cupboard and clean scrubs were delivered to the unit daily. The service had a strict policy where staff were not allowed past the viewing area or into the laboratories without wearing scrubs which staff adhered to.
- Waste was handled and disposed of in a way that kept people safe. Staff used colour coded bags to identify the type of waste being disposed of. The unit had a policy for the management of healthcare waste dated November 2019 which staff adhered to.
- Staff adhered to National Institute for Health and Care Excellence (NICE) [QS61] Statement 5, Vascular access devices. Staff were trained in cannulation and explained to us the need to monitor cannula sites for extravasation (the leakage of intravenous fluid into surrounding tissue). We saw staff explain the procedure to a patient, removed the cannula promptly post procedure and dispose of it correctly in a sharps container.
- The service carried out a monthly audit of care bundles for peripheral intravenous cannulas. Data showed a compliance rate of 97% from April 2018 till March 2019.

Diagnostic imaging

- Between March 2018 and April 2019, there were no incidences of healthcare acquired infection (infections that patients acquire while receiving healthcare) in the service.

Environment and equipment

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

- The layout of the unit was compatible with Health Building Note six. The service was a purpose-built unit with good pedestrian access via the main hospital corridor and at street level, with a ramp provided for disabled access. The service was linked to the host hospital's cardiac ward, therefore patients had timely access to the service.
- The service had a waiting room with eight seats, a reception area, one ward separated into two, five-bedded bays. There were two recovery beds and two cardiac catheterisation laboratories separated by a control area.
- Staff used and stored personal protective imaging equipment correctly. Equipment included lead skirts and tops, thyroid shields and lead glasses which were available in a range of sizes. Every six months, all protective equipment was screened and checked for defects. The last inspection was carried out in May 2019 and found the equipment to be suitable for use.
- All staff we spoke with understood how to use lead equipment correctly including when not to wear it and how to hang the equipment correctly. Additionally, information was displayed in the viewing area as a reminder for all staff to view and follow.
- All staff in theatres wore two film badges each. One badge was worn under the lead shielding and the other over the shielding. Film badges are personal dosimeter used for monitoring cumulative radiation dose due to ionising radiation. Film badges were changed monthly and assessed to measure exposure.
- The service had access to emergency equipment. Each laboratory and the ward had an emergency trolley including portable oxygen, suction and automated defibrillators stored on purpose-built trolleys. Equipment in various sizes for adults and children was also available. Each trolley had medicines for cardiac

arrests and for anaphylactic reactions to contrast medium. Records showed that staff checked emergency equipment daily in accordance with guide sheets attached to each trolley.

- There was a fault log book for each area. The books included details about each machine and the number to call in case of a fault. Staff were aware of the process for escalating faults with respective equipment manufacturers. The last fault was recorded in June 2019 and related to the injector pump. There were clear instructions of actions taken to resolve the issue.
- The annual radiation protection audit completed in June 2018 reported that the radiology equipment was maintained to a very high standard. All equipment was subject to a comprehensive preventative maintenance programme. Laboratory equipment was serviced in line with manufacturers guidance. Records showed that a routine service for laboratory one was completed in April 2019 and June 2019 for laboratory two.
- All members of staff within the cardiac catheterisation laboratories were competent to complete the quality assurance (QA) testing of imaging machines. Each machine had records of QA testing which staff completed monthly. Both imaging machines were last tested on 6 June 2019. There were folders containing detailed information of what action to take if QA results were not within the expected ranges and staff understood their responsibilities to monitor or report out of range readings.
- The service had an effective process of controlling stock. There was an electronic stock keeping machine. Staff told us the introduction of this was difficult however, they had noticed a huge difference. They did not run out of basic consumables or equipment as the machine alerted them when low on stock and staff were able to turnaround rooms quicker. They were able to work smarter and it was easier to keep up to date of expiry dates.
- Healthcare assistants were responsible for ordering consumables. Equipment was sourced via the InHealth central procurement team. The hospital physiologists were responsible for ordering specialist device (pacing) and rhythm (electrophysiological and ablation) equipment.

Diagnostic imaging

- Staff had access to an ample supply of personal protective equipment (PPE), including aprons and latex free gloves in various sizes. There were sterile gloves available in a range of sizes for the cardiologist to use. We saw staff used PPE correctly.
- Weight limits of the tables were clearly displayed in the viewing area and staff were aware of the maximum weight of 200kg. Patients were weighed at the pre-assessment appointment to ensure they could be safely treated on the laboratory tables.
- The host trust carried out a monthly generator test. In the event of a power cut staff told us the back-up generator worked well to keep the imaging equipment working and had not experienced any issues after testing.
- Arrangements were in place with the host hospital for the disposal of all medical waste.
- The service reported no unplanned patient transfer in the last 12 months.
- Evacuation plans were available and evacuation routes were kept clear. The unit had a business continuity plan which provided instructions on how to deal with major incidents which may impact the daily operation of the unit.
- All staff undertook fire safety training. There were a number of fire wardens available at the site and all fire exits were clearly marked. Staff we spoke with told us that fire alarms were checked every Wednesday. There was a notice in the waiting area which informed patients when the service conducted fire alarm tests.
- The local rules were clearly displayed, and we saw staff had signed these in line with recommendations. The local rules guidance was complete and in line with regulation. Local rules were used to ensure that work was carried out in accordance with the Ionising Radiation Regulations and the Ionising Radiation (Medical Exposure) Regulations.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

- InHealth Limited accepted referrals internally from the host hospital's cardiology outpatient clinics, the coronary care unit and general medical wards. Externally referrals were made by another NHS hospital and a local private hospital.
- Staff completed and updated risk assessments for each patient as part of the pre-assessment appointment. The records were clear and kept in each patient's patient care notes.
- Prior to the patient being admitted onto the day ward, nurses documented pre-procedure checks in the integrated care pathway which included assessments and observations to confirm the patient was fit for procedure.
- All staff were required to complete basic life support training. In addition to this, clinical laboratory staff and radiographers were also required to complete the immediate life support training and senior nursing staff had completed advance life support training. This was in line with the Resus Council's guidelines. Both modules formed part of the mandatory training with a 100% compliance rate for each.
- We saw notices in the scanning room advising people to notify staff if they were pregnant. Additionally, persons of child bearing age had to complete the risk assessment form indicating if they were pregnant or not.
- Radiation protection training was provided to staff by the radiation protection supervisor. Staff also had access to two named radiation protection supervisors. Noticeboards named the radiation protection supervisors and radiation protection advisor. There were clear pathways for escalating and reporting concerns. Cardiac radiographers could contact the radiation protection advisor by email, telephone or face to face for advice in relation to radiation.
- We saw the Society of Radiographers "Pause and Check" posters in the scanning room. This was a visual reminder which staff followed before starting the procedure. Pause and check consists of the three-point checks to correctly identify the patient, as well as checking with the patient the site to be imaged.
- Staff in the laboratories carried out an adapted version of World Health Organisation Surgical Safety Checklist relevant to the cardiac unit. The safety checklist is an

Diagnostic imaging

international tool developed to help prevent the risk of avoidable harm and errors during and after surgery. We observed a safety checklist led by the consultant and all staff in the laboratories participated. For all procedures we saw, staff fully completed all the required checks and raised any concerns such as contraindications or heart rate issues.

- Staff followed the National Early Warning Score (NEWS) to assess patients' clinical conditions and identify medical deterioration. NEWS is a guide used by medical staff to quickly determine the degree of illness of a patient, based on vital signs such as temperature and blood pressure.
- The service reported no Ionising Radiation Medical Exposure Regulations reportable incidents in the last 12 months.

Staffing

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

- The service consisted of 25 members of staff on full-time and part-time contracts. There was a full-time angiography service manager, five cardiac radiographers, nine cardiac nurses and four healthcare assistants. Four patient administrators also supported the service.
- Staffing requirements were assessed to meet the need of providing safe and compassionate care throughout the operational period. The service used a work force plan to determine staffing requirements and reviewed this on an yearly basis. Rotas were planned eight weeks in advance. Staff told us they could choose the shifts they wanted, and any unfulfilled shifts were covered by bank and agency staff.
- The service used bank and agency staff. Data showed that the unit had used bank cardiac nurses to cover 57 shifts and agency cardiac nurses to cover 35 shifts in a three-month period. Seven healthcare assistants' shifts had been covered by bank staff for the same period.
- Staff told us, and the service leaders acknowledged that nursing staff was an area of concern and there

was an over reliance on agency staff. Most agency staff had worked for the service for an extended period which helped maintain patient safety as the nurses were familiar with InHealth procedures.

- At the time of our inspection the service reported three cardiac nurse vacancies.

Medical staffing

- InHealth employed one medical staff member who offered advice and support. In addition advice and support were provided through InHealth's extensive network of retained medical and subject advisors who were accessible through the clinical quality team. Onsite InHealth staff were supported by the host hospital's cardiologists and physiologists.

Records

Staff kept detailed records of patients' care and treatment.

- Patients were registered onto the imaging system for the acquisition and temporary storage of the radiographic images following the procedure. Staff saved images onto the host hospital's picture archiving and communicating system (PACS). The host hospital's consultant cardiologist was responsible for the dictation of the outcome of the investigation which was transcribed by the medical secretary.
- Patient notes were requested from medical records at the time of pre-assessment for receipt on the day of the procedure.
- Patient records were held on the unit on the day of the patient's procedure and were locked in a note's cupboard when not in use. As all patients attending for a procedure in the catherisation laboratories belonged to the host hospital, all elements of care were documented manually in the patient's integrated care pathway (ICP) document and on the patient administration system and on InHealth's electronic system.
- Patients personal data and information were kept secure and staff gained access to these via multiple hospital systems by both InHealth and hospital staff for booking, admission, dictation and discharge summary completion.

Diagnostic imaging

- During the procedure, the nurse documented in-procedure and post-procedure care in the ICP which was subsequently used at the time of hand-over when the patient was returned to the day ward or coronary care Unit.
- Following the procedure, the consultant cardiologist dictated the outcome and documented in the ICP. All images were saved onto the host hospital's clinical radiological information system and transferred onto PACS.
- Following transfer back to the day ward, nurses continued to document care provided on the ICP whilst also completing the National Early Warning System vital sign chart. Once the patient was discharged, a discharge summary was completed by the junior doctor's assistant located on the coronary care unit. The hospital administration team then forwarded the discharge summary to the patient and a copy was also sent to their GP.
- We reviewed four sets of patient records during the inspection and saw records were accurate, complete, legible and up to date. Records included completed risk assessments and referral forms with patient identification, contact details, clinical history and examination requested, and details of the referring clinician/practitioner.
- A link pharmacist from the host hospital was available for support and advice locally if needed.
- The service carried out monthly medicine management audits which covered temperature monitoring, controlled drugs, security and housekeeping. We saw evidence of the audit carried out from April 2018 to February 2019. The service performed well in the audits. Although the audits were not scored, all audits we reviewed did not have any corrective actions for the service to complete. General comments were made regarding the storage of intravenous fluid in laboratory two which was not locked during working hours. However, the service was locked at the end of each clinical day to reduce the risk of unauthorised persons having access to the fluids.
- Contrast used was prescribed by the cardiologist leading the procedure. We noted staff recorded the amount used. Physiologists record all medicines used at the time of injection and each procedure as it happened for accurate recording.
- Staff told us there were very few patient reactions to the contrast and were aware how to report any incidents.
- Medicines kept in the fridge included medicines for the treatment of bradycardia (slow heart rate), anaesthetics (medicines used to numb sensation or induce sleep) and blood sugar strips for patients living with diabetes. Medicines including controlled drugs and those requiring refrigeration were stored securely. Fridge temperatures were checked and recorded daily. Staff we spoke with knew the ideal temperature range and what to do if the recordings were out of range.
- Multidisciplinary team working was observed when drawing medicines for procedures. The scrub nurse and a doctor checked the consumables to ensure they were in date, the strength and confirmed the medicine to be used. This was confirmed before administration to reduce the risk of medicines errors.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

- Controlled drugs and stocked medicines were stored and supplied to the service via the host pharmacy following the agreed standard operating procedure for controlled drugs. Pharmacy requests were placed by InHealth nurses and orders collected from the host hospital pharmacy.
- The safe and secure management of medicines was overseen by InHealth multi-disciplinary Medicines Management Group which met on a quarterly basis. Organisational pharmacist support and guidance was provided by InHealth's retained pharmacy advisor.
- Locally the operations manager was the accountable officer for the controlled drugs. They were responsible for all aspect of controlled drugs management within the service.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

Diagnostic imaging

- Information provided by the service showed there had been no never events or serious incidents in the last 12 months. No duty of candour notifications were made between March 2018 and March 2019. The duty of candour is a statutory duty to be open and honest with patients and their families when something goes wrong that appears to have caused or could lead to significant harm in the future.
- All incidents were dually reported on the host hospital and InHealth's reporting systems. A local 'complications register' was also held to record complications that occur in the laboratories.
- At the last inspection in 2015, we found there was an inconsistent approach to how incidents were reported with staff using different systems or relying on the service manager to report incidents on their behalf. However, at this inspection staff understood their responsibilities with regards to the reporting of incidents. The service manager and operations manager spoke of a positive incident reporting culture. All staff we spoke with from nursing to administrative staff could explain the process of reporting including using both the InHealth and host hospital reporting systems. Staff understood the benefits of reporting incidents and near misses.
- Incidents involving patient or service user harm were assessed against the 'notifiable safety incident' criteria as defined within regulation 20 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Incidents meeting this threshold were managed under the organisations 'adverse events (incident) reporting and management policy' and 'Duty of Candour, procedure for the notification of a notifiable safety incident' standard operating procedure.
- Patients that used the service were informed when there was an untoward outcome following a procedure. Duty of Candour responsibilities lied with both organisations; the service manager's role was key in facilitating an apology and implementing actions to mitigate recurrence.
- Staff confirmed they received feedback on incidents and if they were involved in the incident, they were

included in the investigation. A thorough investigation was undertaken following the reporting of all incidents and subsequent discussion was held at the weekly internal governance meetings.

- As all imaging modalities within the organisation were involved in this process, any recurring trends were identified and shared via this forum. Staff told us lessons learned were shared at monthly user group meetings. We looked at the minutes from the monthly cardiac unit user group meeting from March 2018 to February 2019 which showed that discussions on incidents took place.
- We reviewed the most recent radiation incident investigation from February 2019. The incident was reported in detail on both electronic incident reporting systems, with a step by step description of what happened. The incident had a full report with conclusions reached. Staff we spoke with were aware of the learning from the incident.

Are diagnostic imaging services effective?

We do not rate effective.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

- InHealth Limited had various policies and procedures to deliver care, treatment and support patients. Staff had access to these documents both electronically and in paper form and demonstrated that documents were readily available.
- From our observations and conversations with various staff members, it was clear that staff had read and understood the guidance. Staff adhered to guidance to keep themselves and their patients safe and this was evident in the way they worked. Staff confirmed they were informed of new or updated documents.
- The service's procedures were in line with the Ionising Radiation Regulations 2017 (IRR17) and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

Diagnostic imaging

- The service applied the Public Health England guidance on National Diagnostic Reference Levels. Diagnostic reference levels gave staff guidance on the expected dose to be delivered for specific examinations. These doses are expected not to be exceeded for standard procedures when good and normal practice is applied. Diagnostic references levels were available to staff in the control area and electronically and included paediatric reference levels.
- Staff followed InHealth guidance to ensure patients were on the correct pathway in line with their clinical conditions. For example, guidance referred to, Standards for angiography and image guided endovascular interventions (2018) from The Royal College of Radiologists.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

- Dietary requirements were established during pre-assessment and then met on the day of procedure.
- The service offered patients hot and cold drinks and sandwiches. There were vegetarian options available and could accommodate patients with 'free from' food.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

- Pain relief was offered and given appropriately using the five rights of medicine administration, one of the recommendations to reduce medicine errors and harm was to use the "five rights": the right patient, the right medicine, the right dose, the right route, and the right time.
- Staff told us they made sure patients were comfortable during their procedure and post operatively. Assessment of pain was scored on a scale of one to 10. Staff reported high scores to the cardiology consultant. Patients we spoke with said they were offered pain relief.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

- The host hospital's cardiologists were responsible for all image reporting and we observed this being completed immediately after the procedure.
- The service did not conduct peer reviews. However, we noted that concerns with the image quality were raised by the trust cardiologists were discussed with the manufacturer and InHealth Limited to identify ways to improve. Discussions had led the service to trial a different contrast medium for a three-month period. Results of this had been positive and at the time our inspection the service were in the process of replacing the current contrast medium.
- The service undertook their audit programme to identify, monitor and drive quality improvement. The audit programme included medicine management, infection prevention and control. They implemented, monitored and reviewed action plans when required. We reviewed a selection of audits and they reflected good practice.
- Monthly multidisciplinary team meetings were held between the consultant cardiologists and InHealth staff to review outcomes of both elective and non-elective procedures. This included patients that required onward referrals for a percutaneous coronary intervention (PCI) procedure at a Tertiary centre. All PCI data was submitted into the Myocardial Ischaemia National Audit Project (MINAP) for regional and national benchmarking and this was reported under the host hospitals performance.

Competent staff

The service made sure staff were competent for their roles.

- The recruitment and induction processes ensured staff had the right qualifications, skills and knowledge to do their job when they start their employment. Learning needs are identified within the first week of their start date with the aim to achieved these by the end of their three-month probationary period. Where this was not achieved, extra support was provided to ensure specific competencies were met.
- Regular reviews took place on a set basis as part of the appraisal process; however, reviews were often

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completed ad-hoc with members of the team. Opportunities for staff development were identified throughout the year and formalised during yearly appraisal reviews. Additional support was implemented for staff members that were not achieving the levels of competence required with regular review check-points to assess progress.

- All staff had received an appraisal this year including the service manager. The appraisal cycle ran from September to October each year with catch up meetings in April and May to track progress.
- InHealth Limited used the 'SMART' format to outline personal objectives. SMART objectives are specific, measurable achievable, realistic and timely (or time-bound). We reviewed two staff appraisals which followed the same format.
- There were development opportunities for staff. InHealth had a learning development programme which staff had access to. Staff were encouraged to attend study days and conferences. Continuous professional development (CPD) courses specific to the service were advertised to staff such as blood results and cardiac care, heart and lung assessment master class, understanding cardiology for nurses and allied health practitioners and electrocardiography training.
- During downtime, when the laboratories were not in use, staff were encouraged to completed CPD. The service also ran educational half days during this downtime. Staff could request topics they wanted to learn more about or to present to the rest of the team.
- The clinical nurse specialists had link nurse responsibilities including safeguarding, dementia and diabetes. They attended meetings and fed back to staff.
- All radiographers and nursing staff were registered with the relevant professional body for example, radiographers were registered with the Health and Care Professional Council (HCPC) while nursing staff were registered with the Nursing and Midwifery Council (NMC). The service manager checked staff registration on a yearly basis to ensure staff were safe to practice.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.

- There was a multidisciplinary approach in treating patients. InHealth worked closely with the host hospital and an ambulance service to provide an effective treatment pathway for cardiac patients. Staff we spoke with said they worked as one team, and this was evident in the way all staff worked to facilitate an efficient patient journey. All staff were involved in the pre and post procedure care before the patient was transferred to the cardiac ward
- We observed all laboratory staff of all professional backgrounds participating in discussions to decide further treatments for patients. This included, cardiac nurses and radiographers and the hospital's cardiologists and physiologists.
- The service also worked with other tertiary hospitals. Staff were proud of the tri-hospital working pathway and the strong connections they had with the hospital to facilitate these pathways.
- Discussions to determine the order in which patients attended the catheterisation laboratories took place during the morning huddle where staff of all backgrounds communicated with each other to manage expectations.

Seven-day services

Key services were available seven days a week to support timely patient care.

- Whilst the service was a 24hour, seven days a week heart attack centre, the unit itself was only open to elective patients from Monday to Friday excluding bank holidays. Opening hours were 7.30am to 6pm.
- Outside of this the service would only be occupied should an emergency take place, and the on-call team were called out.

Health promotion

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

- The waiting room had leaflets about heart care available for patient and relatives interested in heart health.

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- The service referred patients and relatives to a cardiac rehabilitation service run by the host hospital if they were identified as requiring support at the time of discharge. This provided relevant information for support services. Additionally, the service could refer patients to a local non-profit voluntary support group. The group offered support to patients and relatives twice a week while they awaited or underwent treatment for their condition.

Consent and Mental Capacity Act

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

- Staff were clear about their responsibilities in relation to gaining consent from patients, including those who lacked the mental capacity to consent to their care and treatment. This aligned with InHealth's consent policy. Staff said they received information in the referral form about a patient's capacity, and they understood the Mental Capacity Act 2005.
- Patients completed a checklist on the day of their procedure and a final consent check was completed by the consultant leading the procedure.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the mental capacity to make decisions about their care.

Are diagnostic imaging services caring?

Good 

Compassionate care

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

- Staff demonstrated a kind and caring attitude towards patients. This was evident in the day ward when staff noticed the room temperature had gone down. Staff asked the patients if they were warm enough and provided blankets if required.

- Staff ensured that patients' privacy and dignity was maintained during their time in the service. There were curtains around each bay which separated the patients from each other. Curtains were drawn shut during consultation and whilst personal care was provided.
- Staff introduced themselves prior to the start of the patient's treatment, interacted well and included patients during general conversation. Staff maintained constant communication and reassurance during the procedure to reduce distress. This met National Institute for Health and Care Excellence QS15 Statement 2: Demonstrated competency in communication skills.
- Patients who used the service had the opportunity to comment on the service and their experience via a paper-based form or electronically. Feedback from patients was consistently positive achieving an average score of 98%.
- We spoke with four patients and two relatives. They all said they were happy with the service they had received. Patients described staff as "extremely professional and helpful" and said they "couldn't have wished for a better service". One patient described the service as "caring and radiating such warmth and love", whilst another said it felt "like private, home hospitality".
- Staff we spoke with told us should a patient require a chaperone, one was provided in line with InHealth chaperone policy, however staff we spoke with told us they hadn't received training on this.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

- Staff we spoke with had good awareness of patients with complex needs and gave examples of how they dealt with anxious or challenging behaviour. Staff explained that they would support patients by listening to their concerns. This met NICE, the National Institute for Health and Care Excellence QS15 Statement 10: Physical and psychological needs.
- Staff ensured that all necessary information about patients with learning disabilities or living with dementia was obtained at the pre-assessment

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appointment. This was shared with all staff ensuring all staff caring for the patient knew how best to support the patient from the start to finish of the procedure.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

- We spoke with two patients who said they felt informed about the procedure and involved in decision making prior to being referred. Patients told us they were given enough time to make decisions and to ask questions. We observed a nurse encouraging a relative to take notes if they wished and to write down any questions they wanted to ask prior to consenting to the procedure.
- Staff recognised when patients and their relatives needed additional support to help them understand and be involved in their care and to enable access. This included explaining procedures and reassuring both patients and their families of the processes that would occur during their stay at the service. This met NICE, the National Institute for Health and Care Excellence QS15 statement 5: Understanding treatment options.
- Review of patient feedback was undertaken at local level at the monthly user group meetings and on a corporate level by senior managers within the organisation. A monthly key performance indicator report included patient feedback and highlighted themes for improvement. Learning and best practices were shared across the organisation and locally through weekly newsletters or at the continuous professional development half days.

Are diagnostic imaging services responsive?

Good



Service delivery to meet the needs of local people

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

- The planning and delivery of the regulated activities were in line with the requirements of the host hospital and the catchment area that it served. InHealth Limited was commissioned by the host trust to provide local patients timely access to cardiac service, therefore reducing waiting times. Most patients were NHS funded.
- There are four pathways when booking patients. These were elective, inpatient, emergency through A&E and emergency via ambulance transfer. An emergency via ambulance transfer pathway existed between InHealth Limited, the host hospital and another NHS trust. Patients were transferred from the NHS trust to the service. Patients received treatment and were returned to their originating NHS trust. The service could accommodate three to four patients a week on this pathway.
- The host hospital used the unit as an escalation area. The service manager told us this had previously resulted in procedures being cancelled to accommodate hospital patients however, this was as a last resort.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences.

- Patients' individual needs were accounted for. Staff delivered care in a way that took account of the needs of different patients on the grounds of age, disability, gender, race, religion or belief and sexual orientation. Staff had received training in equality and diversity for which the unit had a compliance rate of 91%. They had a good understanding of cultural, social and religious needs patients and showed these principles in their work.
- Cultural and specific needs were identified at the time of pre-assessment. Patients treated in the unit were predominantly able bodied and mobile and could therefore receive 'planned' treatment. However, there were pathways for patients that required urgent

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treatment that were either pre-admitted to the host hospital's coronary care unit and medical wards or had been identified as such when seen in the cardiology outpatient clinic.

- Equality and diversity were promoted within the service and were part of mandatory training. The diverse staff team promoted inclusive and non-discriminatory practices. For example, there was a link nurse for patients living with dementia. The link nurse could provide the appropriate advice and support for staff looking after such patients.
- In the 12 months before our inspection the service reported no mixed sex breaches on the day ward. InHealth Limited had a 10 bedded day ward which was divided into two sections with separate entrances to allow for single sex accommodation.
- There were separate toilet facilities for males and females which both had disabled access.
- Staff told us very few patients with learning disabilities, living with dementia or autism attended the service however, staff were trained to support these patient groups. Each senior cardiac nurse was a link nurse for a topic for example, there was a link nurse for infection, prevention and control, diabetes, dementia and pharmacy. Additionally, InHealth staff told us if they needed extra support, they could contact the host hospital's specialist link nurses for advice or assistance.
- Patients with hearing difficulties and used hearing aids had access to the hearing loop facility.
- Staff recognised when patients and those close to them needed additional support to help them understand and be involved in their care and treatment. This included for example, access to translation and sign language services. Services could be pre-booked prior to the patient attending the service to prevent unnecessary delays.
- There was good disability access throughout the hospital to meet the needs of patients with limited mobility. Toilet facilities and clinical areas were easily accessible.

- There was a small car park near the unit with limited parking spaces however, staff we spoke with told us that majority of the patients used the main hospital car park and walked over to the service.

Access and flow

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

- Patients were seen in either an outpatient cardiology clinic or rapid access chest pain clinic by a consultant cardiologist or a cardiology specialist registrar who assessed the patient and generated a referral. If the referral was routine, the patient was booked for a pre-assessment within one to two weeks. For patients requiring urgent procedures, urgent pre-assessment slots were offered and at times on the same day. For routine procedures, the administration team offered the next available appointment to the patient that fitted in with the patient's availability and was within the six-week referral to diagnostic treatment contractual key performance indicator.
- The InHealth administration team scheduled pre-assessment appointments for all patients undergoing procedures in the cardiac catheterisation laboratories. Clinics were run Mondays, Tuesdays and Fridays and staff told us they carried out up to 10 pre-assessments a day to meet demand. However, additional clinics could be arranged to support fluctuations in demand.
- Patients were given a choice on the timing of their procedures. As procedure slots were offered to accommodate patient availability, patient cancellations were rare. When procedures were cancelled by the service, patients were informed in a timely manner and had a new appointment booked to reduce the risk of wait times being breached. From March 2018 to March 2019 the service reported eight cancellations which were all due to machine breakdown.
- The service manager monitored service utilisation each month to ensure safety and quality were not compromised with any increase in activity. The manager used an efficiency tool to ensure optimal use of the catheterisation laboratories. At the time of our

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inspection the average utilisation was at 83% depending on consultant availability. This was better than the 68% utilisation rate reported in February 2019.

- In February 2019 the host hospital escalated patients into at least one of the cardiac day ward bays for 24 out of the 28 days. The majority of patients were medical patients and the host hospital provided nursing staff to care for these patients. Despite this, the service managed to keep cancellations to a minimum.
- On the day of their procedure, and once admitted onto the day ward, the consultant cardiologist would determine the order in which the patients attended the catheterisation laboratories which were shared with the team during the morning huddle. As the service was a 24/7 heart attack centre, there were instances when elective procedures were delayed, to attend to emergency patients. In these instances, staff maintained communication with elective patients at all times to manage expectations.
- On routine operational days, staff said the service ran on time and this was monitored using a turnaround time audit. Weekly audits were reviewed to establish reasons for delays between finishing one procedure to starting the next. We observed staff informing patients of delays.
- The service became a 24/7 primary percutaneous coronary intervention centre in 2015. This service enabled local ambulance services to have a direct link with the cardiac unit. An electrocardiogram (ECG) was sent via telemetry to the coronary care unit team which was followed with a phone call to gain a history of the patient. If required, the PPCI team would be activated via the external pager system to allow for the patient to come direct to the unit for coronary intervention meaning patients could bypass A&E and potential lengthy waiting times.
- The service had an apartment for on call staff living further than 30 mins away from the service to stay overnight. This enabled the InHealth to provide a timely service in case of an emergency. Staff could be in service ready to carry out the procedure without any delay.

Learning from complaints and concerns

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

- In the last 12 months, the service had received no complaints.
- Information was readily available to all service users on how to make a complaint. The complaints procedure was displayed in the waiting area and was also available on the InHealth website. Any adverse feedback was taken seriously, investigated and an honest and open response was provided with apologies when appropriate, in line with the organisation's policy. Staff told us outcomes from other services within the organisation were shared, including any changes made to prevent recurrence and improve quality.
- InHealth Limited reviewed all complaints and incidents reported via the electronic incident reporting system on a weekly basis during a weekly multidisciplinary 'Complaints, Litigation, Incidents and Compliments' group. This ensured that complaints were robustly investigated, and learning was shared throughout the organisation in a timely way.

Are diagnostic imaging services well-led?

Good 

Leadership

Leaders had the integrity, skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

- The service manager had been in post for 20 months at the time of our inspection and was supported by an operations manager, who previously managed the service and visited the site twice a month or as required.
- Within the service, the service manager was supported clinically by a radiography lead in the catheterisation laboratories, a nursing lead on the day ward and an administrative lead.

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- Staff spoke positively about the management of the service. They found the service manager to be approachable, supportive, and effective in their role.

Vision and strategy

The service had a vision for what it wanted to achieve. Leaders and staff understood and knew how to apply them and monitor progress.

- InHealth's vision and values were displayed throughout the service. The vision of the service was to 'Make Healthcare Better' and delivered this through a set of four values; trust, care, passion and fresh thinking.
- Staff knew the organisation's vision and values. They demonstrated that they were familiar with these concepts and understood their roles in achieving the organisation's vision. The values were included in various aspects of their work, such as the appraisal process. Staff told us the objectives they set each year were aligned to the organisation's overall objectives.
- InHealth group had an initiative to support staff in taking responsibility for their own career and professional development called 'The Deal'. The deal stated the organisations commitment to 'personal development, opportunity to do what you love, great place to work, fair compensation and recognition. It also set out InHealth's expectations, which included accountability for your career, commitment and effort; contribution to the organisation, collaboration and teamwork.

Culture

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

- The service manager told us, and staff confirmed there was an open-door policy at the service. The service manager encouraged staff to share concerns in a timely manner, so issues were dealt with locally before initiating the formal human resources intervention process if necessary. Staff said they could raise issues with the manager, InHealth and host hospital colleagues without worry.

- Staff could give examples of occasions where they had raised concerns or had not agreed with their colleagues or a senior member of staff. Staff told us they felt listened to, supported, and used such occasions as a learning opportunity.
- The service manager had previously worked for the host hospital and told us they were well supported by the operations manager during the transition from host hospital to service manager for InHealth Limited.
- All staff we spoke with both permanent and agency staff said they were well supported and felt valued by their colleagues, managers and the organisation.
- A freedom to speak up policy, duty of candour policy and freedom speak up guardians supported staff to be open and honest. Staff told us they had attended duty of candour training and described to us the principles of duty of candour.
- InHealth Limited held a yearly cardiac away weekend for team building. This brought together staff from other cardiac units across the country.
- Staff were encouraged to adopt a culture of openness and honesty. This was evident in the way they interacted with patients. For example, during the pre-assessment appointment, staff informed patients they could not give them a discharge time due to the nature of the procedures but advised for them to have someone on standby to pick them up. On the day of the procedure patients were reminded of this and post procedure we saw staff keeping patients and relatives informed of what stage of the process the patient was at and if they were able to give a time of discharge.
- All independent healthcare organisations with NHS contracts that met a certain threshold, were contractually obliged to take part in the Workforce Race Equality Standard (WRES). Organisations must collect, report, monitor and publish their WRES data and act where needed to improve their workforce race equality. InHealth began reporting this data in October 2017, therefore there was limited data against some requirements before this date.
- The WRES report identified that due to the number of respondents (150 respondents; 83% white staff, 10% BME and 7% chose not to say) which equated to less than 10% of the InHealth permanent workforce,

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InHealth could not form any conclusions. The action plan developed included bi-annual communications to request staff to report ethnicity data and increasing communications on equality and diversity issues in the monthly newsletters, induction and intranet articles.

Governance

Leaders operated effective governance processes, throughout the service.

- InHealth operate a comprehensive clinical governance framework which aimed to ensure the quality of services provided. The service manager and operations manager were responsible for quality monitoring and reported to the InHealth clinical quality team.
- There were regular meetings within the InHealth cardiac teams and at corporate level which ensured there was two-way flow of information from corporate leaders to operational staff and vice versa. All InHealth cardiac unit leaders met every three months and there were weekly governance meeting teleconferences which the service manager attended.
- Locally, team meetings were held infrequently. Meeting minutes from October 2018 stated there had not been a team meeting for nine months and the next meeting was to be held five months later, in March 2019. Despite this, all staff said they received weekly news letters and were kept up-to-date by their manager.
- We reviewed three sets of staff meeting minutes. All had a standard agenda which covered incidents, staffing and updates from the different disciplines in the services. Meeting minutes were available for staff to read in their own time on the services computer system.

Managing risks, issues and performance

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

- There was a system of risk assessments and risks with higher scores were added to the local risk register.

Those with high post mitigation scores were added to the regional risk register. A quarterly report on new and updated risks was sent to the quarterly risk and governance committee where it is reviewed for comment and action as necessary. Support with risk assessments was provided by the health and safety advisor and the risk and governance lead who also advised registered managers on the correct process to add a risk to the risk register and complete the quarterly risk report.

- The service had 13 open risks. Risks were categorised into quality, operations, human resources, health and safety, finance, legal, information governance, IT systems and procurement. We reviewed the risk register and saw that all actions and monitoring was in place for each risk.
- InHealth Limited had a business continuity policy due for review in February 2021. The plan detailed how the business would manage the effects of extended service disruptions including the nearest alternative site the service could potentially provide services from if necessary. There was also an escalation process which staff were familiar with, stating whom to contact for various disruptions.
- InHealth Limited kept a record of monthly dose reports for all staff and were available for staff to review. There had been no exceeded doses in the previous months however, staff gave us an example when a member of staff had exceeded the expected dose of 1mSvy and how this was resolved with teaching and regular monitoring.
- As the independent healthcare provider to the host hospital, service provision was contractually bound and underpinned by key performance indicators (KPIs) which were reviewed during regular contract review meetings.
- The service held a yearly contract meeting with host hospital's operations manager where we looked at meeting minutes from 2018 to 2019. The agenda items included discussions on quarterly activities on angiogram numbers which saw a decrease from an average of 100 a month to a level of 90 per month, wait times for all elective diagnostic procedures which were within 4 weeks, breaches, incidents, complaints

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and monthly reporting. The service manager reported these internally on a monthly basis to the operations manager, who escalated these to the clinical governance team for monitoring.

Managing information

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

- InHealth was accredited with ISO 27001 and were audited every six months against the standard on a rolling programme. ISO 27001 is an international standard for an information security management system. This demonstrated that the organisation was following information security best practice and provided an independent verification that information security was managed in line with international standards.
- All staff had undertaken data security and awareness training as part of their mandatory training. Staff we spoke with understood their responsibilities around information governance and risk management.
- The service used a confidential waste bin located in the reception area. Hospital porters were responsible for collecting confidential waste at the end of the day, as part of service level agreement.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

- In addition to feedback from patients and service users, InHealth also asked for feedback from staff. One theme from staff was the requirement to improve team communication. Two large notice boards were introduced in the corridor to enable staff to display any link role information and any developments

within their speciality. The board was also used to display the audit dashboard which enabled all team members to see how the unit is performing from an audit perspective.

- In Health provided an Employee Wellbeing and Assistance Programme to offer staff support during times of crisis and ill-health.
- Following a Patient Experiences Week in March 2018, feedback was received identifying required improvements in the signage to the unit. Measures were implemented to ensure the signage throughout the hospital was increased making it easier for patients to identify their destination. Leaflets/ laminates were developed as a guide for patients. One leaflet was developed for reviewing at pre-assessment. This leaflet outlined what the day ward would look like on their arrival and the process they would go through to get them ready for their procedure. The second laminate was given to them on arrival to the unit on the day of their procedure. This laminate showed visuals of the laboratory and what they should expect whilst undergoing their procedure.
- The service used an efficiency tool to monitor service utilisation which was supplemented by the feedback received from both elective and non-elective patients regarding the care that has been received. All feedback was reviewed, and actions taken to address any undesirable comments. This process offered a continuous review of the service and implementation of improvements when required.
- InHealth was involved with the patient experience network for the cardiac modality. The service had recently taken part in a patient experience exercise, the results of which had been used to facilitate improvements in parts of the patient pathway at this location. Furthermore, the experience enabled the service to acquire a pool of patients who could be contacted for future developments.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

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- InHealth had a successful treat and transfer pathway with another NHS hospital and were trialling a similar pathway with an NHS hospital. This was to explore opportunities to maximise activity in the catheterisation laboratories and minimise waiting times for patients across the region.
- InHealth were keen to introduce technological advancements to improve the quality of care and the efficiency of the service they provided without incurring additional financial cost to the host hospital.

The service conducted various trials and asked for feedback from staff both from InHealth and the host hospital. For example, the service had recently agreed to change the contrast medium for a cheaper substitute which the cardiologists had approved as producing better images.

- At the time of our inspection, the service was conducting a three-month trial of an image guided system. The equipment aimed to improve clarity of imaging.

Outstanding practice and areas for improvement

Outstanding practice

- There was a positive and effective approach to multidisciplinary team working within the service. There was a shared purpose and excellent relationships, therefore staff from both the host hospital and InHealth Limited worked seamlessly together to offer a reliable, coordinated and sustainable service. All staff were aware of their responsibilities and those of others.
- Staff were committed to working together in order to improve the quality of care for patients. Staff at the service constantly looked for opportunities to improve the service. There were regular trials of new equipment or protocols which staff were involved in. Final decisions on implementing any new equipment or protocols took into account the staffs' opinions.

Areas for improvement

Action the provider **SHOULD** take to improve

- The service should consider providing staff with chaperone training.