

Prescan (UK) Limited

Prescan

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients and families.
- The service planned care to meet the needs of people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems. Staff understood the service's vision and values, and how to apply them in their work. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services.

However:

- Key staff were not observing bare below the elbows infection control protocols. This was changed immediately following verbal feedback to the operational manager.
- The audit programme checking on quality and safety had paused. This had been reinstated following verbal feedback to the operational manager.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Prescan

Prescan offer healthcheck screening to self-pay clients. Patients are usually between the ages of 30 and 65 and testing usually involves MRI scans. No treatment is provided by the service itself. Instead it refers patients on to other services located nearby. The MRI service is located within the same building and CT scanning for detecting coronary calcium takes place nearby.

Prescan carry out a general practitioner (GP) consultation and assessment prior to any onward referral. The service has arrangements in place to analyse blood and urine samples. Stool sample kits are also available for patients to use at home. Laboratory testing then screens patients for a variety of conditions. All results are fed back to patients with advice for onward referral if required.

The regulated activity for this provider is diagnostic and screening procedures. There is an operational manager in post who is currently applying to become the CQC registered manager. The service is open two days a week from 8:00 AM to 7:00 PM and sees around 50 patients a month.

This was our first inspection of Prescan.

How we carried out this inspection

We carried out a comprehensive inspection on 23 August 2022. Our team consisted of a lead inspector and a specialist advisor. We reviewed records and documentation on site and requested further documents and records following our site visit.

The service was not open to patients when we visited. Following our inspection we spoke with six patients chosen at random from a list of ten who had consented to speak to us. There were two staff on site on the day of our inspection and we interviewed both of them. We also interviewed the operational manager again after our visit for clarification of information.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **SHOULD** take to improve:

- The service should ensure that the new audit plan for 2022/23 is followed and any findings acted on for service improvement.
- The service should ensure that it retains its new commitment to observing bare below the elbows infection control protocols and ending the practice of medical staff wearing white coats.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Diagnostic and screening services

Good 

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

Are Diagnostic and screening services safe?

Good 

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. Attendance rates for training modules were 100%.

The mandatory training was comprehensive and met the needs of patients and staff. It included infection control, consent, mental capacity, GDPR, record management, treating customers fairly, equality and diversity, environmental awareness, confidentiality and first aid.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to safeguarding adults level 3 and demonstrated knowledge in recognising and reporting abuse.

The service had a designated safeguarding lead who understood what actions to take if they had concerns. Patients self referred themselves to the service and paid for the service. Children were not seen by the service and did not come on site.

Cleanliness, infection control and hygiene

The service controlled infection risk well. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. All rooms, surfaces and equipment were clean. In between patients, surfaces in the consultation room were cleaned with sanitising anti-bacterial wipes.

Diagnostic and screening services

The MRI service located upstairs was responsible for the premises and provided cleaning services under contract. There was a service level agreement that identified cleaning responsibilities. Any issues were reported to them and resolved. We were given examples of this in practice.

Cleaning, Covid and cross infection audits had taken place. However, it had been over a year since the last audit had taken place in April 2021. This delay had been attributed to the change in manager and the handover process. A new audit programme was subsequently provided which included infection control audits.

Information regarding correct hand washing procedures was displayed throughout the building and staff we spoke with knew the correct procedures to follow. The GP wore disposable nitrile gloves when taking bloods. However, they also wore a white coat which did not follow bare below the elbows protocol and there was no assurance regarding how regularly the coat was cleaned. We discussed this with the operational manager who confirmed this practice had changed with immediate effect and the GP now observed bare below the elbows protocol.

Environment and equipment

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

The service had suitable facilities to meet the needs of patients. The premises were located on the lower ground floor and consisted of one examination room, an administrative room, a patient waiting area and two toilets. A disabled toilet was located on the ground floor and there was lift access.

The service occupied the building two days a week and the premises were used by other clinicians outside of this time. The area was spacious and light. Maintenance, clinical waste, recharging sharps bins and shredding were all provided under contract by the co located MRI service. There was a service level agreement which specified this.

The service had enough suitable equipment to help them to safely care for patients. The examination room was used for taking bloods and for GP consultation. Phlebotomy equipment was stored on a clean trolley which contained all necessary equipment including butterfly needles, collection tubes, antiseptic wipes and tissues. The phlebotomy chair was adjustable and wipe clean. Two sharps boxes were closed appropriately, signed and dated by the GP.

There was an evacuation procedure and fire alarms were tested every week.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient. At the point of referral basic details were taken including the reason for referral and the pre assessment questionnaire was completed. Forms we saw were comprehensive and clear. They included GP details, history of scans, medical conditions and a complete medical history including past MRI. Safety questions included checking on the presence of pacemakers, implants and fragments such as metal in eyes. Lifestyle questions were also asked such as exercise, smoking, alcohol and diabetes.

The GP consultation included going through the pre assessment questionnaire. All treatments were provided by onward referral to services that provided CT and MRI scans. The Prescan GP signed the request form and shared risk assessments and medical information with those services. The GP also took bloods and there were options for urine samples and stool samples.

Diagnostic and screening services

The clinic coordinator then discussed treatment and what to expect with each patient. The MRI service was located within the same building as Prescan. CT scans were provided by a service located in the next street. After treatments, the patient stayed at Prescan awaiting results. Every patient received verbal feedback in partnership with the radiologist or radiographer on the day of treatment with onward referral options discussed.

Every patient then received a telephone consultation once full results and any laboratory tests were returned (usually a week later). Results were fully explained and onward referral options discussed again. The final GP letter identified onward treatment options.

Staff were able to respond promptly to any sudden deterioration in a patient's health. The GP was trained in advanced life support. The service saw around 50 patients a month and it was reported that there had never been a medical emergency. In the event of a medical emergency, 999 would be called with decisions made by the GP and the medical team based in the MRI service, who were both always on site when patients were present.

Staffing

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

There were always three clinic coordinators on site which included cover for the manager when they were not on site. The third coordinator was currently going through induction.

The GP was provided by a medical staffing agency. The same GP was always used and was familiar with the service and regarded as a member of the team. The provider felt this arrangement worked well because a replacement was always provided when they were on leave.

There was a contract in place for the provision of GP services from the medical staffing agency, who also demonstrated to the service that suitable checks such as identification, DBS, references, qualifications and registration were taking place. Similar checks were also in place for clinic coordinators.

Records

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

Patient notes were comprehensive and all staff could access them easily. Patient assessments we saw were clear and comprehensive. All files were stored electronically and staff had easy access.

Patient notes were scanned into the electronic record and the paper version was then shredded. Images were stored and shared if required through an image exchange portal for future action.

Medicines

No medications were held by Prescan. There was no administering of medication at Prescan.

Incidents

The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Diagnostic and screening services

Staff and managers knew how to report incidents in line with the service's policy. There was an online pro forma incident form which went to the manager and chief executive for analysis and investigation. If the incident was related to a treatment or a medical issue it went to the medical director of Prescan.

There had been one reported incident in the last two years. We discussed this with the provider, who explained the process of investigation and learning. It was reported that because the reporting lines were very short, the manager could discuss this and any issues or concerns directly with the chief executive and medical director. Learning was communicated with the team.

Staff we spoke with were aware of and understood the Duty of Candour and expressed a culture of honesty and transparency with patients if an error had been made.

Are Diagnostic and screening services effective?

Inspected but not rated 

We do not rate effective for this type of service

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were in place to guide on good practice. Policies included respecting and involving patients, equality and diversity, chaperone, confidentiality, incident management, mental capacity, safeguarding, data protection, complaints, whistleblowing and Duty of Candour. Policies had been signed and dated by staff.

Pain relief

The service provided a consultation service and onward referral for diagnostic testing. The nature of the service meant that giving pain relief was not needed.

Patient outcomes

The service provided a consultation service and onward referral for diagnostic testing. The nature of the service meant that the service did not participate in national clinical audits.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Managers supported staff to develop through yearly, constructive appraisals of their work. The manager had regular one to one supervision sessions with all staff on a monthly basis. Staff told us that appraisals were completed every year.

Managers gave all new staff a full induction tailored to their role before they started work. One of the three clinical coordinators were currently going through an induction process, which involved shadowing a full time coordinator.

Diagnostic and screening services

Managers made sure staff received any specialist training for their role. Emphasis was placed on hospitality and treating people in an open kind and respectful manner. Relevant training was provided to staff.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Referrals were made onwards to two other services for diagnostic tests. There was daily contact with those services that included sharing information and meeting patient need. The relationships with those services included regular joint meetings.

Health promotion

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

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. The pre assessment questionnaire included lifestyle questions such as exercise, smoking, alcohol and diabetes. Health promotion was given before the consultation occurred and at stages of treatment such as MRI and lab test results. All patients received a follow up call from the GP a week after treatment or initial consultation where health promotion was advised.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions and followed national guidance to gain patients' consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in patient records. The medical questionnaire included questions regarding consent and sharing information with third parties such as laboratories, diagnostics and other testing facilities. Consent was also gained to store their patient record. Patients signed to consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff had received training in mental capacity.

Are Diagnostic and screening services caring?

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

Compassionate care

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

Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients told us staff gave them time and space to talk, and that staff were kind and compassionate. Patients told us staff were helpful at all times.

Diagnostic and screening services

All non-medical staff had a hospitality background and had contact with patients. Staff were trained to explain the process of care and treatment to patients clearly. Staff reported that emphasis was placed on offering a caring and respectful model of care.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients told us that staff worked with them to help manage their anxiety about undergoing MRI scanning. Staff discussed reducing anxiety before the day of the visit. On the day patients felt that staff had listened to their concerns which helped to put them at ease.

If patients received positive test results that may have serious health implications, they were handled sensitively and in liaison with the services that may have provided those tests such as the service providing the MRI scan. We were given examples where the radiologist from the other service and the GP from Prescan provided joint feedback which also provided continuity of care. If patients returned to Prescan, the service would sit with the patient and discuss treatment and pathway options. Emphasis was placed on patient preference. We were given examples where patients had requested key professionals also provide feedback to their loved ones. Time was taken by the service to explain things clearly and sensitively.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients told us that the doctor took the time to explain the outcome of tests and samples and explain any implications to them clearly. Patients told us that communication with them and their relatives was good throughout their experience of the service.

Patients and their families could give feedback about the service and their treatment and staff supported them to do this. The service placed emphasis on involving patients and those close to them and encouraged people to give feedback about the service in real time so adjustments could be made and address any issues raised. Patients were signposted to an online patient satisfaction survey which was available for anyone to view including prospective patients. There was also a link to the survey on the Prescan website. Reviews were 92% positive and 3% negative. There were 31 reviews completed in 2022 up to the end of August 2022. The most recent negative review was dated November 2021. All survey comments regarding the service were logged by the manager and shared with the staff for service improvement.

Are Diagnostic and screening services responsive?

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

Service delivery to meet the needs of local people

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

Diagnostic and screening services

Facilities and premises were appropriate for the services being delivered. Following diagnostic tests which took place at other services, patients sat with Prescan awaiting results. The waiting areas were light, comfortable and spacious. Water, hot drinks and snacks were available. The consulting room offered suitable privacy. The phlebotomy chair was fully adjustable including arm rests. The service was located on the lower ground floor that was accessed via stairs and a wheelchair accessible lift. A disabled toilet was available on the ground floor.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. The week before a patient appointment all patients were sent reminders by email offering rescheduling if required. The service reported that patients responded well to this approach. If patients did not come for their scheduled appointment this was usually because of an unexpected event and the service would accommodate rebooking patients at short notice.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The service reported that their clientele was self pay and between the ages of 30 and 65. People came to the service for a health check. There were no examples or instances of patients with learning disabilities or dementia using the service. However, all patients were encouraged to discuss their visit with the staff prior to visiting the service. This meant the service was able to accommodate any individual needs they may have had. The service placed an emphasis on providing hospitality and meeting people's individual needs.

Information was available to patients visiting the service through a patient leaflet and a website that contained information regarding both their visit and onward treatments. The patient brochure and travel directions were included with the referral letter which outlined what would happen on the day of the visit.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. We were given examples of languages spoken by members of staff. Staff always contacted patients prior to their visit to understand their specific needs in relation to their visit. We were told this would include accessing an interpreter if this was required.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The service offered three treatment packages depending on patient need. Appointments were pre booked with the service that provided the MRI scan. If a CT scan was assessed as needed, arrangements were in place to book a slot for the same day. Blood and urine samples were taken on the day the patient visited and stool sample kits sent out to patients in advance of their visit.

Prescan was open two days a week from 8:00 AM to 7:00 PM. The service reported it would usually see around 50 people a month and could be up to 20 patients in a busy week. Patients spent an average total of four hours on site. This included visiting the diagnostic services and receiving feedback and results.

Diagnostic and screening services

Verbal feedback was provided to all patients on the day of their visit. All results were provided in full within five working days. After this all patients received a follow up consultation with the GP, usually ten days after their initial consultation. Clinic coordinators kept a check on timescales for follow up telephone calls and the return of all tests.

We spoke with six patients chosen at random from a list of ten who had consented to speak with us. Everyone told us that the service clearly set out expectations regarding appointment times, when they would receive full results and when they would be called by the GP for their follow up appointment. Patients told us this happened as they were told it would.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Information on how to complain was clearly displayed on patient leaflets and on the website.

Staff understood the policy on complaints and knew how to handle them. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. The service told us they took all complaints and any comments patients made about the service seriously. They worked to resolve any issues patients brought by patients on the day of their visit. All of the complaints the service had received over the last two years had been for issues related to hospitality rather than complaints about the treatment itself.

All information regarding complaints and compliments and comments regarding the service were logged and regularly analysed. They were then collated by the manager and shared with the staff.

Are Diagnostic and screening services well-led?

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

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

There was an operational manager in place at Prescan. They had worked for the provider organisation for a number of years including at Prescan and were clear about their role and accountability. Following the retirement of the previous registered manager they were in the process of applying to become the CQC registered manager. They understood the priorities and issues the service faced and regularly met with the small workforce as a team and on a one to one basis.

Vision and Strategy

The service had a vision and strategy for what it wanted to achieve and aligned it to local plans within the wider health economy.

Diagnostic and screening services

The organisation had a marketing strategy to expand to more European locations.

The service was set up with the idea that early intervention had the potential to be life saving. The organisation had a clear mission statement.

Culture

Staff were focused on the needs of patients receiving care.

The culture of the service was focussed around meeting every need of the patient. Emphasis was placed on hospitality and treating people in an open kind and respectful manner. Relevant training was provided to staff. All the non-medical staff had a hospitality background and were trained to explain the process of care and treatment to patients clearly.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The organisation had nine locations across the Netherlands and Germany with one located in the UK. All locations had an operations manager who reported to the chief executive and medical director. The organisation also had a board of directors for assurance.

The operational manager reported on the performance of the service every two weeks to the chief executive officer in scheduled meetings. The operational manager also met every month with the IT team, the medical director and the marketing team. Reports regarding performance were shared at those meetings. Minutes showed meetings were taking place with senior leadership and being fed back to the team. Issues such as salaries, bookings, IT issues, working hours and payment logs were featured in recent minutes.

There was a service level agreement (SLA) in place with the MRI service located in the same building who sub let the lower ground floor to Prescan. The SLA was comprehensive and covered accountabilities on a number of issues such as room use between specified hours, patient surveys, consent, use of qualified clinicians, CQC registration, cleaning, insurance cover, management of complaints and incidents, provision of cleaning, maintenance and data protection.

Meetings were held regularly to monitor the SLA and the relationship between the two services. Recent minutes showed a number of themes discussed such as radiology performance and report turnaround times, teamworking, staffing, building maintenance, confidential waste and infection control.

Management of risk, 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.

Because of the size and nature of the organisation, reporting lines were short which meant that risks could be raised with responsive senior managers in real time. We were provided with examples to demonstrate this. The operational manager reported on risks and issues in scheduled meetings with the chief executive officer, the IT team, medical director and the marketing team.

There had been a comprehensive audit programme in place. However, this had been paused with the most recent audit taking place in October 2021. We discussed this with the operational manager who reported it was due to management

Diagnostic and screening services

continuity and restarting this was at the planning stage. We were subsequently provided with an annual audit programme for 2022/23 that outlined a programme of quality checking that included safeguarding, health and safety, infection control, sharps, human resources, risk assessment, records, chaperone, Covid risk assessment and patient satisfaction.

Previous audits showed that a programme of quality checks had been carried out. Outcomes had been fed back to the team and to senior leadership.

Information Management

The information systems were integrated and secure.

Consent forms were signed by patients regarding the sharing of records with other relevant healthcare providers and how their data was protected. Patients were given password access to a portal to be able to view their own MRI and CT scans. Staff were trained in the General Data Protection Regulation (GDPR). The service had arrangements in place for the shredding of confidential documents once they had been scanned on to secure electronic record storage system.

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.

The service actively engaged with patients at every stage of the patient pathway. At the pre referral stage staff were available to discuss any questions prospective patients had. At the pre visit stage staff were in contact with patients to understand if there were any individual needs and how they might be able to accommodate those. Patients were encouraged to complete the online satisfaction survey that was publicly available and there was a link to this on the Prescan website.

Every three months the operational manager accompanied a patient to the MRI and CT scanning services Prescan referred their patients to. This was so they had familiarity with those services and their practice. When patients gave feedback regarding aspects of their patient experience it meant they had an awareness of the context of the comments. It also enabled better interaction with those services in any meetings and conversations.

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.

At present Prescan were not providing any diagnostic or treatment services. The service provided healthcare checks to enable earlier intervention into any health issues found. It had recently been able to offer CT scanning for detecting coronary calcium by referral to a nearby service. They hoped that in the near future they may be able to offer electrocardiograms (ECG) for heart function.