

InHealth Limited

InHealth Vascular Ultrasound - University College London Hospital

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We had not previously rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it and staff worked to reduce waiting times.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- The service did not have a documented audit program to monitor the effectiveness of care and treatment.
- Printed scan protocols stored in a file were out of date for review.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	Please refer to the summary at the beginning of the report.

Summary of findings

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Summary of this inspection

Background to InHealth Vascular Ultrasound - University College London Hospital

InHealth Vascular Ultrasound - University College London Hospital is managed by InHealth Limited.

The service is located on the lower ground floor of an NHS acute hospital and provides vascular ultrasound imaging services.

The unit consists of a staff office and a vascular scan room. The service shares facilities including the reception and waiting areas with the hospital's imaging department.

The service is registered with the CQC to undertake the regulated activity of diagnostic and screening procedures.

At the time of the inspection there was a registered manager and nominated individual in post.

How we carried out this inspection

We carried out a comprehensive inspection of the service on 6 April 2022. The inspection team comprised of two CQC inspectors and a CQC specialist professional advisor. We had an additional staff interview on 19 April 2022.

We spoke with three members of staff including the registered manager and two vascular scientists. We spoke with patients who were using the service at the time of our inspection. We reviewed a range of policies, four patient records and observed patient care.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take to improve:

- The service must implement clinical audits to monitor patient outcomes and reporting times.

Action the service **SHOULD** take to improve:

- The service should ensure that all printed guidelines and protocols are updated.

Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Diagnostic imaging safe?

Good 

We had not previously rated safe for this service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff.

Mandatory training included courses covering basic life support, data security awareness, fire safety & evacuation, infection control, Mental Capacity Act/DOLS, manual handling, safeguarding, health and safety and equality and diversity. Most staff had completed their mandatory training with outstanding training booked to be completed in April and May 2022.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. The safeguarding lead had completed level four safeguarding children and vulnerable adults training. All clinical staff had completed level two safeguarding children and vulnerable adults training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. This included the acute hospital's safeguarding team and local authorities.

Diagnostic imaging

The service had two up-to-date safeguarding policies, one for children and one for adults. Each policy included details of how to escalate concerns. All staff we spoke to knew how to access the safeguarding policies. They were aware of who the safeguarding lead was.

There were no safeguarding incidents in the previous 12 months.

Cleanliness, infection control and hygiene

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

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained.

Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing and using hand sanitisers when entering and exiting the unit and wearing personal protective equipment (PPE) when caring for patients.

Staff had easy access to PPE such as masks, gowns and gloves. There was sufficient access to antibacterial hand gels, as well as handwashing and drying facilities.

Staff cleaned equipment after patient contact. They used disposable paper towel to cover the examination couch when in use. They cleaned the couch and changed the towel in-between patients.

Disposable curtains were labelled with the date they were last changed. This date was within the last six months, in line with the provider's guidelines.

The service completed hand hygiene audits. Results from February 2022 and April 2022 showed all staff observed had complied with infection prevention and control guidelines.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The service had suitable facilities to meet the needs of patients' and their families. The vascular ultrasound service was located on the lower ground floor. Visitors could access the service by a lift or stairs. The scan room had sufficient space to accommodate a bed for patients transferred from the ward for their scan.

The service had enough suitable equipment to help them to safely care for patients. Equipment included two ultrasound machines and one running machine for stress testing. Each piece of equipment was labelled with the date of safety testing and was in date. Staff had received training to use equipment as part of their induction.

Resuscitation equipment was on a purpose-built trolley and was visibly clean. Staff informed us this was maintained by trust staff.

Staff disposed of clinical waste safely. The service had a waste management policy, and waste was segregated with separate bins for general waste and clinical waste.

Diagnostic imaging

Assessing and responding to patient risk

The service cared for NHS patients who had been pre-assessed as part of their admission by acute hospital staff.

The unit was co-located with an NHS acute hospital and staff followed both the provider and trust guidelines for escalating patients at risk of deterioration.

Staff had access to the acute hospital's resuscitation equipment and informed us they would call for assistance from the hospital's resuscitation team in the event of a patient deterioration. All staff had completed basic life support training to care for patients in an emergency.

The service had adopted the British Medical Ultrasound Society "Paused and Checked" approach to carrying out imaging procedures. Staff carried out a check of the patient's identity, discussed and confirmed the area to be scanned, and obtained the patient's consent prior to undertaking scans.

Staff shared key information to keep patients safe when handing over their care to others. This included details of the scan conducted and clinical indication for the scan.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and gave locum staff a full induction.

The service had enough vascular scientists to keep patients safe. The service had a full time lead vascular scientist, one part time vascular scientist and one full time vascular scientist. There were two vascular scientists on shift during our inspection in line with the planned numbers.

The manager could adjust staffing levels daily according to the needs of patients. Rotas were planned in advance and any gaps could be filled at short notice if staff became unavailable.

The service had low sickness rates and there was one vacancy for a part time vascular scientist at the time of inspection. The service had recruited a part-time vascular scientist to start in June 2022.

Managers limited their use of locum staff and requested staff familiar with the service. The service only used locum staff from within InHealth and requested them in advance where possible.

Managers made sure all locum staff had a full induction and understood the service. A local induction checklist was in place for all staff.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. Patient records reviewed were detailed and up-to-date. Electronic records were accessible through a password to authorised staff.

The service used two electronic systems. The provider's electronic record system and the NHS trust system.

Diagnostic imaging

All patients' details, scans and reports were saved on the trust's secure patient electronic record system. The trust's referring clinicians could access the patients' records once updated.

Medicines

The service did not store or administer medicines to patients.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the provider's policy. Staff had reported 17 incidents between April 2021 and March 2022. All incidents reported were rated as minor or insignificant.

Managers investigated incidents and shared learning about incidents with their staff. Records showed that actions had been taken, learning had been identified, and the outcomes had been shared with staff.

Staff received feedback from the investigation of incidents. They met to discuss the feedback and look at improvements to patient care. For example, senior staff had implemented a new system of booking patient appointments to reduce waiting times. This was following an incident where the service was unable to conduct a scan before a patient's outpatient appointment in line with the consultant's request.

Staff understood the duty of candour. They told us it involved being open and transparent and giving patients and their families a full explanation if and when things went wrong.

There was no incident requiring a duty of candour notification in the last 12 months.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not rate effective in diagnostic imaging services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Clinical guidelines and policies were available on the provider's intranet. All the provider's policies we reviewed were compliant with current guidance and best practice and were in date. However, scan protocols kept in a folder were out of date. Following our inspection, the provider sent us updated protocols which were stored on the electronic system.

Hand hygiene audits were the only audits the provider undertook. There was no documented audit program.

Diagnostic imaging

Nutrition and hydration

Patients were informed about fasting periods for relevant procedures prior to their scans in their appointment letter.

Pain relief

The service did not store or administer pain relief to patients.

Patient outcomes

The service did not have a formal process to monitor the effectiveness of care and treatment.

The service did not conduct audits to monitor the effectiveness of care and treatment. Senior staff informed us the lead vascular scientist conducted peer reviews of staff and reviewed scan reports, however, this was not formally documented. As a result, we were unable to assess how the provider monitored the effectiveness of care and treatment.

The provider stated that a documented audit process would be implemented in the next three to six months, however, no evidence was provided to support this.

Staff informed us all scan reports were completed on the same day of the scan with urgent reports completed immediately after the scan. Patient notes reviewed showed staff completed scan reports on the same day of scan.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Vascular scientists had completed specialist training or had accreditation with a relevant professional body. All staff were registered with the Health and Care Professions Council (HCPC) or The Society for Vascular Technology of Great Britain and Ireland (SVT). Staff had completed competency training as part of their induction to the role.

Managers gave all new staff a full induction tailored to their role before they started work. Staff informed us they completed a corporate induction with the provider, as well as the NHS trust where the service was located. Staff had received training to use the trust electronic systems as part of their induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had regular supervision with their manager as part of their role which included discussions on personal development and learning. Staff we spoke with confirmed that this was a positive process and helped them to develop their skills.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings (MDT) with the trust to discuss patients and improve their care. The lead vascular scientist attended the trust's MDT meetings and provided feedback to clinical staff.

Staff worked across health care disciplines and with other agencies when required to care for patients. We saw information was appropriately shared with consultants, and NHS teams.

Diagnostic imaging

Seven-day services

The centre opened Monday to Friday from 9am to 5pm.

Health promotion

Patients had access to relevant information from the NHS trust, promoting healthy lifestyles and support.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff said this was a rare occurrence and they explained how they would carry out a capacity assessment if required.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff provided information about the scan they were about to conduct and obtained consent before carrying out the scan. Staff recorded consent in all patient records reviewed.

All clinical staff received and kept up to date with training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access the policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Diagnostic imaging caring?

Good 

We had not previously rated caring for this service. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff conducted scans in a dedicated scan room which provided privacy to patients. There was a changing area in the scanning room with a screen to maintain patient dignity. Staff were discreet when discussing patient care and stored patient records securely.

Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were engaging, friendly and professional. Patients said staff treated them well and with kindness. They were happy with their care and told us they had an “amazing experience”. They said staff were “very nice”. All patients we spoke with said they would recommend the service.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff told us they respected the patient's preference for a scan by staff of the same gender. Staff could access translation services when required.

Diagnostic imaging

Staff informed us they gathered feedback via feedback forms prior to the pandemic. However, this has been suspended following the pandemic. The provider informed us they were working with the trust to gather feedback using the trust systems; however, we were not provided with a timeframe for implementation.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Our observation of patient care showed staff were re-assuring and comforting to patients.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the anxiety or distress associated with the procedure and engaged patients to ensure they were comfortable.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Patients told us they were given clear information about their scan and given an opportunity to ask questions.

Are Diagnostic imaging responsive?

Good 

We had not previously rated responsive for this service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of people who used the service. The unit was located within the imaging unit of an NHS acute hospital. The service collaborated with staff delivering NHS patient care to minimise the number of times they needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion.

Staff stated the service previously operated from two scanning rooms in the hospital. However, capacity had been reduced when the service was relocated to a one room scanning facility due to trust priorities. Senior staff informed us they were liaising with the trust to obtain additional scanning time and space to meet patient needs.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff had access to the trust specialist team including learning disability and dementia teams. Those patients being cared for on the hospital wards who required a scan were brought down by a porter or staff could go to the wards to scan patients using the mobile scanner.

Diagnostic imaging

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Managers made sure patients could get help from interpreters or signers when needed. Interpreters were arranged prior to the appointments. Information about interpreting services was readily available and displayed on staff notice boards.

Information leaflets were available for patients regarding different aspects of their care.

Staff told us they coordinated care with other providers including NHS staff, GPs and other healthcare providers.

The service had made reasonable adjustments for patients with mobility issues, for example, there were foot stools with side rails in the scanning room to enable patients to get onto the couch. Patients also had access to a disabled changing room and disabled toilets.

Staff coordinated care with the trust to care for patients with complex needs.

All staff had completed equality and diversity training and understood the importance of providing care without prejudice to protected characteristics. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Data provided by the service showed that the average waiting times between January and March 2022 was 14 days. During this period, 98% of inpatients were scanned within 48 hours while 75% of outpatients were seen within six weeks. Senior staff informed us outpatient appointments were arranged around hospital appointments. Staff prioritised patient appointments in line with the provider's guidelines and urgent inpatient appointments were seen within 48 hours.

There were 3.7% 'did not attend' (DNA) appointments between March 2021 and March 2022. When patients missed their appointments, managers made sure they were rearranged as soon as possible.

Data provided by the service showed patient volumes had decreased in between October to December 2021 due to the reduction in the size of the facility from two vascular rooms to one. Additional clinics were offered on weekends to increase patient volumes and to reduce waiting times which had accumulated as a result of the pandemic.

Patient notes reviewed showed staff completed scan reports on the same day of the scan. However, the service was not conducting audits to monitor reporting times.

Diagnostic imaging

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Staff understood the policy on complaints and knew how to handle them.

The service had received one formal complaint in the last 12 months. The complaint was made by an NHS patient via the trust's complaints process. The provider liaised with the trust to investigate the complaint and provided feedback to the staff involved.

Managers shared feedback from complaints with staff and learning was used to improve the service. Senior staff informed us staff had completed training in communication skills following a patient complaint.

Are Diagnostic imaging well-led?

Good 

We had not previously rated well-led for this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service had a corporate management structure which included a chief operating officer, director of operations, head of operations, operations manager and lead vascular scientist. The lead vascular scientist and operations manager liaised with the consultant radiologist and clinical lead of the trust where the service was located. The lead vascular scientist led clinical staff on the unit.

Managers had the skills, knowledge and experience to run the service. They demonstrated an understanding of the challenges to quality and sustainability for the service.

Staff were positive about the leadership of the service. They informed us managers were accessible, visible and approachable. Staff said they felt supported to develop their skills.

Vision and Strategy

The service had a vision for what it wanted to achieve. The vision was focused on sustainability of services and aligned to local plans within the wider health economy.

The provider had a vision to make healthcare better, by working with hospitals, clinicians and commissioners across the NHS and the Independent sector. The provider aimed to meet some of health's most pressing challenges; reducing waiting times, speeding up diagnoses, saving money and improving the overall patient experience.

The provider operated at many front-line patient locations including hospitals, community based medical centres, GP surgeries and health clinics.

Diagnostic imaging

The provider had implemented four core values; trust, passion, care and fresh thinking.

Staff worked in a way that demonstrated their commitment to make healthcare better in line with the provider's vision. All staff we spoke with were committed to reducing waiting times and improving overall patient experience.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.

Staff informed us there was a positive culture within the service. They felt respected, supported and valued. Staff had opportunities for training and career development.

The service had an open culture where staff could raise concerns without fear. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the Duty of candour requirements. Patients we spoke to were positive about the culture of the service and did not have any concerns to raise. They felt they were able to raise concerns with staff if necessary.

The service had a diverse team of staff, and staff we spoke with felt they worked in a fair and inclusive environment.

Governance

Leaders operated effective governance processes for most areas of the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a clear management structure with defined roles and responsibilities. Staff we spoke with knew all key senior staff and how to escalate matters that arose.

The service had systems for reviewing policies and procedures, waiting times, incidents and risks. However, there were no systems or processes for monitoring or reviewing the quality of images or scan reports.

Staff attended a range of meetings that met either monthly or quarterly. These included team meetings, multidisciplinary team (MDT) meetings and clinical governance meetings.

We reviewed minutes of the last three team meetings and saw staff discussed clinical priorities including patient waiting times, performance metrics, learning from incidents, risks, staffing and mandatory training.

Minutes of the clinical governance meetings showed senior staff discussed learning from incidents, regulatory updates, audits and quality improvement and patient feedback.

The service worked well with the partner organisations such as the local trust to meet local healthcare priorities. Senior staff attended MDT meetings and liaised with the trust to improve patient care.

Diagnostic imaging

Management of risk, issues and performance

Leaders and teams identified and escalated relevant risks and issues and identified actions to reduce their impact. Although they used systems to manage performance regarding waiting times, the service did not monitor patient outcomes.

The service had a performance report for monitoring the number of appointments, number of scan areas and attendances and DNAs. However, the service did not conduct audits to monitor the effectiveness of care and treatment. Senior staff informed us the lead vascular scientist observed staff and reviewed reports, however, this was not formally documented.

The service had a risk register, this identified five risks with steps to mitigate them. The risks were current and aligned with the risks we identified on inspection. This included delays in the patient pathway due to lack of clinical scanning time and space. The service mitigated against this risk by offering additional clinics in the first quarter of the year. In addition, the provider had liaised with the trust for additional scanning time and space.

Minutes of governance meetings showed senior staff regularly reviewed risks and performance and took action to improve patient care. For example, following the pandemic, the provider trained infection prevention and control link practitioners to provide help and advice to staff across locations.

The provider had a valid insurance for their service covering both public and employer liability.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Staff had access to information on patients' care and treatment. Access to individual patient's records was restricted to authorised staff in accordance with their job role.

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. Staff also had access to the local trust electronic systems and provided timely reports to referring consultants.

Staff shared information through a variety of ways including at daily meetings, multidisciplinary meetings and governance meetings.

Electronic devices were password protected and we observed staff signing out of computer systems when they were not in use.

Engagement

Leaders and staff actively and openly engaged with staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff had access to information about the service through electronic systems and at team meetings. We observed the staff notice board highlighted relevant clinical information and guidelines.

Diagnostic imaging

Staff told us they felt engaged in the day to day operations of the department and could influence changes. They had regular staff meetings which they used to share information related to incidents or complaints and examples of good practice.

Staff provided feedback via the provider's staff survey. However, this was not broken down for the location. Senior staff informed us they engaged regularly with the local team and staff confirmed they felt empowered to raise concerns and make suggestions.

The service collaborated with partner organisations including NHS trusts and GP practices to improve services for patients.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service had systems to monitor staff training and development. Staff had taken advantage of the opportunities available to learn, develop and improve their skills. All staff were committed to improving patient access to the service by minimising delayed appointments. The service had implemented a new system of booking patient appointments to reduce waiting times.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must implement clinical audits to monitor patient outcomes and reporting times. (Reg 17(2)(a))