

## Cardio Direct (UK) Limited

# Cardio Direct (UK) Ltd

### Inspection report

112 Harley Street

London

W1G 7JQ

Tel: 020 7935 9308

Website: [www.cardiodirect.co.uk](http://www.cardiodirect.co.uk)

Date of inspection visit: 13 December 2017

Date of publication: 23/02/2018

### Overall summary

We carried out an announced comprehensive inspection of Cardio Direct (UK) Ltd on 13 December 2017 to answer the following key questions:

Are services:

- Safe
- Effective
- Caring
- Responsive
- Well-led

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider, Cardio Direct (UK) Limited, is registered with the CQC as an organisation providing a cardiovascular diagnostic service to private patients from consulting rooms at 112 Harley Street, London W1G 7JQ. The provider is registered to provide the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

At this inspection we found:

- The practice had clear systems to manage risk and provide safe care and treatment. However, they had not obtained copies of fire safety and legionella assessments for the premises to satisfy themselves that these had been undertaken. These were however obtained following the inspection.
- The premises were clean and tidy. The provider had undertaken a recent infection prevention and control (IPC) audit and the IPC procedure in place was appropriate for the service provided but did not include the undertaking of a regular IPC audit.

# Summary of findings

- The practice carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration where relevant.
- The provider routinely reviewed the effectiveness and appropriateness of the service provided to ensure it was in line with current guidelines. The practice had a comprehensive programme of quality improvement activity in place. Test results were routinely reviewed by a consultant cardiologist.
- A patient information leaflet was sent to all patients which included details of the availability of a chaperone; the confidentiality agreement and the complaints procedure. Clear information regarding the cost of services was given on the website.
- The patient survey results showed that 98% of respondents were satisfied with the care they received.
- The facilities and premises were appropriate for the services delivered and a mobile service was available for sports screening of large groups, such as professional football clubs and for patients unable to travel to the premises, such as elderly or frail patients.

- The provider had the experience, capacity and skills to deliver a high-quality and sustainable service and to address any risks. There was a strong focus on continuous learning, improvement and development of services and staff. All staff had received a six-monthly appraisal which included a review of training needs.

There were areas where the provider **should** make improvements:

- The provider should review their procedures for infection prevention and control audit to ensure this is undertaken on a regular basis.
- The provider should obtain copies of fire safety and legionella assessments for the premises to satisfy themselves that these have been undertaken.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice where appropriate.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements in place to respond to emergencies and major incidents.

However, we found areas where improvements should be made relating to the safe provision of services. This was because the provider did not have:

- appropriate procedures in place for the undertaking of regular infection prevention and control audit.
- fire safety and legionella assessments for the premises to satisfy themselves that these had been undertaken.

---

### **Are services effective?**

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

- Staff had the skills, knowledge and experience required to deliver effective services.
- There was evidence of appraisals and personal development plans for all staff.

The provider had systems in place to ensure clinicians were kept up to date with current evidence-based practice.

---

### **Are services caring?**

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

- Staff recognised the importance of patients' dignity and respect.
- Privacy screens were provided in consultation rooms to maintain patients' privacy during investigations as necessary.
- The practice complied with the Data Protection Act 1998.

---

### **Are services responsive to people's needs?**

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

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available to patients and evidence we reviewed showed the practice responded quickly to issues raised by patients.
- Learning from patient's and stakeholders feedback was shared with staff.

---

### **Are services well-led?**

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

---

# Summary of findings

---

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
  - There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
  - Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
  - The directors encouraged a culture of openness and honesty.
  - There was a focus on continuous learning and improvement at all levels.
-

# Cardio Direct (UK) Ltd

## Detailed findings

### Background to this inspection

Cardio Direct (UK) Ltd (referred to as Cardio Direct) is an independent health service located in central London, which has been operating since 2001.

The service is based at 112 Harley Street, London W1G 7JQ and provides non-invasive cardiac investigations. It is registered with the CQC as an independent healthcare organisation, providing the regulated activities of treatment of disease, disorder and injury and diagnostic and screening procedures.

The service provides services to people aged 14 years and above, including insurance medicals, cardiac sports screening and cardiac investigations, such as ECGs, blood pressure monitoring, echocardiogram, carotid/lower limb duplex scan and abdominal aortic aneurism scan. People are usually referred to the service by their consultant cardiologist or general practitioner or by their sports organisation. People can also access the service directly through a self-referral.

The service also hosts two clinics per week held by consultant cardiologists.

The service operates Monday to Friday from 9am to 5pm with external visits carried out by special arrangement.

Cardio Direct has three directors. The Medical Director is a consultant cardiologist and the two other directors are experienced cardiology nurse specialists who share responsibility for the operational and clinical management of the service. One of the directors is the registered manager for the service and the other is the nominated individual. (A registered manager is a person who is registered with the Care Quality Commission to manage the service. Registered managers have legal responsibility for meeting the requirements of the Health and Social Care

Act 2008 and associated Regulations. The nominated individual is responsible for supervising the management of the regulated activities and is nominated by the organisation to carry out this role on their behalf).

The leased accommodation occupied by the service is based on the second floor of the building and is served by a lift. It consists of an open plan administration office, a consultation room (used for the GP service registered separately with the CQC), a consultation room used by the Cardiac Physiologist for carrying out ultrasound investigations; a nurses treatment room and a large consultation room incorporating screening equipment for carrying out cardiac assessments and includes a changing room and shower for patients' use following assessments.

The reception desk and waiting room on the ground floor is shared with other services in the building and is operated by the premises management service.

In addition to the three directors the service employs four additional clinical staff (three nurses and one doctor) and an administrator. The self-employed cardiac sonographer provides a full-time service.

### Why we carried out this inspection

We carried out this announced, comprehensive inspection at Cardio Direct (UK) Limited, 112 Harley Street, London W1G 7JQ on 13 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service under the Care Act 2014.

Our inspection was carried out by a CQC Lead Inspector and a GP Specialist Advisor.

### How we carried out this inspection

# Detailed findings

During the inspection we:

- Spoke with the company directors and staff members such as administrative staff, cardiac nurse specialists and the doctor.
- Reviewed a sample of patient records.
- Reviewed comment cards and patient survey feedback where patients shared their views.
- Looked at information the provider used to deliver services.

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

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

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

# Are services safe?

## Our findings

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

### Safety systems and processes

- The practice conducted safety risk assessments and had safety policies in place which were regularly reviewed and accessible to all staff. Staff received safety information for the practice as part of their induction and on-going training.
- The provider understood their responsibilities to record and investigate safety incidents, concerns and near misses and report them where appropriate.
- Arrangements were in place to receive and comply with patient safety alerts, for example, those issued through the Medicines and Healthcare products Regulatory Authority (MHRA) and these were reviewed and acted upon promptly where appropriate.
- There were arrangements in place to safeguard adults and children that reflected relevant legislation and requirements and the provider could demonstrate they worked within the legal framework for the care and treatment of children and young people. Only children over the age of 14 years were seen by the service.
- All patients completed or updated a registration form on arrival at the clinic. This included all patient details and a signature. Patients attending for an insurance medical are also asked to bring photographic identification and this was verified at their appointment.
- For patients under 16 years the provider worked closely with the Football Association (the referrer) and there were processes in place to obtain parental consent through the club. This was obtained by the club doctor and uploaded to a specific database which Cardio Direct had access to. This was checked prior to undertaking any screening tests.
- Staff received up-to-date safeguarding training for children and adults at a level appropriate to their role. Doctors received adult safeguarding training to level 3 and nurses to level 2. Staff knew how to identify and report concerns. The provider worked within the ethos of the Mental Capacity Act 2005 when working with people who lacked capacity.
- Staff knew how to identify, report and respond to concerns, such as safeguarding, whistleblowing and complaints and felt confident to do so.

- The service operated a paper-less patient record system. A bespoke electronic system had been commissioned by the service. Records were written and managed in a way to keep people safe. This included ensuring records were accurate, complete, eligible, up to date and stored appropriately. Any paper documents that needed to be retained were scanned onto the system and shredded. The service held a current ICO (Information Commissioner's Office) certificate of registration.
- The provider carried out staff checks upon recruitment and on an ongoing basis, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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).
- Only nursing staff acted as chaperones and arrangements were in place for a chaperone to be available if requested.
- Fire evacuation drills were carried out regularly in the building.
- The premises were cleaned daily. A cleaning schedule was in place.
- Single use supplies were used where possible and all equipment used for patient testing was cleaned between each patient use.
- The provider confirmed that fire safety and legionella assessments were undertaken by the premises management service but they did not have access to copies of these. These were however obtained following the inspection.

### Risks to patients

- Risks to safety from service developments and disruption were assessed and arrangements to respond to emergencies were considered and planned for. A Business Continuity Plan was in place.
- Arrangements were in place to ensure the provider could take appropriate action in the event of a medical emergency. Resuscitation equipment, emergency medicines and clinical support were readily available.
- The provider ensured all nursing staff received annual intermediate life support training and doctors received advanced training. Training was followed up by an

# Are services safe?

in-house assessment in which staff were given examples of possible scenarios requiring emergency action and were asked to describe the actions they would take to confirm their understanding.

- Staff were able to identify and respond appropriately to signs of deteriorating health and medical emergencies and examples were given regarding how this had been managed in previous incidents.
- Appropriate indemnity arrangements were in place to cover all potential liabilities that may arise.
- Portable appliance testing (PAT) and calibration of equipment was carried out annually.
- The premises were clean and tidy. The provider had only recently undertaken an infection prevention and control (IPC) audit and was in the process of completing the actions identified. However, previous to this, they had not undertaken a regular IPC audit. All clinical staff had undertaken basic infection prevention and control (IPC) training.

## Information to deliver safe care and treatment

- Individual care records were written and managed in a way that kept patients safe. The patient records we saw showed that information needed to deliver safe care and treatment was recorded and stored in an accessible way.
- The provider had systems for sharing information with other agencies to enable them to deliver safe care and treatment.

## Safe and appropriate use of medicines

- The provider carried out cardiac testing and screening for which medicines were not prescribed by the service.
- Emergency medicines kept on the premises were readily available to clinical staff if required and were checked regularly to ensure they remained in date.

- If medicines were administered on the premises, a contemporaneous record was kept that was clear and accurate.
- No controlled drugs were stored by the provider.

## Track record on safety

- The provider monitored and reviewed activity in order to understand risks and provide a clear and current picture to identify safety improvements required.
- The provider liaised with the premises owners to ensure that, where appropriate, risk assessments were in place in relation to the provision of a safe environment.

## Lessons learned and improvements made

- The provider was aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty. The service had systems in place for identifying and reporting safety incidents. The provider was aware of the need to review and investigate when things went wrong.
- No significant incidents had been identified by the provider in the previous 12 months. However, the example given by the provider of an incident that had occurred in the past, and how this had been handled, suggested identification and management of incidents was handled appropriately.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and an appropriate apology. They kept written records of verbal interactions as well as written correspondence.
- There was a system for receiving and acting on safety alerts, such as those provided by the Medicines and Healthcare products Regulatory Authority (MHRA). The provider learned from safety events and alerts and took action as appropriate.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

- The provider had systems in place to ensure clinicians were kept up to date with current evidence-based practice.
- Service users' needs were fully assessed in relation to the investigations undertaken.
- We saw no evidence of discrimination when making care and treatment decisions.
- Service users were informed clearly of what to do if they experienced any problems following testing.
- All test results were sent to the service user or referring clinicians within five working days.

### Monitoring care and treatment

- The provider routinely reviewed the effectiveness and appropriateness of the service provided to ensure it was in line with current guidelines. They had a programme of quality improvement activity in place.
- On ongoing clinical audit was in place whereby all test results were reviewed by an independent consultant cardiologist.

### Effective staffing

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

- The provider understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider gave staff ongoing support which included an induction process, one-to-one meetings, six-monthly appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff by audit and assessment of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

- Staff worked together and with other health care professionals to deliver an effective service.
- Service users received a coordinated and person-centred service. This included when sharing information with relevant health care professionals.

### Consent to care and treatment

- The provider obtained consent to undertake investigations in line with legislation and guidance. Written consent was obtained where appropriate.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

- Staff treated service users with kindness, respect and compassion.
- Staff respected the personal, cultural, social and religious needs of service users.
- Arrangements were in place for a chaperone to be available if requested.
- Service users were provided with timely support and information.
- We received one Care Quality Commission comment card which was positive about the service experienced. This was in line with the results of the survey carried out by the practice.

Results from the most recent quarterly survey carried out by the provider using SurveyMonkey showed that of the 474 responses they received from service users:

- 98% stated they were happy with the care received.

- 99% stated they felt the facilities were clean and pleasing.
- 99% stated that staff were friendly and professional.
- 99% stated there was adequate time allowed for their appointment.

### Involvement in decisions about care and treatment

A patient information leaflet was available in the waiting room and sent to all patients when their booking was confirmed. This included availability of a chaperone; the confidentiality agreement and details of the complaints procedure. Clear information regarding the cost of services was given on the service website.

### Privacy and Dignity

Staff respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Privacy screens were provided in consultation rooms to maintain patients' privacy and dignity during investigations as necessary.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

- The service maintained a paperless record system and used email communication whenever possible. However, if a patient preferred to receive communication in paper format the service were able to provide this.
- The service provided sports screening for people aged 14 years and above and worked closely with the Football Association, professional football clubs and athletes from a variety of sports organisations.
- The service provided a mobile service for patients that were unable to travel to the premises, such as elderly or frail patients and to carry out screening at the training grounds of professional football clubs if required.
- The facilities and premises were appropriate for the services delivered.
- The provider made reasonable adjustments when patients found it hard to access services. The building, lift and toilet facilities were accessible to patients in a wheelchair. A consultation room was available on the ground floor if required.

### Timely access to the service

- Patients were able to access appointments within an acceptable timescale for their needs including timely access to initial assessment and test results.
- Patients could contact the service by email or telephone.
- Patients with the most urgent needs had their appointment prioritised.

- The appointment system was easy to use.
- The majority of referrals to the service were received from consultant cardiologists but referrals were also received for insurance medicals, GP referrals, sports screening and self-referrals.

Results from the most recent patient survey carried out by the provider using SurveyMonkey showed that patients were satisfied with the appointment system. Of the 474 responses they received from service users:

- 99% stated that they found it easy to make a convenient appointment.
- 92% stated that they were not kept waiting beyond their scheduled appointment time.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available on the service website and in the patient information leaflet which was sent to all patients when booking an appointment.
- The complaint policy and procedure were in line with recognised guidance
- The provider informed us that they took complaints and concerns seriously and would respond to them immediately and make appropriate improvements as required. Staff treated patients who made complaints compassionately.
- There had been no formal complaints made in the previous 12 months but from the example given of a previous complaint we found that they were satisfactorily handled.

# Are services well-led?

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

## Our findings

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

### Leadership capacity and capability

The provider had the experience, capacity and skills to deliver a high-quality and sustainable service and to address any risks.

- The directors were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges the service faced and adjusted the services delivered to address them.
- Leaders were visible and approachable. They worked closely with their staff to ensure they prioritised compassionate and inclusive leadership.

### Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for service users.

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider monitored progress against delivery of the strategy.

### Culture

The provider encouraged a culture of high-quality sustainable care.

- Staff told us they felt respected, supported and valued and that the needs of service users were the main focus of the service. They were proud to work for the provider.
- The relationship between the directors and staff was positive.
- Leaders acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. They were aware of the need for openness, honesty and transparency when responding to incidents and complaints.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development support they needed. This included appraisals and career development conversations. All staff had received six-monthly appraisals which included a review of training needs. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their work.
- There was a strong emphasis on the safety and well-being of staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.

### Governance arrangements

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

- The service was owned and managed by three directors. The two directors responsible for the operational management of the service were cardiology nurse specialists and the Medical Director was a professor of cardiology.
- There were established policies and procedures in place to ensure safety and to assure the provider that they were operating as intended.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had plans in place for major incidents and disruptions to their service.
- The practice had processes to manage current and future performance.

# Are services well-led?

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

- Performance of clinical staff could be demonstrated through audit of investigation results.
- The provider had oversight of MHRA alerts, incidents, and complaints.
- The provider implemented service developments and where efficiency changes were made this was with input from staff to understand their impact on the quality of the service provided.

## **Appropriate and accurate information**

- Information used to deliver a quality service was considered and any identified weaknesses addressed.
- Quality assurance and operational information was used to ensure and improve performance.
- There were arrangements in place that were in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and information management systems.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Necessary changes were considered and implemented to meet the needs of the service.
- The provider used information technology systems to monitor and improve the quality of the service. They had commissioned a bespoke patient record system to ensure the needs of the service were fully met.

## **Engagement with patients, the public, staff and external partners**

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

- Patients and staff were actively encouraged to provide their views and concerns.
- A monthly lunchtime staff meeting was held when all staff were encouraged to attend. Lunch was provided and there was a standing agenda. Minutes of meetings were recorded and made available to all staff.
- A service user survey was undertaken through SurveyMonkey. The results were collated and shared with staff at the monthly staff meetings. The provider informed us that all survey comments were reviewed and appropriate changes made where required.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the service.
- The provider made use of internal and external feedback and used this to make improvements.
- The provider worked with their staff to review individual and service objectives, processes and performance.