

CuRx Operational Base

Inspection report

The Mezzanine, Junction 21 Business Park
Gorse Street, Chadderton
Oldham
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall. (Previous inspection 08 2019 – Requires improvement overall including the safe and well-led domains)

The key questions are now 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 CuRx Operational Base to follow up on breaches of regulations.

CQC inspected the service on 29 August 2019 and we identified regulations that were not being met and the provider was told they must:

- Ensure patients are protected from abuse and improper treatment
- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

There were also areas identified during the last inspection where the provider was recommended to make the following improvements:

- Review the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK).
- Review the storage of cleaning materials and cleaning equipment.
- Review the audit arrangements for all sonographers including locums, to ensure an accurate sample of complex and uncomplex scan results are monitored regularly.
- An overall training matrix should be introduced to monitor staff training.
- Review the ways in which significant events are reviewed, investigated and reported.
- Review the information available to inform them that interpretation services are available for patients who did not have English as a first language.

We checked these areas as part of this comprehensive inspection and found improvements had been made to meet regulations.

During this inspection on the 10 June 2021 our key findings were:

- There was an open and transparent approach to safety and system in place to report and record incidents.

Overall summary

- There were established governance and monitoring systems which were effectively applied and were fully understood by staff.
- There were systems and processes in place to safeguard patients from abuse and staff were able to access relevant training to keep patients safe.
- There was an infection prevention and control policy and procedures in place to reduce the risk and spread of infection.
- Effective recruitment procedures were in place and policies and procedures updated.
- Staff had access to training and system to monitor required training had been introduced.
- Clinicians assessed patients according to appropriate guidance and standards such as those issued by the Society and College of Radiographers and British Medical Ultrasound Society.
- Staff described how they respected patients' privacy and dignity.
- Information about services and how to complain was available.
- All members of staff maintained the necessary skills and competence to support patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes and clinical audit.

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

- Review the staff required to complete safeguarding children training.
- Revisit with all staff how and when to access the interpretation service.
- Review how verbal references are documented in staff files.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector, support by a second CQC inspector. The team had access to advice from a specialist advisor.

Background to CuRx Operational Base

The service is run by a private organisation named CuRx Health Ltd. The provider registered with CQC in 2017 to provide the regulated activities of treatment of disease disorder or injury, diagnostic and screening procedures, surgical procedures and family planning. At registration

these regulated activities were applied for and set up to support the provider when making bids for local NHS contracts which covered these activities.

At the time of inspection, the only regulated activity being carried out was diagnostic and screening. The provider delivered a number of remote ultrasound scanning service commissioned by local Clinical Commissioning Group (CCG).

The only registered location for the provider is the

CuRx Operational Base

The Mezzanine, Junction 21 Business Park,

Gorse Street,

Chadderton,

Oldham,

Lancashire,

OL9 9QH.

The service also operates from several satellite locations, including GP surgeries and health centres in Bolton, Bury, Huddersfield, Manchester, Oldham, Rochdale, Salford, Staffordshire, Stockport, Tameside and Glossop, Walsall and Wigan. The opening times vary for each location.

Service level agreements are in place to support these arrangements. The ultrasound scans available include abdominal, hepato-biliary, liver, gallbladder, pancreas, spleen, pelvic – uterus, ovary and transvaginal scans.

In July 2020 the organisation started to offer a baby scan service known as VR Baby, this service is covered by the existing regulated activities and is located within the operational base.

Dr Muhammad A Ehsan, the managing director is the registered manager. A registered manager is a person who is registered with the CQC 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.

We carried out this announced comprehensive inspection to follow up on breaches of regulations.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider before the inspection.
- Shorter site visits

- Remote interviews with staff via telephone or video call
- Reviewing a sample of audits.
- Asking the provider to share details with people using the service to give feedback on care via the CQC website.

During the inspection we visited the operational base, and two satellite locations.

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 Good because:

The key question of safe was rated requires improvement following the inspection on the 29 August 2019. Recruitment information to show that fit and proper people were employed at the service required improvement. The service did not have suitable equipment to deal with medical emergencies and a risk assessment was not in place. There was no formal system for recording and acting on significant events. Staff were trained in safeguarding matters however, clinical staff had not completed training at an appropriate level.

At this inspection we saw that these issues have been addressed and were being monitored by the provider. The key question is now rated good.

Areas where the service provider should improve (not a breach of regulation):

- Only sonographers had completed safeguarding children training. All staff who may have contact with children should complete safeguarding children training.

Safety systems and processes

The service had clear systems 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. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- 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.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. However, references were not always documented. The registered manager told us that verbal references were taken before employment commenced but these were not always documented.
- 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).
- Not all staff received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. All staff had completed adult safeguarding training to the appropriate level, however only sonographers had completed safeguarding children training. Although the service was only available to those over 18 years of age, children did, on occasions attend with parents. Therefore, the service should review which staff in addition to sonographers should complete children's safeguarding training.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control, this included regular audits and additional measures were put in place in line with government guidance following the COVID 19 pandemic.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems in place to decontaminate internal scanning equipment before and after use.
- 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

Are services safe?

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 new or agency 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.
- The service used facilities managed by other services in addition to their base. The service conducted annual risk assessments for each building they used. Staff knew where suitable equipment to deal with medical emergencies were stored in the buildings they used. Staff knew fire evacuation procedures for the buildings they used.
- 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 records we saw showed that information collected identified patients that may be vulnerable or may need additional support.
- 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.

Track record on safety and incidents

The service had a good safety record.

- There were 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 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 lessons identified themes and took action to improve safety in the service.
- 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.
- The service acted on and learned from external safety events as well as patient and equipment safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

We found that this service was providing effective care in accordance with the relevant regulations.

Areas where the service provider should improve (not a breach of regulation):

- The provider should ensure all staff know how to access the telephone interpreter service.

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)

- Clinicians assessed patients according to appropriate guidance and standards such as those issued by the Society and College of Radiographers and British Medical Ultrasound Society.
- 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.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. The service carried out a range of clinical and non-clinical audits, which had a positive impact on quality of care and outcomes for patients, for example:
 - An audit of referral, image quality and report of patient ultrasound scans was carried out monthly with 5% of cases reviewed, using the Royal college of Radiologist (RCR) checklist. Audits were reviewed monthly within the clinical governance meetings and followed up with individual sonographers where required.
 - A retrospective audit of all rebooked patients from 1st Oct 2021 to 31st Oct 2021 was completed and showed a number of patients were asked to rebook as they either attended without fasting or without a full bladder as required. As a result, catch up sessions were added to clinics, to allow for patients not attending with a full bladder for example, to wait, fill the bladder and have the scan on the same day. These actions resulted in a lower number of people having to rebook.
 - An audit of patients who do not attend (DNA) appointments was carried out, and as a result additional steps have been added to the booking procedure, including calling patients to review booking, to enquire if they needed additional support and arrange the scan at a venue and time most convenient to the patient. All patients would also be sent a text message reminder 24 hours prior to appointment. Data showed a reduction in the rate of DNA, with less than 3% on average in April 2021, compared to 4.6% on average in November 2020.
- There was clear evidence of action to resolve concerns and improve quality.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

Are services effective?

- Sonographers employed signed up to The Register of Clinical Technologists. (This is a voluntary register).
- The provider understood 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. Staff were encouraged and given opportunities to develop.
- Staff had access to annual appraisal's, and we noted a programme of appraisal's was now in place for all staff.

Coordinating patient care and information sharing

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

- The provider had a secure IT system to coordinate patient care and to share information. Systems were in place for communications with the patients GP referrer. Following referrals, the booking team would promptly confirm appointments or contact patients to arrange appointments at a time and place most convenient for the patient, within six weeks of the referral, generally within two weeks.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate, for example general practitioners and hospital consultants.
- Before providing treatment, sonographers at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Prior to confirming bookings, if there were any gaps in patient information staff would go back to the referer for additional information and/or contact the patient.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, the booking team would arrange appointments at times where carers could attend.
- 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.

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. Many staff were bilingual and were able to speak with patients to gain consent or via family or friends (with consent) who were able to interpret for patients, however not all staff were aware of how to access an independent interpreter, where required. Following the inspection, the provider told us they would ensure all staff had the details of how to access the interpretation service, should this be required during an appointment.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision and a written consent process was in place for procedures which involved internal examinations.
- The service monitored the process for seeking consent appropriately as part of the monthly clinical audits.

Are services caring?

We rated caring as Good because:

We found that this service was providing effective care in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received and feedback was consistently positive.
- 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 and the booking team would ask patients prior to appointments if they needed an interpreter. Patients were also told about multi-lingual staff who might be able to support them, however not all staff were aware of how to access the telephone interpreter service, should this be required during and appointment.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, and longer appointments were provided, where required to ensure enough time was given to help people understand procedures.

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:

We found that this service was providing effective care in accordance with the relevant regulations.

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 improved services in response to those needs. For example, the service took account of patient's preferences in terms of choice of locations for having the scans and offered weekend appointments.
- Patients had good access to appointments and timescales were monitored and discussed widely. For example, the service was required to offer appointment within six weeks of referral, however internally the provider aimed to offer appointments within two weeks of referral and data showed approximately 95% of patients were seen within 10 days.
- 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.

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 scans and results were shared with refers in a timely manner, for example, reports of investigations were sent to refers within five days in 96% of cases.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- All patients were provided with written and text reminders of appointment and given instructions, should they need, for example to have a full bladder or fast prior to investigation.
- Patients with the most urgent needs had their care and treatment prioritised.

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, however, did not inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint, for example the ombudsman. This was highlighted to the provider, who told us they would ensure future responses would include these details.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

The key question of well-led was rated requires improvement following the inspection 29 August 2019. The service had taken action to address the areas where breaches of regulation had been identified and is now rated good, for example:

- They had established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Manual handling risk assessments were carried out and staff completed manual handling training where required.
- A new policy and procedure was in place, which now ensured all patient data is stored securely and information required from the sonograph machines was downloaded from the main site only onto a secure system, this replaced the need for sonographer to use portable flash drive when out in the field.

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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff 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 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, where required received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Staff were given protected time for professional development and evaluation of their clinical work and attended monthly clinical governance meetings.
- There was an emphasis on the safety and well-being of all staff.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.
- There were 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 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, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff had access to policies and procedures via a password protected internet site, however not all staff were able to tell us how to access this and told us they would contact the office, should they need to access any policies.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, reports and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.

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.
- The service had an internal quality improvement programme, where a comprehensive understanding of the performance and quality was maintained. This work was led by the quality assurance manager and lead sonographer and included:
 - Monitoring of key performance indicators set by commissioning Clinical Commissioning Groups.
 - Monitoring capacity and demand, with future planning in place to meet demand and respond to backlogs in the system, for example, establishing clinics on a Sunday.
 - A programme of audits was in place including clinical and non-clinical audits.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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.

Are services well-led?

- 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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made 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.