

Randex Health Liverpool

Inspection report

Ground Floor Unit Exchange Station
Tithebarn Street
Liverpool
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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 Radox Health Liverpool on 20 May 2022 as part of our inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides. Radox Health Liverpool is a private healthcare service providing health assessments for its patients using a range of screening processes. The screening process

involves taking blood samples, urine samples and noting the patient's bio-measurements, which includes their height, weight, pulse and blood pressure readings. Patients purchase tests from a range of packages which can include up to 350 biomarkers. Samples are tested in an onsite laboratory. Following the assessment and screening process, patients have a consultation with a healthcare expert (either a scientific consultant or a GP) to discuss the findings and any recommended lifestyle changes. Where necessary referrals to other services are made, for example to a specialist consultant. The provider told us the purpose of the service was to provide clients with the knowledge required to improve their health and prevent serious disease in the future. Details as to the service provided and costs can be found on the provider's website.

The service has a designated 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.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Radox Health Liverpool provides a range of COVID-19 testing services which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

Overall summary

- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Staff reported a good culture and systems were in place for quality control and governance.

Whilst we found no breaches of regulations, the provider **should** make the following improvements:

- Carry out a risk assessment to determine the range of emergency medicines and the equipment required for responding to medical emergencies.
- Review the arrangements for staff access to the patient record system linked to their roles and responsibilities.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC lead inspector and included a GP specialist advisor. The inspection involved a visit to the clinic with a tour of the premises and facilities.

Background to Radox Health Liverpool

Background to Radox Health Liverpool

Radox Health Liverpool Ltd is a private healthcare service registered with the Care Quality Commission since 2015 to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder and injury.

The service address is: Ground Floor Unit Exchange Station, Tithebarn Street, Liverpool, L2 2QP.

The service is open Monday to Friday from 8.40am to 5.30pm.

The providers headquarters are based in Northern Ireland and the company has another location in London. The service provides health assessments through a range of health screening packages. Patients provide blood and urine samples which are processed in an on-site laboratory. The purpose of the screening is to provide a detailed review of a patients' current health status, and to identify any potential underlying health problems. Following the screening process, a comprehensive report is generated and sent to the patient with information about their current and projected future health. The majority of packages purchased by patients include a consultation with a scientific consultant, other packages include a consultation with a GP. Scientific consultants are graduates in either a health or life science discipline, who have received further training to analyse and interpret patient results and give advice on how to make lifestyle changes. Any patients requiring further investigations, or additional support not provided by the service, are referred to other services such as a medical consultant or advised to contact their NHS GP. The range of services provided are listed on the provider's website.

The staff team included; a clinic manager, two phlebotomists, and a personal-co-ordinator. Scientific consultants and two doctors supported the service remotely. The service was supported by operational managers who are based in Northern Ireland.

How we inspected this service:

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

Prior to the inspection we reviewed a range of information including the providers

information request (PIR) completed by the service. During the inspection visit we carried out a tour of the premises and facilities, we looked at procedures in place, we viewed a range of records including the patient record system and we spoke with members of the staff and management team.

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. Risks were assessed and managed. Systems were in place for reporting incidents, managing safety alerts and sharing any learning from these.

Safety systems and processes

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

- The provider had a range of safety policies which had been communicated to staff. Staff were provided with information about safety as part of their induction and refresher training.
- Policies and procedures were in place to safeguard children and vulnerable adults from abuse. These included details as to the types of abuse, procedures in place to prevent abuse and details of the local agencies to refer to in case of suspected abuse.
- The provider carried out checks on all staff at the time of recruitment. This included Disclosure and Barring Service (DBS) checks. (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 had been provided with up-to-date safeguarding and safety training appropriate to their role.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- Infection prevention and control measures were in place and audits were carried out to ensure standards were maintained.
- Cleaning schedules were in place and cleaning audits were carried out on a regular basis.
- There were appropriate systems for the management of healthcare waste.
- The premises and equipment were safe and appropriately maintained.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service.

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.
- Staff had been provided with training in managing emergencies.
- There was a business continuity plan in place in case of major disruptions to the service.
- A risk assessment had been carried out in relation to the environment to ensure the premises were safe and appropriately maintained.
- Health and safety checks were carried out on a regular basis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were trained first-aiders on site who were able to provide assistance to patients.
- There were medicines and equipment to deal with medical emergencies which were checked regularly. However, a risk assessment to determine the range of emergency medicines and the equipment required for responding to medical emergencies had not been carried out.

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 patient records were written and managed in a way that was accessible and supported the assessment of patient needs and planning their care. However, the patient record system did not support restricted access for staff dependent upon their roles and responsibilities.
- Systems were in place for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referrals to other services had been made appropriately for those patients whose care and treatment we looked at.

Safe and appropriate use of medicines

The service had systems for the appropriate handling of medicines.

- The arrangements for managing medicines minimised risks.
- Processes were in place for the safe prescribing of medicines and staff kept appropriate records of medicines prescribed.
- Prescribing protocols were in place. These included information on medicines that had been deemed inappropriate for prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. No medicines were kept at the location.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events.
- 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.
- The provider was aware of the requirements of the duty of candour. Staff told us they felt the provider encouraged a culture of openness and honesty.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team linked to their role.

Are services effective?

We rated effective as Good because:

The provider assessed needs and delivered care in line with relevant and current evidence-based guidance. Patients received coordinated and person-centred care and were guided in improving their health. Staff were supported in their roles and responsibilities.

Effective needs assessment, care and treatment

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were assessed.
- Clinicians had enough information about patients test results to make or confirm a course of action.
- We looked at the care and treatment provided to a sample of patients and this was in line with current guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients had a choice of a range of health checks and support packages for ongoing support. The results of their tests were provided as part of a 'Personal Health Plan'. A remote medical consultation was provided to discuss the interpretation of results and provide advice.
- Treatments were offered and referrals were made to specialists services.

Monitoring care and treatment

The service carried out quality improvement activity.

- The service made improvements through the use of audits. Recent audits included an audit of a medicines prescribed for stomach infections and an audit into the provider's response to critically abnormal test results to ensure that all such results were reported and dealt with within 24 hours.

Effective staffing

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

- The provider had an induction programme for all newly appointed staff.
- Staff were encouraged and given opportunities to develop. The provider understood the learning needs of staff and provided protected time and training to meet them.
- Staff were required to undertake regular mandatory training in topics such as; Information governance and confidentiality, fire safety, equality and diversity, infection prevention and control, basic life support, moving and handling, complaints and safeguarding.
- Staff training was linked to roles and responsibilities and competencies were checked on a regular basis.
- Relevant professionals were registered with their governing bodies and were up to date with revalidation

Coordinating patient care and information sharing

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

- Staff referred to, or signposted patients to more suitable services for their treatment as appropriate and communicated with other services when appropriate.

Are services effective?

- Before providing treatment, 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 prescribed with their registered GP.
- The provider had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.

Supporting patients to live healthier lives

Staff supported patients to manage their health.

- Where appropriate, staff gave people who used the service advice so they could self-care.
- Risk factors were identified and highlighted to patients.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. This could mean patients were referred or signposted to their normal care provider or specialist service for treatment.

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.
- The service monitored the process for seeking consent.

Are services caring?

We rated caring as Good because:

People received care and treatment in a caring manner from staff who treated them with kindness and respect. Feedback from patients was positive about the way staff treated them.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received.
- The provider shared patient feedback with us and this was positive.

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 to help them be involved in decisions about their care.
- Patients were offered a consultation to discuss their individual needs and wishes and discuss their treatment options.
- Patients were given information and time between their consultation and the treatment being provided to ensure they could make an informed decision.
- Patients were provided with care and treatment plans for them to review before treatment commenced.
- There was information on the provider's website about the range of services provided and the costs involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff told us they recognised the importance of treating people with 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.
- Treatment room doors were closed and rooms were secured with appropriate locks.

Are services responsive to people's needs?

We rated responsive as Good because:

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

Responding to and meeting people's needs

- The provider understood the needs of their patients and improved services in response to those needs.
- 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.
- The service worked in conjunction with a charitable organisation to provide cardiac screening to younger adults.
- The service followed accessible information standards guidance to ensure information was available in a variety of formats such as braille, large print, audio tape, and other languages if required.
- The clinic was accessible to people who have difficulties with mobility or use a wheelchair.
- A hearing loop (assistive listening system for people who experience hearing loss and use a hearing aid) was in place.
- The provider had reviewed the range packages on offer and had introduced more specific packages with lower costs to make these more affordable to patients.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Referrals and signposting to other services were undertaken in a timely way.
- The provider told us they try to meet the demands of the clients with appointment availability and by making appointments easy to book via telephone, online, email or via the clinic.

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.

- The service had a complaints policy and procedure.
- Complaints were investigated and responded to by a central complaints management team.
- Information about how to make a complaint was made readily available to patients. Patients had the opportunity to submit feedback and complaints following their appointment.
- The provider learned from complaints and lessons learned were shared across the organisation.
- Patients were informed of further action they could take if they were dissatisfied with the response to their complaint. This included referring to an independent adjudicator.
- The service had received one complaint in the past 12 months. The provider had responded to the complaint in a timely manner and had taken action to provide a satisfactory outcome for the patient.

Are services well-led?

We rated well-led as Good because:

There was a clear vision, strategy and culture to provide a good quality service for patients. Staff felt well supported and the service used feedback from staff and patients to make improvements.

Leadership capacity and capability;

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

- Staff told us that leaders were visible and approachable. They worked closely with staff and provided regular opportunities for meetings, discussion and development.

An established management structure was in place and staff roles and responsibilities were clearly set out.

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 vision for the service and staff were expected to meet the standards set as part of this.
- Staff were aware of and understood the vision and their role in achieving this.

Culture

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

- Staff told us they felt respected, supported and valued. They told us they would feel confident to report any concerns and that these would be acted upon.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing staff with the development they need. This included appraisal, supervision, observed practice and regular meetings and communications.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- The service promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

There were clear responsibilities, roles and systems of accountability.

- Structures, processes and systems to support governance and management of the service were set out.
- Staff were clear on their roles and accountabilities
- Policies, procedures and activities had been established to ensure safety and ensure the service was operating as intended. Policies and standard operating procedures were in the process of being reviewed to ensure they were aligned with relevant regulations and required standards.
- There was a schedule of quality assurance checks including: infection prevention and control, patient reviews, environmental safety checks, complaints and staff training.
- An internal audit was carried out annually and there were plans to increase this to bi-annual.
- Staff had the opportunity to suggest improvements and as a result could be involved in the planning and shaping of services provided.

Managing risks, issues and performance

Are services well-led?

There were 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 service had processes to manage performance.
- The provider had oversight of safety alerts, incidents, and complaints.
- The provider had a business continuity plan in place.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service submitted data or notifications to external organisations as required.
- The arrangements for data security linked to the patient record system did not restrict staff from accessing records that they did not need to access in line with their roles and responsibilities.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support services.

- The service encouraged feedback from patients and staff and acted on this to shape services.
- There were systems in place for staff to give feedback and receive support, these included: annual appraisals; one to one meetings; regular staff meetings; and support from the clinic manager.

Continuous improvement and innovation

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

- There was a focus on learning and improvement.
- The service made use of internal reviews of incidents and complaints.
- Learning was shared and used to make improvements.
- The provider reviewed and made changes to the range of services provided in order to meet patient needs and demand for services.