

Impact Medical Limited

Impact Medical Limited

Inspection report

Unit 7j
Topham Drive, Aintree Racecourse Retail & Bus Pk
Liverpool
L9 5AL
Tel: 01515222520

Date of inspection visit: 06 Oct 2022
Date of publication: 05/01/2023

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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

We carried out this announced focused inspection because at our last inspection we had concerns about the quality of service and had rated the service overall as inadequate. This focused inspection was to look at those parts of the service that had not met regulatory requirements to assess whether they did now meet these requirements.

This inspection was not rated: We found that:


- Staff now had training in key skills, understood how to protect patients from abuse, and managed safety well. The service improved how it controlled infection risk. Staff now assessed risks to adult patients.
- Managers now monitored the effectiveness of the service.
- Leaders had improved how it ran services using reliable information systems and now supported staff to develop their skills so that staff were clear about their responsibilities and accountabilities.

However:

- The service did not have a robust policy or procedure in place to assess risk to child patients.
- Although risks were recorded this was not in a consistent manner and did not enable tracking and monitoring.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Inspected but not rated 	This inspection was not rated. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Impact Medical Limited

Page

5

Information about Impact Medical Limited

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to Impact Medical Limited

The service provides shockwave therapy to both NHS and private sector adult and child patients across the United Kingdom from host hospitals. Extracorporeal shockwave lithotripsy (ESWL) is a treatment which uses shockwaves to break down stones in the kidney and urinary tract. This is the only area of treatment and diagnosis provided by the service and as such it has one core service only. The inspection reviewed parts of the safe and well led domains within the diagnostic and screening core service because areas of concerns had been identified in incident reporting, safeguarding, mandatory training, assessing and responding to risk as well as governance and risk management.

How we carried out this inspection

How we carried out the inspection

Our inspection was announced (staff knew we were coming) to enable us to observe routine activity. We inspected this service using our focused inspection methodology. Two inspectors and an assistant inspector, with support from an offsite inspection manager, carried out the inspection on 6 October 2022.

During the inspection we reviewed a range of documents related to running the service including, contract agreements, several policies and procedures, an electronic human resource platform and a staff recruitment pack as well as several completed audits and training records. We spoke with four members of staff including the registered manager.

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 trust **SHOULD** take to improve:

Diagnostic core service

- The service should ensure that appropriate guidance is available to staff on the management and assessment of children.
- The service should ensure a deteriorating children policy is in place.
- The service should ensure that formal arrangements for practising privilege agreements in the form of a written policy or procedure are implemented.
- The service should ensure that an appropriate method of recording risk is implemented.
- The service should continue to implement the formal governance arrangements including keeping staff informed of key information.
- The service should ensure that a specified service lead reviews all policies including safeguarding and consent and ensure they contain up to date guidance and information.
- The service should ensure that leaders acting as the designated safeguarding lead for the service have the correct level of safeguarding training.




Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Diagnostic imaging

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Well-led	Inspected but not rated 

Are Diagnostic imaging safe?

Inspected but not rated 

This inspection was not rated

Mandatory training

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

At the previous inspection in May 2022 the service did not provide mandatory training for staff. During this inspection, the service demonstrated that it had invested in an electronic training system which all staff could access. Staff had been given time to undertake mandatory training modules which included key modules such as mental capacity awareness, dementia awareness, infection, prevention and control and health and safety awareness. In total the 15 staff members had completed 272 mandatory training modules since the last inspection.

Basic life support training had been completed by all staff both clinical and non-clinical however, paediatric life support training had not been included in the mandatory training requirement for staff. This was not in line with Skills for Health core skills training framework requirements and meant that the service could not be assured staff could respond appropriately in an emergency involving children. Information provided following the reinspection demonstrated that the service had sourced a paediatric basic life support training package and all staff had completed it.

Managers now monitored mandatory training via the electronic system which alerted both the manager and staff member when they needed to update their training. This meant that the service could ensure that training had been undertaken and staff had appropriate knowledge to meet the needs of patients in areas other than their specialist clinical field.

Safeguarding

Staff had training on how to recognise and report abuse.

At the last inspection the service did not provide child safeguarding training to staff. Since that inspection, the service had introduced training which all staff had completed. This was training in level one adult and children's safeguarding awareness. This was not in line with January 2019 Royal College of Paediatric and Child Health intercollegiate document Safeguarding children and young people: Roles and competencies for healthcare staff, which sets out that clinical staff should be trained to level three, however did mean that staff had a basic overview of how to recognise and report abuse until the correct level of course could be undertaken. Following this reinspection, the service provided information to demonstrate that all staff had completed level three child and adult safeguarding training.

Diagnostic imaging

A safeguarding child and adult policy had been created and this signposted staff to report concerns appropriately. The policy had a review date although did not reference the correct intercollegiate guidance. Managers informed us at the time of the inspection this would be amended as a matter of urgency so that the correct guidance was cited.

In addition, managers had created a 'director on call' structure so that there was always a point of contact to offer support and guidance to staff when required. The registered manager for the service was the designated safeguarding lead but again had not completed the correct level of training (level two completed not level four) due to referring to incorrect guidance. Once highlighted, managers told us they would rectify this as a matter of urgency.

At the time of the last inspection the service also did not meet the safety in recruitment checks specified in Schedule 3 requirements of the Health and Social Care Act 2008. During this inspection we reviewed a personnel folder of a recruit and found this was in line with the statutory requirements. Important pre-employment checks including employment history, references and enhanced disclosure and barring checks (DBS) had been undertaken and were now stored electronically for each individual staff member. In addition, the service had worked with a specialist human resource provider to create a risk assessment to use in the event of information about previous convictions being returned on the disclosure and barring checks. All staff both clinical and non-clinical were now subject to three yearly repeat DBS checks and two-yearly professional registration checks (where applicable) which were highlighted via the electronic training platform.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Since the last inspection cleaning records and hand hygiene audits had been introduced. Monthly deep cleaning of equipment was undertaken, and a member of staff audited this so that the cleanliness of equipment could be monitored this demonstrated that all areas were cleaned regularly.

All staff had completed training on hand hygiene since the last inspection and a handwashing assessment had also been built into the annual clinical supervision shift.

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

Since the last inspection the service had created a policy so that staff knew how to respond promptly to any sudden deterioration in a patient's health. This policy had been shared with all staff and was also available electronically so that any staff member could access it whenever they needed to. The policy did not include children and no specific paediatric policy had been created. Managers told us this would be addressed as part of the ongoing improvement plan for the service.

Are Diagnostic imaging effective?

This inspection was not rated

Diagnostic imaging

Patient outcomes

Staff now monitored the effectiveness of care and treatment. They planned to use the findings to make improvements and achieve good outcomes for patients.

Did not attend rates were now monitored and recorded meaning that the service could produce a data report for the host hospitals to demonstrate efficiencies and get the best use of the list for patients awaiting this treatment.

Patient feedback was now obtained, and leaflets were offered to patients so that feedback could be captured. Due to the numbers involved the service planned to collate the data on a six-monthly basis.

At the time of the inspection formal meetings with the host trusts, to discuss patient outcomes, had not been set but they had plans to address this supported by NHS England.

A local audit programme had been introduced and included hand hygiene, driver and equipment, clinical assessment, treatment record and consent audits.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff followed national guidance to gain patients' consent.

Since the last inspection the service had introduced a consent policy although this was brief and did not reference latest guidelines it was a platform to build upon in collaboration with NHS England and Improvement with which the service was working.

The service had implemented a process whereby staff seek and record patient consent. Several patient report forms were reviewed and consent was recorded on each of them.

Managers told us that the next print run of the patient report forms would include a tick box for consent to ensure that it was recorded.

Consent had been built into the formal clinical supervisions which were due to take place annually and the clinical audits which were now undertaken also included consent.

Are Diagnostic imaging well-led?

This inspection was not rated

Governance

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

Diagnostic imaging

The service was working hard to implement a functioning governance structure. Weekly formal senior manager meetings now took place, were minuted and had a standing agenda to ensure that all relevant information was discussed including incidents, complaints, staffing and equipment. Actions from the previous meeting were tracked at the beginning of each meeting. A virtual all staff team meeting had taken place and managers told us the meetings would be repeated on a six monthly basis whilst a monthly newsletter for staff was in the process of being developed.

At the time of the last inspection the service did not have the relevant contracts or service level agreements with the host organisations in place to set out roles, responsibilities and accountabilities for patient care and safety whilst carrying out regulated activities within host organisations. Since the last inspection the service had approached all host organisations in June 2022 with an updated agreement. At the time of the reinspection six out of the 18 had been returned by the host organisations. The service had taken a proactive approach in obtaining the signed agreements by repeated telephone calls and emails to relevant contacts within the NHS trusts and were also working closely with NHS England and Improvement to resolve the outstanding unreturned agreements.

Similarly, historical practicing privilege agreements with two providers had been chased in June 2022 for renewal however the service had been unable to get the appropriate response from the NHS trusts. Following this, the service had attended an introductory meeting with NHS England and Improvement and were planning collaborate working with them to help resolve this issue and improve general dialogue with the host organisations' senior leadership teams. At the time of the reinspection the service had not yet created a practicing privilege agreement due to the focus of work in other areas such as mandatory and safeguarding training, human resource platform implementation and also recruitment management however this did feature as part of their ongoing improvement action plan.

Senior managers were in the process of reviewing all policies and procedures. At the time of the reinspection no policies relating to the management, assessment or deterioration of children had been put in place.

Disclosure and barring service and professional registration checks had been completed for all staff and a recruitment pack generated for all staff via the electronic platform. Since the last inspection the service had employed a new member of staff, this recruitment pack was reviewed and included all relevant information to meet Schedule 3 of the Health and Social Care Act 2008. A process had been put in place to keep managers and staff informed of when checks were due, and a monthly report was generated electronically for senior managers so that they could track completion.

The service had appropriate indemnity insurance in place.

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. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Following the last inspection, it was identified that risk assessments did not demonstrate clear actions to reduce the level of risk. In response to this, the service had supported all staff to complete an Ionising Radiation (Medical Exposure) Regulations 2017 refresher module via the electronic learning platform and had undertaken an additional radiation protection advisor safety inspection which had been completed in July 2022. Individual hospital risk assessments had been completed in conjunction with the radiation protection advisor and general risk assessments such as lone worker had been reviewed.

Diagnostic imaging

There was no method of grading, monitoring or tracking service risks such as through a risk register which meant that risks may not be appropriately reviewed so that timely and appropriate mitigating actions can be taken.

Audits including hand hygiene, clinical assessment, driver and equipment audits were now in place and the service monitored the results as part of the senior leaders governance meetings meaning the service could now begin to monitor and build oversight into the quality and effectiveness of the services it offered.