London Heart Clinic

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

London Heart Clinic is operated by London Heart Clinic Limited. Facilities include two consultation rooms which are also used as diagnostic facilities.

The service provides diagnostic and screening procedures, which we inspected.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 2 May 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

The main service provided by this hospital was diagnostic imaging.

Services we rate

This is the first time we rated this service. We rated it as good overall.

We found good practice in relation to diagnostic imaging:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- There were enough staff to meet the needs of the patients. They received mandatory training in key skills and they ensured everyone completed it. Staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- The service controlled infection risk well. Staff used control measures to prevent the spread of infection.
- Staff recognised incidents and knew how to report them appropriately. There were processes in place to ensure complaints were dealt with effectively.
- The service had suitable premises and equipment and looked after them well.
- There was always suitable provision of services to ensure care and treatment delivery and supporting achievement of the best outcomes for patients.
- The service planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care.
- Patients' needs and preferences were considered and acted on to ensure services were delivered to meet those needs.
- Patients and those close to them were treated as active partners in the planning and delivering of their care and treatment.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They understood the impact of patients care, treatment or condition to their wellbeing and those close to them.
- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- The clinic collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.

However, we also found the following issues that the service provider needs to improve:

- Although records were clear, up-to-date, and easily available to all staff providing care. Staff did not keep detailed records as required by the provider's policy.
- The service did not have a formalised strategy or a business plan which would describe plans for future.
- The clinic did not use a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

Summary of findings

- The clinic did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals

Summary of findings

Contents

Good

London Heart Clinic

Services we looked at

Diagnostic imaging;

Summary of this inspection

Background to London Heart Clinic

London Heart Clinic is operated by London Heart Clinic Limited. It is a private clinic in Brentford, Middlesex. The clinic primarily serves the communities of West London. It also accepts patient referrals from outside this area. The service opened in April 2017 and this was their first CQC inspection.

The hospital has had a registered manager in post since April 2017. At the time of inspection, they were registered to provide regulated activities of diagnostic and screening procedures, and treatment of disease, disorder, or injury.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in cardiology.

The inspection team was overseen by Terri Salt, Head of Hospital Inspection.

Information about London Heart Clinic

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disorder or injury

During the inspection we spoke with two members of staff including the registered manager. Due to small number of patients being seen on the day of the inspection we did not speak with any of the patients at the time. We carried out five telephone interviews with patients after the inspection. During our inspection, we reviewed ten sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

Track record on safety

- No never events
- No clinical incidents
- No serious injuries
- No incidences of clinic acquired infections
- Three complaints

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

- The service provided mandatory training in key skills and they ensured everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff adhered to infection control and prevention principles, equipment and the premises were clean. Staff used control measures to prevent the spread of infection
- The service had suitable premises and equipment and looked after them well.
- Staff recognised incidents and knew how to report them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.
- There were enough staff to meet the needs of the patients. Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- However we also found:
- Although records were clear, up-to-date, and easily available to all staff providing care. Staff did not keep detailed records as required by the provider's policy.

Are services effective?

- The service provided care and treatment based on national guidance and was able to provide evidence of its effectiveness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. There were limited opportunities for comparing local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised the staff's work performance and provided them with adequate support.
- Staff of different kinds worked together as a team to benefit patients. Physiologists, doctors, and other staff employed at the clinic supported each other to provide good care.
- There was suitable provision of services at all times to ensure care and treatment delivery and supporting achievement of the best outcomes for patients.

Summary of this inspection

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Are services caring?

Good

- Staff cared for patients with compassion.
- Staff, when spoken to, understood the impact of patients care, treatment or condition to their wellbeing and those close to them.
- Patients and those close to them were treated as active partners in the planning and delivering of their care and treatment. Patients were given appropriate information and encouraged to make decisions about their care and treatment.

Are services responsive?

Good

- The service planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care.
- Patients' needs and preferences were considered and acted on to ensure services were delivered to meet those needs.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- There were processes in place to ensure complaints were dealt with effectively.

Are services well-led?

Requires improvement

- The clinic had a vision for what it wanted to achieve.However, the service did not have a formalised strategy which would describe plans for future.
- The clinic was not always committed to improving services by learning from when things went well and when they went wrong, promoting training and innovation.
- The clinic did not use a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The clinic did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However we also found:

- Managers had the right skills and abilities to run a service providing high-quality sustainable care.

Summary of this inspection

- The clinic collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- Staff reported a positive culture that supported and valued all staff, creating a sense of common purpose based on shared values.
- The clinic engaged with patients and staff to manage appropriate services.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	N/A	Good	Good	Requires improvement	Good
Overall	Good	N/A	Good	Good	Requires improvement	Good

Good

Diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Requires improvement

Are diagnostic imaging services safe?

Good

We rated it as **good.**

Mandatory training

- **The service provided mandatory training in key skills and they ensured everyone completed it**. The mandatory training involved: infection prevention and control, moving and handling, health and safety, health and safety, conflict resolution and equality and diversity training amongst others.
- Staff working at the service could access training provided by a larger provider operating on site the service operated in close cooperation with them and shared learning resources.
- All staff completed mandatory training, which was role specific. The frequency of refresher training was formalised and varied between annual and every three years depending on the training.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All staff had training on how to recognise and report abuse, and they knew how to apply it.**
- All staff received suitable adult and children safeguarding training up to level 2 every three years. The manager also received level 3 children safeguarding training. The provider offered services to adults only, however, children could have been accompanying their parents who visited as patients.
- The manager was aware of the safeguarding procedures they would follow in cases when potential abuse or neglect needed further investigation. A safeguarding lead from one of the local NHS trusts provided the clinic's staff with face to face safeguarding training and was the safeguarding lead for the site.
- There was always a female member of staff available for chaperoning at times when a male physiologist was performing tests. Patients were also asked about their preference when appointments were booked. Information on availability of a chaperone was displayed in consulting rooms.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff adhered to infection control and prevention principles, equipment and the premises were clean. Staff used control measures to prevent the spread of infection.**
- All clinical staff received face to face annual infection control and prevention training.
- There were staff responsible for cleaning all areas of the clinic and we found all areas were maintained to a good standard of cleanliness. Although we observed that dust had accumulated on ventilation cover grills, overall areas visited were tidy, clean, and uncluttered. There were cleaning checklist in each room that indicated consultation rooms and toilets were cleaned daily.
- There was sufficient access to hand gel dispensers, hand washing, and drying facilities. Hand washing basins had a sufficient supply of soap and paper towels. Services displayed signage prompting people to wash their hands and gave guidance on good hand washing practice. Personal protective equipment, such as disposable gloves, were readily available.

- Detergent wipes were available in consulting rooms and we were told equipment was cleaned after every patient. The examination couches were covered with disposable paper and there were disposable curtains around them with date of last change indicated on them.
- Clinical and domestic waste bins were available and clearly marked for appropriate disposal.
- We observed that sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Sharps containers were not overfull and were appropriately labelled.
- The service had not undertaken an infection control or hand hygiene audit. Whilst we observed good hand hygiene during our inspection, audits would provide additional assurances that good practice was consistently upheld throughout the service.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The clinic had a small range of clinical equipment which consisted of one ECG machine, one echocardiography machine, and one treadmill. All the equipment was in good working order, tested and found to be tested.
- The equipment was maintained by external contractors. We saw that a suitable maintenance service was provided at regular frequencies. This included tests for lifting equipment, such as trolley bed, as well as for portable electrical appliances.
- Equipment we checked had servicing and electrical safety stickers on indicating it was safe to use for the designated purpose.
- Resuscitation equipment stored on the resuscitation trolley was readily available and easily accessible. It was checked daily, fully stocked, and ready for use.

Assessing and responding to patient risk

- From January 2018 to November 2018, the service did not make any urgent unplanned transfers of patients.
- The service acknowledged that staff had only limited access to full information such as patient's medical history. Should the findings of the test be urgent and indicate that a rapid response was needed staff would involve a doctor employed by another provider operating on site, so they could support patient's understanding and suggest cause of action. Staff told us that they would also inform the referring doctor and advise patients to attend nearest emergency department if test results indicated urgent action needed to be taken. They would advise patient not to leave the service until suitable medical opinion could be provided.
- All physiologists completed immediate life support training annually and other team members were provided with basic life support training.
- The provider had a formal agreement with another provider operating on site to provide an emergency response to their patients should there be a need. The host provider operated at the same times as the clinic and had a team present that could respond to cardiac arrest. There were no incidents when this support needed to be used.
- There was emergency equipment available in one of the consulting rooms. Staff checked it daily to ensure it was fully stocked and ready to be used should there be any need.
- Staff had limited access to medical history information. Patients were not requested to provide it at the point of registration and referral forms did not support obtaining this information. This meant that staff had limited awareness of all risks connected with previous medical issues and patient's general health condition to assess individual risks. This also meant the service did not adhere to their policy related to completion of medical record which stipulated medical history was to be obtained alongside other information.
- Beta blockers are a type of cardiac medication prescribed after a heart attack or to treat abnormal heart rhythms (arrhythmias) and other conditions. They slow down the heartbeat, and in some cases, they might affect a patient's ability to exercise. The clinic's referral forms did not prompt the referring doctor to indicate if it was safe to carry out the test, involving exercise, in cases were patient took beta blockers. The risk connected to use of beta blockers was mentioned in a patient leaflet but this was given to patient only on the day of procedure taking place. The manager told us that patients were advised to bring any medicines with them on the day of the test and the decision whether to carry out the exercise was discussed on the day after consulting both the patient and the referring doctor.
- The service was registered with medical devices alert system (MDA). It is the prime means of communicating

safety information to health and social care organisations and the wider healthcare environment on medical devices. The manager could recall recent alerts and was aware of how to act on any potential alerts.

Staffing

- **There were enough staff to meet the needs of the patients. Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- The clinical personnel were all trained physiologists. One worked in whole time equivalent capacity and acted as the lead physiologist. There were also five part time physiologists who work varied hours. All the part time physiologists were also employed in the NHS.
- The clinic rarely used locum staff. The manager said they were required to use locum staff on one occasion in 2019 to cover unexpected leave. They had a contract with a temporary staff supply agency that was able to respond should there need additional staff to fill unexpected staff absence.
- The clinic shared premises with another provider registered with CQC and had an agreement with them to obtain medical advice in case of emergency and as it was needed. The host provider had a resident doctor present during operational times which correlated with the clinic's opening times.

Records

- **Although records were clear, up-to-date, and easily available to all staff providing care. Staff did not keep detailed records as required by the provider's policy.**
- Records were stored electronically by a picture archiving and communication system and a patient-based system for correspondence and results.
- Consultants that referred to the clinic regularly were provided with individual access to the online electronic system to view their patients' results and images. Additionally, secure electronic copies of the reports were sent to the patients' consultants.
- The quality of the investigation reports reviewed was consistent and of good quality. They were laid out in a consistent and systematic manner. However, the service did not adhere to their policy as they did not obtain all relevant information at the time when appointments were booked. Staff did not have access to patient's medical history, social consideration, and relevant medications. This meant that they were not able to fully assess patients' needs based on contemporaneous documentation.
- The provider carried out quarterly clinical audits, part of which was to review the quality of records. Any issues noted were addressed directly with members of staff who completed the record.

Medicines

- The service did not store or administer any medicines except for emergency medicines. Emergency medicines, such as medicines to administer in case of anaphylactic shock, were in date and easily available to all staff.
- Staff had access to the latest pharmaceutical reference book that contained specific facts and details about medicines available in the UK. Patients were asked to bring all medicines with them in case theses were needed during the diagnostic procedure or if any emergency occurred.

Incidents

- **Staff recognised incidents and knew how to report them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.**
- The service did not report any serious incidents in the 12 months period prior the inspection.
- Staff we spoke with understood the duty of candour requirements. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

Are diagnostic imaging services effective?

We do not rate this domain for diagnostic imaging services.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and was able to provide evidence of its effectiveness.**

Good

Diagnostic imaging

- Clinical staff were aware of their responsibilities and knew when to request for specialist support, such as from cardiologist or a resident doctor. They were knowledgeable and competent.
- The quality of the investigation reports reviewed was consistent between the physiologists and of good quality. They were laid out in a consistent and systematic manner. The reports were derived from the ECG machine and its programme with the addition of comments from the physiologists. This is a standard practice and appeared to be carried out in a consistent manner.
- There was no protocol that would standardise clinical practice to limit potential variation in individual physiologist's approach.

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them. There were limited opportunities for comparing local results with those of other services to learn from them.**
- Diagnostic reports were made available to the referring doctor on the day of the test being undertaken.
- The clinic carried out quarterly echo audits. Approximately 5% of randomly selected results were reviewed by the cardiologist and physiologist. The manager told us that to date they have not picked up any quality deficiencies and the quality of all echo results was satisfactory.
- An audit carried out in July 2018 indicated that all reviewed echo reports were signed off by cardiologists and there were no concerns raised on reporting quality. It was noted that the echo machine was sending duplicate files to the electronic system used to store results. There was no action plan prepared in response to the findings that would stipulate how the issue would be resolved and who was to oversee this task. The audit also identified that the remote cardiac monitoring reports could be delayed by patients failing to return to the clinic in an appropriate time frame. Staff were asked to re-iterate to patients to be prompt on returning the device once recording period had been completed.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised the staff's work performance and provided them with adequate support.**
- The manager of the clinic was responsible for checking qualifications of staff employed by the clinic. They also asked for feedback from the NHS trust individual members of the team were employed by, in addition to working at the clinic, to inform appraisal.
- The clinic was reliant on the employee's NHS service to facilitate staff's continued professional development with an exception of the physiologist who was employed in full time capacity by the clinic.
- All the physiologists employed by the clinic were accredited by the suitable professional body apart from the lead physiologist who was working towards obtaining their accreditation. The lead physiologist had sufficient experience and was competent to perform tasks specified in their job description.
- Physiologists received training that ensured their competencies were up to date. This included echocardiogram accreditation training, stress test accreditation training and training related to remote cardiac monitoring.

Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients. Physiologists, doctors, and other staff employed at the clinic supported each other to provide good care.**
- Staff we spoke with told us they had good working relationships with the cardiologists. This ensured that staff could share necessary information about the patients and provide holistic care.
- We heard positive feedback from staff about the good teamwork across the service.

Seven-day services

- **There was suitable provision of services at all times to ensure care and treatment delivery and supporting achievement of the best outcomes for patients.**
- The clinic operated five days a week, Monday to Thursday and Saturday. Morning and evening appointments were available to meet individual patient's needs. It was not required for there to be seven-day services.

Good

Diagnostic imaging

- Service opening times were coordinated with the host provider's operational times to ensure access to emergency response team and resident medical officer should there be a need. This arrangement was formalised by a service level agreement.

Health promotion

- Due to the nature of the service and limited interactions with patients there were limited opportunities for health promotion.
- There were leaflets available, on request, providing information on how diagnostic procedures are performed but none related to health lifestyle and health promotion.

Consent

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- Staff involved in obtaining patients' consent received online training on consent as well as face to face training, every three years, on mental capacity and mental health awareness.
- Samples of consent forms were provided and were seen to be attached to the investigation reports, they were basic but adequate. However, no professional registration details of the person taking the consent were filled in, only name and date.
- Consent forms, signed by patients, had risks and benefits hand written by the physiologist on them. The manger told us that these were used for all procedures that involved exercise, they were not procedure specific. There were leaflets given to patients that described individual procedures and help with informing patients of any potential risks. Patients received a photocopy of their consent form.
- Patients were given a copy of a leaflet that highlighted risks and benefits of the investigation they were referred for, so they could inform their decision.
- Audit carried out in July 2018 indicated consent forms were completed in line with the testing protocols and copies were provided to patients.

Are diagnostic imaging services caring?

Good

We rated it as **good.**

Compassionate care

- **Staff cared for patients with compassion.** Patients told us staff treated them well and with kindness. Staff welcomed patients into the clinic, the receptionist assisted patients promptly and were "friendly and efficient". Patients said that tests were carried out by a person of the same gender and they felt their privacy and dignity were always maintained. Staff asked them if they were comfortable and patients felt they had sufficient time to ask any questions. Five patients we spoke to described staff as very attentive, polite, and friendly. They confirmed staff acted professionally and communicated effectively.
- The service gathered feedback from patients through questionnaires that asked patients to rate the overall quality of the service, their experience and asked if they would recommend the service. Answers reviewed for January to September 2018 from 490 patients were positives with no poor experience noted. The provider reported that approximately 56% of all patients completed the questionnaire.
- Patients did not share with CQC any negative comments about the service during the 12 months prior the inspection.

Emotional support

- **Staff, when spoken to, understood the impact of patients care, treatment or condition to their wellbeing and those close to them.**
- Due to limited interaction with patients, very often one-only, staff had limited opportunities to provide emotional support.
- Patients said they felt comfortable at the clinic**.** Staff explained to them that if they had any questions in relation to their medical condition and treatment options they would need to discuss it with their referring doctor.

Understanding and involvement of patients and those close to them

Good

Diagnostic imaging

- **Patients and those close to them were treated as active partners in the planning and delivering of their care and treatment. Patients were given appropriate information and encouraged to make decisions about their care and treatment.**
- Patients told us staff explained procedures well and used simple language. They had time to ask questions and did not feel rushed through their appointment. However, patients said staff did not mentioned any risks involved in caring out the diagnostic procedure and spoke more about the process itself.
- Staff told us that patient information forms were given to each patient undergoing either a cardiac echo or a stress ECG. We found leaflets to contain accurate information. One patient told us they have not received any supporting literature, related to the diagnostic procedure, they could refer to before or after their appointment which they felt would have been useful.
- There was no policy on informing patients of the results of tests. The service would refer the patients requesting for information directly to the referring doctor. The service acknowledged that staff were not medically trained and had only limited access to full information such as patient's medical history. Should the findings of the test be urgent and indicated that a rapid response was needed staff would involve a resident doctor, employed by another provider operating on site, to support patient's understanding and suggest cause of action.

Are diagnostic imaging services responsive?

Good

We rated it as **good.**

Service delivery to meet the needs of local people

- **The service planned and delivered care in a way that reflected the needs of the population of patients who accessed the service to ensure continuity of care. Patients' needs and preferences were considered and acted on to ensure services were delivered to meet those needs.**
- There was a receptionist in the main lobby to help patients and visitors find their way around. There was clear signage indicating where the clinic was located within the building. Staff were readily available to help with providing directions if needed.
- The environment was appropriate and patient-centred. There was a comfortable seating area, cold water fountain, and toilet facilities for patients and visitors. Patients could also access hot drinks whist waiting for their diagnostic procedure. There was sufficient number of seating in the waiting area, which was used by both the clinic's and the host provider's patients.
- The clinic occupied three rooms in the building managed by another organisation. It consisted of two clinical rooms, one of which is used for echocardiograms and the other for ECG examinations, including treadmill stress examinations. Patients had access to a large waiting area which was staffed by a receptionist.
- The clinic only accepted referrals from registered medical practitioners, most of its referral base were consultant cardiologists who were known to the medical director of the service. Referrals from GPs for ECGs were accepted but according to the clinic manager were also vetted by the cardiologists on an individual basis.
- The clinic did not carry out any invasive investigations. They carried out: 12-lead ECG, exercise ECG, and echocardiography including Doppler vascular ultrasound studies. They also provided 24-hour or longer ambulatory cardiac monitoring investigations (Holter monitoring) It did not carry out stress echo or respiratory investigations, but the clinic was investigating expanding some of its non-invasive cardiac investigations.
- Patients we spoke to could not comment on clarity of charges and fees as costs of their diagnostic procedures were met by their insurance.

Meeting people's individual needs

- Patients additional needs, which potentially needed service provision adjustment, were indicated on the referral form. We noted that the referral form had no prompts.

Diagnostic imaging

- Patient's information leaflet did not mention the availability of a chaperone. There was an option to allow for chaperone for investigations and information related to it was displayed in both diagnostic rooms.
- The service was accessible to people with mobility difficulties. The manager told us that they were able to accommodate patients living with dementia or people with learning disabilities should there be a need. Waiting times from arrival to appointment was short which helped to manage any potential patient's anxiety connected to the diagnostic procedure. The environment was calm and quiet.
- All staff received dementia awareness training every three years.
- The service did not have a procedure for treating patients with a learning disability, dementia or bariatric patients. Staff told us these patients were not routinely seen at the service.
- The manager told us that they would normally rely on a relative or a carer should there be a need to communicate verbally with a person who did not understand English. They had access to translation services if necessary.

Access and flow

- The service handled all enquiries to the service by phone, email or in person. They offered patients a choice of booking times to suit their availability. If there was no capacity for the preferred date, alternative dates were offered. If the service was still not able to accommodate the patients' preferences, they would offer details of other centres. One patient told us that booking an appointment through the call centre was difficult as staff could not find a suitable form. Another patient said their booking appointment experience was smooth as this was done by their GP.
- The service did not accept patients' self-referrals. They only accepted patients that were referred by consultants or known to them GPs. The manager told us that between 90% to 95% of all referrals came from consultants that cooperated with another provider service who had developed close links with and the remaining patients from recognisable GPs.
- The lead physiologist prioritised referrals based on their clinical urgency and referring clinician's advice. The clinic did not operate at capacity, ensuring that appointments were available for emergent cases.
- From January 2018 to November 2018, the service reported no delayed examinations and 10 cancelled examinations which were all due to machine breakdown.
- The physiologists provided technical reports for exercise ECGs and echocardiography. These were then sent on the same day to the consultant cardiologists for countersigning or reading via the electronic system which sent images alongside the report.
- The technical investigation reports were forwarded to the cardiology referrers for final interpretation. We noted that the name of the physiologist carrying out the ECG examination was not routinely indicated on the report nor was the referrer. Although this did not cause any confusion it is a good practice to indicate both names on the report.
- The clinic was able to accommodate urgent referrals and had vacant slots available each day. The clinic ran with spare capacity of approximately 40%. This allowed for a quick response to routine and emergency requests.
- The clinic could offer appointments on the next working day and the manager told us that they experienced no delays on the day of appointment with maximum waiting time from arrival at the clinic of 15 minutes. They were able to offer specific appointment times to suit individual needs and planned for up to 40 minutes per diagnostic procedure depending on the preference of the physiologist.
- Although the service did not collect information related to patients that did not attend (DNA) their appointment, the manager told us that this was less than 2% of patients. They would usually follow up with a phone call to investigate the reason and offer an alternative appointment.
- The clinic rarely cancelled patients' appointments. Previous cancellations occurred when there was a fault with the treadmill used for diagnostic tests. Patients were offered an option of rescheduling or visiting another provider that offered similar tests.

Learning from complaints and concerns

- **There were processes in place to ensure complaints were dealt with effectively**.
- From January 2018 to November 2018, there were three formal complaints made for the service. Of these, none were upheld following investigation. The most recent complaint related to poor communication from a

member of the team. The manager spoke with the patient and wrote to them to apologise and summarise the conversation they had. They also addressed the issue with the member of staff.

- The service provided patients with a complaints leaflet before the start of each test. They encouraged patients or their family to raise concerns to any staff member. Staff and managers aimed to deal with complaints face-to-face and at the time of occurrence. However, they would call or arrange a meeting if necessary to ensure the patient felt their concerns were heard and dealt with appropriately. If patient was unhappy with the response provided by the service, they would need to address it with the provider's directors.
- The registered manager was the a named individual responsible for overseeing the management of complaints at the location. There was no independent reviewing process or any other adjudication service available to patients. The service's response was the final response provided to the person complaining.

Are diagnostic imaging services well-led?

Requires improvement

We rated it as **requires improvement.**

Leadership

- **Managers had the right skills and abilities to run a service providing high-quality sustainable care.**
- The service had a medical director who was acting as the nominated individual for the service and made decisions related to clinical practice, referrals vetting, and who to grant practising privileges to. There was also a clinic manager and operations manager who oversaw the day to day operation of the service. They were supported by clerical staff.
- The local leadership team were experienced and demonstrated a good understanding of the service. Staff spoke positively about the service and senior leadership teams. We heard that medical director was visible and supportive as well as approachable.
- Staff did not share with us any negative comments about their management teams.

Vision and strategy

- **The clinic had a vision for what it wanted to achieve. However, the service did not have a formalised strategy which would describe plans for future.**
- The clinic's mission was "to provide cardiac tests to individuals and companies at a competitive price with the primary aim of delivering excellent patient experience and care using highly trained cardiac physiologists, consultants and administration staff with the aim of becoming the premier cardiology clinic in London". The clinic aimed to be "patient focused every step of the way, take the time to listen, understand and guide". The manager told us they aimed to provide high-quality, fast, and excellent cardiology care to patients and fast turnaround times for consultants.
- The service had a statement of purpose which outlined to patients the standards of care and support services it would provide.

Culture

- **Staff reported a positive culture that supported and valued all staff, creating a sense of common purpose based on shared values.**
- Staff we spoke with enjoyed working at the clinic and felt well-supported in their roles. They described the culture of the centre as open and transparent where staff supported each other.
- None of the staff had mentioned any concerns about patients' safety. Staff we spoke with had good knowledge of how to act should they had any concerns in relation to a patient's safety or the management of the service.

Governance

- **The clinic did not use a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.**
- The manager, in addition to formal monthly meetings with the medical director of the clinic, met them twice a week at the clinic. This gave them opportunity to discuss any issues related to day-to-day management of the clinic.

Good

Diagnostic imaging

- Referrers that contracted with the service were vetted by the medical director. There was no committee or formal structure for dealing with clinical governance issues.
- The system of clinical governance was very informal and reliant on the medical director. There was a complaints and patient feedback procedure which was dealt with by the manager. We were told the overwhelming majority of satisfaction surveys were filled out with satisfactory responses and the service received three complaints in 2018/ 2019 which were not upheld. There was no independent manner of dealing with complaints.
- There were no standard operating procedures visible in the rooms or provided at the time of the inspection.
- The service had not undertaken infection control or hand hygiene audits.
- Physiologist were required to have individual professional liability insurance and the manager held copies of it. We saw that the provider also had the liability insurance and copies of the insurance certificate for the provider which were displayed in consultation rooms.

Managing risks, issues, and performance

- **The clinic did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- The approach to risk management seemed informal and on a case-by-case basis. The investigations carried out at the clinic were relatively low risk and no serious incidents have occurred.
- Issues in the service were addressed informally. For example, there were no formal meetings that would routinely discuss patients' complaints and no forum to share examples of good practice or training to ensure that staff have an approach with patients in accordance with provider's expected practice.
- The service had a local service agreement with the host provider that specified areas of cooperation, such as room rental, cleaning services, equipment maintenance or access to the emergency response team amongst other subjects. Managers reported a good relationship between the clinic and the other provider and said they could address any issues with them promptly. However, they did not have any routine formal meetings where these issues were addressed.
- The team of physiologists relied on informal communication and they had no opportunity to meet all together to discuss the service running and any potential improvements or issues.
- The clinic did not identify or routinely monitor key performance indicators such as cancellation rates, waiting times or did not attend rates. This meant that they had no access to data that could inform service improvements and identify business development opportunities.
- There was no effective system for risk management. The service did not formally identify risks to service delivery and they had no risk register. The clinic's risk management protocol specified that "the risk management team" was to meet at minimum quarterly but it did not specify how risk are to be identified and managed. The manger told us the service dependency on a single provider they cooperated with was a risk to the sustainability of the service.
- The service had protocols, devised by the host provider, to ensure business continuity. It clearly described events that could affect business provision and actions staff should take in the event of occurrence. It was revised in March 2019 to ensure it was up-to-date.

Managing information

- **The clinic collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.**
- All information management systems used by the service were industry recognised systems. The manager assured us that these were regularly updated and backed up to ensure information was available in the event of local equipment or network failure.
- All staff received annual online information governance training.
- The service had a policy to ensure that patients and staff information held was appropriate and safely retained, accessed on a need to know basis, and destroyed securely in accordance with the Caldicott Principles and Data Protection Act. It was updated in March 2017. Although the policy and clinic's practice in principle adhered to standard practice it was not reviewed for compliance with the EU General Data Protection Regulation (GDPR) which came into effect in the UK in May 2018.

Engagement

Good

Diagnostic imaging

- **The clinic engaged with patients and staff to manage appropriate services.**
- The clinic encouraged patients to provide feedback on how they would like the service to improve via completing a survey. We were told patients provided satisfactory responses. The manager could not recall any constructive comments which directly influenced how the service operated or triggered improvement.
- There were limited opportunities for engagement with patients as they were referred to the clinic mostly for one diagnostic procedure and then discharged back to the referring doctor. This limited possible long-term interactions.
- There were no staff meetings involving all the staff working at the clinic. Interactions with part time working staff were mostly informal and the team met only once a year for an informal festive celebration.

Learning, continuous improvement and innovation

- **The clinic was not always committed to improving services by learning from when things went well and when they went wrong, promoting training and innovation.**
- There were no formal forums to share good practice amongst all staff and discuss clinical practice developments and potential areas of innovation or improvements.
- Continuous improvement was not proactively encouraged by service leaders. Staff could give limited examples of any innovative practice.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure patients records are detailed and in line with the provider's policy.
- The provider should develop a systematic approach to quality improvement and safeguarding high standards of care.
- The provider should identify and routinely monitor performance indicators.
- The provider should have an effective system for identifying risks, planning to eliminate or reduce them,and coping with both the expected and unexpected.
- The provider should develop a formal process for learning from incidents and complaints and sharing good practice amongst all staff.
- The provider should develop a formal forum for sharing clinical practice developments and potential areas of innovation or improvements.
- The provider should standardise clinical practice to limit potential variation in individual physiologist's approach.