

Venturi Cardiology

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?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Venturi Cardiology as part of our inspection programme. The service has not been previously inspected.

Venturi Cardiology offers clinical consultation and a range of diagnostic tests for cardiovascular screening and cardiology care.

The service had a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We did not speak to any patients during the inspection but we reviewed feedback received by the provider from patients following their consultations. Feedback was positive and where feedback suggested improvements, changes were made.

Our key findings were:

- The provider had systems and processes for monitoring and managing risks and safety.
- Patients received clear information about the consultation process, diagnostic tests and costs which enabled them to make an informed decision.
- Patients were offered appointments at a time convenient to them and the outcome of consultations and tests were provided in a timely manner.
- Information about services and how to complain was available.
- There was a clear leadership structure and staff felt supported by management and worked well together as a team.
- There was a clear strategy and vision for the service.
- The leadership and governance arrangements promoted good quality care.

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

- Check emergency equipment and medication weekly as recommended by the Resuscitation Council UK guidelines.
- Take action to provide training to all staff in meeting the needs of patients with a learning disability or autism.
- Consider providing an independent adjudication service for patients who may not be satisfied with how the provider has managed their complaint.

Overall summary

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second inspector.

Background to Venturi Cardiology

The registered provider is Venturi Cardiology Limited.

Venturi Cardiology is based at:

740 Birchwood Boulevard
Birchwood
Warrington
WA3 7QU

Venturi Cardiology is registered to provide the regulated activities: Diagnostic and screening procedures and Treatment of disease, disorder or injury. Patients can attend for clinical consultation and assessment and if required a diagnostic test within one clinical visit.

Consultants are specialists in preventative cardiology care. Consultants recommend treatment and preventative strategies to patients.

There are four consultant cardiologists, three echocardiographers and nine radiographers (employed on a sessional basis). A health care assistant who also works as a receptionist and a business manager.

The service was registered with CQC in March 2021.

The service has on-site diagnostic equipment and is available to both privately insured and self funding patients. A service is provided to patients referred by the NHS subject to the terms of contract between Venturi Cardiology and NHS commissioning.

The service is provided to patients aged 18 years and over.

The website is <https://www.venturicardiology.com>

The service is open Monday to Friday 9am – 5pm. The service opens on Saturdays when required to provide flexibility to patients.

How we inspected this service

Prior to the inspection we reviewed information available to us from external stakeholders, information received by CQC about the operation of the service and we requested information from the provider. We carried out this inspection by:-

- Undertaking a site visit that included a tour of the premises.
- Interviewing staff.
- Observations.
- Reviewing patient feedback received by the provider.
- Reviewing information relating to the operation and management of the service.

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

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

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

Are services safe?

We rated safe as Good because:

The service provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies for staff to refer to that outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems to safeguard children and vulnerable adults from abuse and worked with other agencies to support patients and protect them from neglect and abuse. Staff we spoke to knew of the action to take to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. There were safeguarding lead members of staff. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. A Legionella risk assessment had been undertaken and recommended actions were carried out.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We noted that the operational procedure for radiography was out of date. This information was provided by a contracted service and was updated on the day of the inspection. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were suitable medicines and equipment to deal with medical emergencies. When there were changes to services or staff the service assessed and monitored the impact on safety.
- A system to monitor staff vaccinations and immunisations was in progress.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to assess and deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, minimised risks.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. We noted that the emergency equipment and medication were checked monthly rather than weekly, as recommended by the Resuscitation Council UK guidelines. Oxygen was not held on-site and a risk assessment was in place regarding this.
- Medicines were not prescribed for patients following a consultation. Patients were provided with an assessment that indicated any recommendations for medicines. There was a system for informing the patients' GP about these recommendations.
- Medicines prescribed by doctors such as contrast agents (used to improve the diagnostic value of imaging examinations) were administered in line with legal requirements and current national guidance. Patients were given advice on medicines used for diagnostic purposes and any side effects.

Track record on safety and incidents

The service had a good safety record.

- The service acted on and learned from external safety events, patient and medicine safety alerts.

The service had a mechanism in place to disseminate safety alerts to all members of the team linked to their role.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There were systems for reviewing and investigating when things went wrong.
- Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they felt confident to raise issues and felt that they would be supported if they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned lessons and took action to improve safety in the service. We reviewed a sample of incident reports. This showed the service took action to improve safety in the service. For example, following a patient not being contacted in a timely way with test results, a system had been introduced to address this and to ensure patients were informed of approximate timescales for communication.

Are services effective?

We rated effective as Good because:

- Patients had an appropriate assessment and received care and treatment that met their needs.

Effective needs assessment, care and treatment

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, their medical history would be updated prior to a further appointment.
- We looked at the care and treatment provided to a sample of patients, and this was in line with current guidance.

Monitoring care and treatment

The service carried out quality improvement activity.

- The service made improvements through the use of audits and quality improvement activity. A clinical audit schedule was in place. This included; peer review of diagnostic imaging to ensure imaging was sufficient for diagnostic purposes; peer review of consultation notes to ensure the scanning procedure was appropriate for the patient and records were sufficiently detailed; audits of medication used for diagnostic purposes and audits of diagnostic images to identify any additional cardiac findings.
- There were also audits of emergency medicines, infection prevention and control and the safety of the equipment and premises.

Effective staffing

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

- We reviewed a sample of staff training files and found staff were appropriately qualified.
- Relevant professionals were registered with the General Medical Council (GMC), British Society of Echocardiography (BSE) and Health and Care Professions Council (HCPC) to demonstrate they were accredited.
- The provider had an induction programme for all newly appointed staff. The provider told us how new staff received an induction specific to their role. This was not documented, however, a template to record this had been developed to use when employing staff in the future.
- The provider understood the learning needs of staff and provided protected time and training to meet them.
- Staff were encouraged and given opportunities to develop.
- There was a system in place for staff to receive an annual appraisal. The annual appraisal for staff whose main employment was external to Venturi Cardiology was reviewed and retained by the provider.

Are services effective?

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Staff referred to, and communicated with, other services when appropriate.
- Before providing a consultation and diagnostic assessments patients were required to provide details of their medical history to ensure care and treatment was provided appropriately.
- Patients were asked for consent to share details of their consultation and any medicines recommended with their registered GP.
- The provider told us how care and treatment for patients in vulnerable circumstances would be coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- There were arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- The website contained information for patients to refer to and support them to manage their health. For example, information about managing stress, undertaking exercise and healthy eating.
- Risk factors were identified and highlighted to patients and where appropriate shared with their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The process for seeking consent was monitored through audits of patient records.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and they were involved in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- The provider told us that information could be made available in different formats to help patients be involved in decisions about their treatment if this was required.
- Staff had undertaken training in equality and diversity.
- The provider told us that if patients had a learning disability or complex social needs, their family, carers or social workers would be appropriately involved. Not all staff had completed training on meeting the needs of patients with a learning disability or autism. The provider told us they would ensure this was addressed.
- The booking system sent out an automatic request for feedback a day after treatment. Prospective patients could view this feedback before booking an appointment. We reviewed the feedback from patients for the last 12 months. There were 75 positive reviews. Patients could also leave reviews on-line via another external website. The comments made by patients indicated they found the provider was professional, knowledgeable and explained any treatments thoroughly. They were given enough time and had confidence in the clinicians. Patients also said they were reassured and staff were friendly and helpful.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients. The service had been established to improve access to cardiovascular screening and cardiology care for patients. A one-stop service meant patients had quick access to diagnostic investigations, clinical consultations and results.
- A range of different diagnostic tests were offered. Following an assessment the consultants advised patients about the best test to assess their health. There was written information available for patients about the tests offered. The cost of services was clearly identified.
- The provider re-directed patients to alternative services where they assessed that the tests and consultations they offered were not appropriate.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, longer appointments and flexible appointment times were offered.

Timely access to the service

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

- Patients had timely access to initial assessment, test results and diagnosis.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patient feedback gathered by the provider indicated that patients thought the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- The service had a complaints policy and procedure. A system was in place for receiving, investigating and acting on complaints.
- The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, it was identified that incorrect information had been recorded in a summary of treatment provided to the patient. An apology was made and action taken to ensure responses to complaints were reviewed by a peer.
- The provider did not currently signpost patients to an independent service if they were unhappy with how their complaint had been managed. They did inform patients that concerns could be reported to CQC. The provider was considering subscribing to the Independent Sector Complaints Adjudication Service (ISCAS) an independent adjudication service (a service to help sort out disputes) as the final stage of the complaint process.

Are services well-led?

We rated well-led as Good because:

There was a clear leadership structure and a clear vision to provide high quality care and promote good outcomes for patients.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- The provider had a clear vision for the service. The service had a realistic strategy and supporting business plans to achieve priorities.
- The provider worked with external partners and staff to develop the service and meet the needs of patients.

Culture

The service had a culture of providing good quality sustainable care.

- Staff told us they felt respected, supported and valued and that they were happy to work in the service.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a Whistle-Blowing policy for staff to refer to. The provider had identified a member of staff, other staff could approach if they wished to raise any concerns. Plans were in place to identify a Freedom to Speak Up Guardian independent of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider and staff demonstrated a patient centred focus to their work during our discussions with them.
- There were processes for providing all staff with the development they need. This included career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff had received equality and diversity training.
- A member of staff was completing the mental health first aid course so that they could provide support to staff if needed.
- Staff told us there were positive relationships between staff and the management team.

Governance arrangements

There were clear responsibilities, roles and systems of accountability.

- Systems to support governance and management were set out.

Are services well-led?

- The provider had policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- There was a schedule of quality assurance checks and audits.
- Staff were clear on their roles and accountabilities.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider carried out risk assessments and put in place plans to mitigate identified risks.
- The provider monitored the performance of the service.
- The provider had oversight of safety alerts and there was a system to respond to and learn from incidents and complaints.
- A business continuity plan was in place.
- Quality improvement was undertaken. Support was provided to staff in varying roles.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The provider had a system to submit data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The views of staff were sought at meetings and on an on-going basis. The small team size meant there were regular opportunities for feedback about the operation of the service.
- A regular newsletter was sent to all staff detailing any information staff needed to be aware of such as changes in staffing, service provision and training.
- The views of patients were sought following their consultation via two on-line feedback platforms. The comments made by patients indicated they found the provider was professional, knowledgeable and explained any treatments thoroughly. They were given enough time and had confidence in the clinicians. Patients also said they were reassured and staff were friendly and helpful.

Are services well-led?

- The provider reviewed patient comments on a 6 monthly basis to identify if any improvements needed to be made to the service.
- Patients referred to the service by a local hospital were asked to complete the Family and Friends test (FFT). The FFT is an opportunity for patients to provide feedback on the NHS services that provide their care and treatment. Results from September 2021 to December 2022 showed there had been 42 responses and 42 (100%) were either extremely likely or likely to recommend the service.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, the provider was looking at other areas of patient care that would benefit from a similar model of quick access to consultation and diagnostic testing.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. The provider had secured contracts with the NHS to provide a service to patients to reduce NHS waiting lists.
- Educational events were provided to local health care providers. These included education events in cardiology care and diabetes, diet and chest palpitations.
- The provider was also working with charitable organisations to raise awareness of heart health.