

IPDiagnostics Ltd

Inspection report

559a
Kings Road
London
SW6 2EB
Tel: 02076030595
www.ipdiagnostics.co.uk

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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 to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

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 IPDiagnostics Ltd on 25 August 2022 as part of our inspection programme.

Independent Physiological Diagnostics (IPD) Limited is a private, physiologist led domiciliary service, specialising in sleep and neurophysiological diagnostic testing. There are no physical premises for patients to attend. The service offered home visits by using portable diagnostic equipment.

The senior physiologist is the 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.

For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We spoke to one patient during this inspection and received positive feedback.

Our key findings were:

- The provider offered a physiologist led domiciliary service, specialising in sleep and neurological diagnostic testing.
- There were detailed records kept of all patients who attended this service and the diagnostic procedures they received.
- Consultations were comprehensive and undertaken in a professional manner.
- Consent procedures were in place and these were in line with legal requirements.
- The service proactively gathered feedback from the patients.
- Information about services and how to complain was available.
- The physiologists were proactive in considering ways to improve and drive research in this specialist area.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Recruitment checks were not always carried out in accordance with regulations.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Overall summary

(Please see the specific details on action required at the end of this report).

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

- Implement a system to assure that an adult accompanying a child had parental authority.
- Implement a system to formally document internal performance monitoring or peer reviews.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

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

Background to IPDiagnostics Ltd

IPDiagnostics Ltd is an independent clinic in central London.

Services are provided from: 559a Kings Road, London SW6 2EB. We visited this location as part of the inspection on 25 August 2022.

Independent Physiological Diagnostics (IPD) Limited is a private, physiologist led domiciliary service, specialising in sleep and neurological diagnostic testing.

The service was open to children and adults.

Online services can be accessed from the practice website: www.ipdiagnostics.co.uk.

The service offers home visits seven days a week at flexible times until late evening.

The team consists of two directors (also a clinical physiologist and a clinical neurophysiologist), four ad-hoc physiologists and a business development manager.

The service is registered with the Care Quality Commission to provide the regulated activity of diagnostics and screening procedures.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with both directors. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We spoke to a patient and reviewed patient feedback collected by the service.

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

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

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

Are services safe?

We rated safe as Requires improvement because:

- Recruitment checks were not always carried out in accordance with regulations.
- The service did not have systems in place to assure that an adult accompanying a child had parental authority.

Subheadings:

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse. However, some improvements were required.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance.
- The service offered services to children and adults. The service had systems to safeguard children and vulnerable adults from abuse.
- On the day of the inspection, the service did not have systems in place to assure that an adult accompanying a child had parental authority. However, the service informed us after the inspection that they had developed a parental responsibility policy and updated the consent form with information related to parental responsibility.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We noted that appropriate recruitment checks had not always been undertaken prior to employment. For example, the two staff files we reviewed showed that references (satisfactory evidence of conduct in previous employment) and appropriate health checks (satisfactory information about any physical or mental health conditions) had not been undertaken prior to employment and interview notes were not always kept in staff files. Contracts were not signed. The confidentiality agreement was not signed by both members of staff. Evidence of the right to work was not kept in staff files for one staff member.
- Staff vaccination was maintained in line with current the UK Health Security Agency (UKHSA) guidance.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- The service 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 staff tailored to their role.
- Staff 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.

Are services safe?

- The service only offered home visits. Due to the nature of domiciliary service, they had decided that they were not required to carry medicines and equipment to deal with medical emergencies and would dial 999 if required. The service had maintained a risk register to monitor this risk.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- 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 only offered diagnostic and screening services to children and adults.

- The service offered a specialist diagnostic and screening service for patients with sleep disorders. The service did not prescribe or handle medicines.

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.
- A fire risk assessment was carried out on 19 October 2021.
- The fixed electrical installation checks of the premises had been carried out on 17 September 2019.
- The gas safety check was carried out on 4 November 2021.
- Staff had received fire safety training.
- The fire extinguishers were serviced annually.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on incidents. Staff understood their duty to raise concerns and report incidents and near misses. There had been no significant events.
- There were adequate systems for reviewing and investigating when things went wrong.
- The service acted on and learned from external safety events. The service had an effective mechanism in place to receive and act on safety alerts related to diagnostic equipment.

Are services effective?

We rated effective as Good because:

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).

- The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE), the British Sleep Society (BSS), the British Society for Clinical Neurophysiology (BSCN) and the Association of Neurophysiological Scientists (ANS).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider offered a private, physiologist led domiciliary service, specialising in sleep and neurological diagnostic testing. The service used a comprehensive assessment process and relevant questionnaires were completed before and during the home visit. Sleep studies were performed at the patient's home or the hospital by well trained specialised physiologists. Sleep study kits were used to collect data. The data was reviewed by the physiologists to enable the diagnosis of a wide range of sleep disorders. The report was sent back to the consultant who had referred the patient or shared with an external consultant to review if the referring consultant was not an expert in sleep disorders.
- Most of the patients (98%) were referred by the consultants and some patients (2%) submitted a self-referral via the provider's website.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the review of case studies and feedback they received from the consultants and patients.
- The service carried out a service provision overview audit.
- The service carried out a satisfaction survey report audit.
- The service was planning to carry out additional audits in the future to review and learn better when the consultant disagreed with the findings.

Effective staffing

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

- All staff were appropriately qualified. The service had a comprehensive induction programme for all newly appointed staff. They were required to do three observed sessions and complete a competency based questionnaire before they were allowed to carry out home visits independently.
- Both directors (also physiologists) were registered with the Registration Council for Clinical Physiologists (RCCP). They received regular appraisals from the RCCP.

Coordinating patient care and information sharing

Are services effective?

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.
- Before starting diagnostic procedures, physiologists at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- 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.
- The service had risk assessed the services they offered. They had maintained a risk register. Where patients requested to share their information, we saw evidence of letters sent to their registered GP or it was the responsibility of a referring consultant to share relevant information with the NHS GP if required.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service had tips available on its website regarding how to promote a good night's sleep.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We spoke to one patient over the telephone during this inspection.
- The service carried out an internal survey and sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- The service gave patients clear information to help them make informed choices including information on the clinic's website. The information included details of the scope of services offered and information on fees.
- We saw that diagnostic procedures were personalised and patient specific which indicated patients were involved in decisions about care and treatment.
- Feedback suggested that patients felt diagnosis were explained clearly to them.
- The service had comprehensive patient information leaflets available explaining the diagnostic procedures and what to expect.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Good because:

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.

- Patient's individual needs and preferences were central to the planning and delivery of tailored services.
- The service was renting an office room in shared premises which was for staff use only. The service only offered home visits.
- The service offered diagnostic procedures to anyone who requested and paid the appropriate fee, and did not discriminate against anyone.
- The service website was well designed, clear and simple to use featuring regularly updated information.
- The service offered services to children and adults.
- There was a patients' leaflet which included arrangements for dealing with complaints, information regarding access to the service, consultation and treatment fees, terms and conditions, and cancellation policy.

Timely access to the service

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

- Patients had timely access to initial assessment and diagnostic procedures.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service had a complaint policy and procedures in place. The service had received one complaint in the last 18 months. The service learned a lesson from a complaint and acted as a result to improve the service. For example, the service had implemented a change that a pre-visit call must be made minimum of 24 hours before the home visit.

Are services well-led?

We rated well-led as Good because:

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 service had a clear vision and credible 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 realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. Both directors received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Newly recruited physiologists were considered valued members of the team. They were given protected 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. Staff had received equality and diversity training.

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 clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies and procedures.

Are services well-led?

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, some improvements were required.

- There were processes to ensure risks to patients were assessed and well managed in most areas, with the exception of those relating to recruitment checks.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. 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.
- The service had some processes to manage current and future performance. However, the service had not formally documented internal performance monitoring or peer reviews. Leaders had oversight of safety alerts, incidents, and complaints.
- There was clear evidence of action to change services to improve quality.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners. The most recent patient surveys were positive about the care and service. The patients who took part in the survey praised the clinicians and their work for the positive impact it had had on their lives.
- There were systems to support improvement and innovation work. For example, the service had recently developed a protocol for the Multiple Sleep Latency Test (MSLT). However, they did not get an opportunity to practically use it at the time of the inspection. In this test, it was planned to provide a patient with four to five opportunities to sleep every two hours during normal wake times. The physiologist used the test to measure the extent of daytime sleepiness (how fast the patient falls asleep in each nap, also called sleep latency), and measured various trends.
- The directors attended the World Sleep Society Conference in Rome in March 2022 and a scientific conference at the British Society for Clinical Neurophysiology in July 2022.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.</p> <p>In particular, we found:</p> <ul style="list-style-type: none">Recruitment checks were not always carried out in accordance with regulations or records were not always kept in staff files. <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>