

Cardio Direct (UK) Ltd

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. The previous inspection was conducted on 13 December 2017.

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 Cardio Direct (UK) Ltd. as part of our inspection programme to rate independent health providers.

During our previous inspection on 13 December 2017, we asked the provider to make improvements regarding reviewing their procedures for infection prevention and control audits to ensure this was undertaken on a regular basis. Also, the provider should have obtained copies of fire safety and legionella assessments for the premises to satisfy themselves that these have been undertaken. At this inspection, we checked these areas as part of this comprehensive inspection and found this had been resolved.

The service provided screening and diagnostic services in the area of cardiac medicine for various client groups, including those under the age of 19 as part of their ongoing care through football academies. This service was registered with CQC under the Health and Social Care Act 2008 in respect of all of the services it provided. The provider 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.

Our key findings were :

- The provider had embedded systems to support the safeguarding of patients from abuse but were unable to demonstrate that these were always fully effective in practice.
- Clinical systems to support services offered by the provider were well planned, effective and safe.
- There was a process in place for patient feedback, but patients had not engaged. The provider therefore was looking to review the process to ensure better engagement regularly. This was not formally documented.
- The provider was unable to demonstrate any patient feedback in relation to access to care and treatment but was a bespoke service. The provider demonstrated that they worked around patient's needs. For example, we saw evidence where weekend appointments were provided due to patient need.
- The governance systems in place were comprehensive but demonstrated that they would benefit from strengthening in the areas of risk management.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to embed systems to support the collection and consideration of patient feedback.
- Review systems to ensure that personnel files provide assurances that all necessary information has been gathered at recruitment and on an ongoing basis.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team consisted of a lead CQC inspector and a GP Specialist Advisor (SPA).

Background to Cardio Direct (UK) Ltd

Cardio Direct (UK) Ltd. Is located in Harley Street in central London and provides cardio screening for a full range of patients including those under the age of 19, who have been referred to the service by football academies as part of their care.

This is done to support other clinicians and specialists in treating these patients or preventing ill health. The services provided are split into four separate areas;

Sport screenings (including those from football academies),

- Investigations (from clinical referrals),
- Insurance medicals and
- Consultations.

Interventions include,

- Electrocardiograms (ECGs),
- Echocardiograms,
- 24-hour blood pressure monitoring,
- 24-hour ECG monitoring,
- Week long “event” recording (this test is for people with symptoms that occur rarely and can be worn until they experience such symptoms),
- Bubble studies (an ultra sound of the heart performed whilst an agitated solution is injected into a small vein in the back of the hand),
- Exercise ECG,
- Carotid duplex scan (a painless and non-invasive procedure that measures the extent of thickness of any plaque build-up within the carotid arteries using ultrasound) and
- Abdominal aortic aneurysm scan (AAA).

The providers website is;

The provider offers remote services in any setting the patient is in, be this at home or a sports club and they

also have premises in The Hive, in London for sports related scans and imaging. The provider is also responsible for independent GP services from the main site under a different registration called Cooper Health. These did not form part of the inspection process.

Cardio Direct consists of seven clinical staff members, two directors and a team of reception and administrative staff.

The provider’s opening times are Monday to Friday, 9am until 5pm, but due to the bespoke nature of the service, patients are seen out of hours and at weekends where necessary.

This inspection was carried out on the 23 April 2019 and our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist adviser.

Prior to the inspection, we reviewed all information available including the provider website, the previous report, information provided to us by the provider and intelligence we gathered from other sources, including stake holders.

The method we used to inspect included being open to talking to people using the service and their relatives, interviewing staff, observations and review of documents.

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 Requires improvement because:

The safety systems that the provider had put in place were not fully effective and gaps had been identified that demonstrated that these were not always been reviewed or operating as intended.

The provider demonstrated that safeguarding and safety systems were in place and were working the majority of the time, however, we found some gaps in the management of risk.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums through regular team meetings.
- The provider outlined clearly who to go to for further guidance in their policies, which was supported by the small team format of the service. Staff received safety information from the service as part of their induction and refresher training. Staff we spoke with confirmed this.
- The service had systems to safeguard children and vulnerable adults from abuse, including a comprehensive safeguarding policy and contact information for local authority, duty and out of hours safeguarding teams.
- Staff we spoke with were knowledgeable about protecting patients from discrimination, and breaches of their dignity and privacy. They also knew that they had to take steps to protect patients from abuse, neglect and harassment but these were not always appropriate and demonstrated a lack of confidence in the practical application of their training.
- The provider carried out some staff checks at the time of recruitment and on an ongoing basis where appropriate but were unable to demonstrate that they had, in one instance, assured themselves of conduct from a previous employer. Following the inspection, the service provided evidence of references gained after the inspection.
- Disclosure and Barring Service (DBS) checks were undertaken where required for clinical staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles

where they may have contact with children or adults who may be vulnerable). The provider could not demonstrate that they had risk assessed their decision to not perform DBS checks for employed staff on an ongoing basis.

- Staff received up-to-date safeguarding and safety training appropriate to their role. Although they knew how to report concerns within the organisation, they were not fully confident in identifying concerns or of their role in reporting concerns outside of the organisation.
- The practice policy was that only nursing staff would act as chaperones. All nurses had DBS checks and were able to articulate the chaperone role, when we spoke to them, but the provider could not demonstrate that staff had chaperone training. We also saw one example of a non-clinical member of staff who had acted as a chaperone without evidence of training or a DBS check. The provider could not demonstrate that they had considered or managed the risk of this. Following the inspection, the provider told us that all nurses had been booked onto chaperone training.
- There was an effective system to manage infection prevention and control.

The provider had not yet received a legionella certificate but demonstrated that they had the water tested and emails to the testing company chasing the certificate.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. 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 agency staff tailored to their role.

Are services safe?

- Staff we spoke with understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- Emergency medicines held by the provider were appropriate, well stocked and monitored to ensure they were in date.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to 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, including emergency medicines and equipment minimised risks. The service did not keep prescription stationery.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

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 we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared identified themes and took action to improve safety in the service. For example, in response to an incident where staff felt they could not obtain sufficient support or assistance during an emergency, the provider had implemented an emergency panic button and pager system for each room, where staff were likely to be working.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- For when there were unexpected or unintended safety incidents the provider had a system to ensure that affected patients were given reasonable support, truthful information and a verbal and written apology.
- The provider did not have a system to ensure that they kept written records of verbal interactions as well as written correspondence. The provider told us that they would be implementing a system to do so going forward.
- The provider had a system to act on and learn from external safety events, but patient and medicine safety alerts were not relevant to the service provided and all concerns were referred back to the original referrer. The service had an effective mechanism in place to disseminate relevant information to all members of the team including sessional and agency staff through regular team meetings, informal daily discussions and email.

Are services effective?

We rated effective as Good because:

The provider demonstrated that they provided effective care to their patients in line with appropriate guidelines.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that 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 fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The provider demonstrated recorded occasions when patients were signposted for further support or referred back to the original referrer when concerns were identified.
- We saw no evidence of discrimination when making decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider used information about patient care to make improvements. For example, the provider continued to extend their services and always ensured they were safe and in line with the best interest of their patients. For example, as the provider added each new scanning technique, they ensured that clinical staff had appropriate training and that additional staff were added to the team who specialised in these areas. The provider demonstrated that they added risk assessments and policies to cover each new service they offered and furthermore demonstrated that they ceased offering services that they felt posed a risk to patients.
- The provider made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care for patients. There was clear evidence of systems to ensure that action to resolve concerns and improve quality was taken where appropriate. For example, the provider told us that audits of increasing numbers of patients being seen by the service for different reasons demonstrated that referrers felt the service was effective and provided quality care.

Effective staffing

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

- All staff whose files we viewed were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood most of the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. However, we saw that the provider was unable to demonstrate training had been given to staff expected to perform duties as a chaperone. Following the inspection, the provider told us that this would be addressed going forward.
- Staff we spoke with told us that they were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the provider communicated regularly with referrers and other healthcare professionals involved in their patients care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Care for patients in vulnerable circumstances was coordinated with other services. For example, the provider ensured that all vulnerable people had their carers with them during their care.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and

Are services effective?

deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. This was most relevant for this provider as their primary role was scanning and diagnostics.

- Where patient need 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 we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- We saw that staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

The provider demonstrated a focus on caring for their patients and a determination to ensure that issues identified in gaining feedback from patients was addressed going forward.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Patients feedback was not available at the time of the inspection, but the provider had mechanisms to gather this. Staff we spoke with assured us that verbal feedback they had received was positive about the way staff treat people. We saw a comprehensive system to support people to make complaints when things went wrong, but there were no complaints received in the last 12 months. The provider understood that they had not received any feedback, and we saw action plans to gather feedback from referrers, including outcome information.
- Staff we spoke with understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider 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. We did not see notices in the reception areas, including in languages other than English, informing patients this service was available; however, patients were informed of this upon booking or referral. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The provider had not received any feedback in the last 12-months to demonstrate that patients felt involved with their care and treatment. However, systems were in place should patients wish to, including a comprehensive complaints procedure.
- The provider demonstrated that they did not have any patients with learning disabilities or complex social needs, but had mechanisms in place to ensure that family, carers and other professionals would be appropriately involved where necessary.
- Staff we spoke with had an awareness and willingness to communicate with people in a way that they could understand. Communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff we spoke with recognised the importance of people's dignity and respect.
- They 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 provider had a focus on being responsive to patient needs and developing bespoke services. They demonstrated a commitment to providing easily accessible services by working outside core hours to provide care.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and provided bespoke services in response to those needs. The provider organised weekend visits, home visits and mobile services to those who required them. Records we viewed confirmed this.
- 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, there was a lift, a door bell and disabled toilet facilities.

Timely access to the service

Access to care was offered to patients from the provider within an appropriate timescale for their needs. The provider offered bespoke services for their patients within the scope of the services they provided.

- Timely access to initial assessment, test results, diagnosis and care was offered.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The provider was unable to demonstrate any patients feedback, but we saw that no patients had reported that the appointment system was not easy to use. The provider demonstrated that increasing numbers of patients were accessing care each year.
- Referrals and transfers to other services were undertaken in a timely way. Good communication systems on the whole were demonstrated by the provider, although this was at times inconsistent.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff had an in-depth knowledge of how to treat patients who made complaints compassionately.
- The provider had templates that informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider had complaint policy and procedures in place. Although the provider had received no complaints in the last 12-months, they had systems in place to ensure they learned lessons from individual concerns, complaints and from analysis of trends.

Are services well-led?

We rated well-led as Good because:

The provider demonstrated that governance systems were in place, well thought out and tailored to the services they provided. Although there were gaps identified, the provider responded immediately and were able to demonstrate a proactive attitude to address these.

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. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a strategy and supporting business plans to achieve priorities.
- The provider developed its vision, values and strategy jointly with staff and external partners.
- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them
- The provider monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff we spoke with felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when reviewing systems for responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. Nurses and doctors were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff told us that they felt they were treated equally.
- There appeared to be positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were set out but at times they were not effective or operating as intended. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were not always clear on their roles and accountabilities, in relation to safeguarding. The provider demonstrated a commitment to addressing these areas immediately.
- Leaders had established proper policies, procedures and activities to ensure safety but had not fully assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

There was not always clear and effective clarity around processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety however, this was not always fully effective.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of incidents, and complaints. Safety alerts were not relevant to the type of services offered by the provider.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.
- The provider demonstrated that they had used times when things had not gone right, to learn and implement changes to improve safety. For example, responding immediately following an incident to ensure that panic buttons were installed in all rooms, where staff were likely to be working.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.

- There were robust 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 where possible.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and had systems to ensure that they acted on them to shape services and culture.
- Staff we spoke with could describe to us the systems in place to give feedback. For example, complaints and feedback systems on the website and leaflets on site. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The provider had a system in place to make 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. For example, the extension of services, and seeking feedback from referrers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <ul style="list-style-type: none">The registered person had systems or processes in place that were operating ineffectively in that they failed to enable to registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. For example, the provider could not demonstrate that they had reviewed the effectiveness of systems in place to ensure they were operating as intended for the safety of patients. In Particular in relation to safeguarding, chaperoning and the appropriateness and safety of external referrals. <p>This was a breach of regulation 17 of the Health and Social Care Act 2008, (Regulated Activities) Regulation 2014 Good governance.</p>