

Herstmonceux Integrative Health Centre

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

The Community Cardiology Service started as a practice based commissioning (PBC) scheme in 2008. It was conceived by Drs Jackson, Lloyd and Blakey (Directors of Integrated Cardiology Solutions Ltd) and aligned with the Department of Health White paper 2006: Our Health, Our Care, Our Say. It was founded by the Hailsham PBC Group in collaboration with the local clinical commissioning group, NHS trust and heart network. The combined aims of this partnership are:

- patient focussed care, closer to home and avoiding unnecessary trips to hospital.
- delivering a one stop non-invasive cardiology assessment and diagnostic service with a holistic primary care focus
- integrating primary and secondary services with a seamless care pathway from the patient perspective.
- reducing cardiology outpatient waiting times to achieve 18 week targets.

Following the success of the pilot scheme in the Hailsham and Herstmonceux area, the service was rolled out to the wider Eastbourne, Hailsham and Seaford area in 2012. The expansion of the service, changes to primary care contracting and reconfiguration of primary care practices in Hailsham, required that the contract for the service move to its own business entity. Integrated Cardiology Solutions Ltd. was founded by the clinicians working in the service in 2014 for this sole purpose. It assumed the contract for the service on 1st October 2015.

There were two diagnostic tests carried out at Herstmonceux Integrative Health Centre. These were electrocardiograms (which is a test to measure cardiac rhythm and electric activity) and echocardiograms (which enable an examination of the heart using an ultrasound scanner).

This location is registered for the regulated activities of:

- Diagnostic and screening procedures
- Treatment of disease and disorder

We inspected this service using our comprehensive inspection methodology supported by the diagnostic imaging inspection service framework. We carried out an inspection on 17 December 2019 at short notice and conducted an interview with the CEO on 31 December 2019.

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

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We had not rated this service before. We rated it as **Good** overall.

This was because:

- Staff received and kept up-to-date with their mandatory training.
- 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.
- The service controlled infection risk. Staff kept equipment and the premises visibly clean.

Summary of findings

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff knew about and dealt with any specific risk issues.
- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- 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.
- The service knew how to manage patient safety incidents. Staff could recognise incidents and near misses and knew how to report them appropriately.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.
- Staff treated patients with compassion and kindness and respected their privacy and dignity.
- Staff gave patients and those close to them help, emotional support and advice when they needed it.
- Staff made sure patients and those close to them understood their care and treatment.
- Managers planned and organised services, so they met the changing needs of the local population.
- 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.
- People could access the service when they needed it and received the right care promptly. scan in line with
- Staff understood the policy on complaints and knew how to handle them.
- 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 vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders operated effective governance processes throughout the service and with partner organisations. 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.
- Leaders and teams used systems to manage performance effectively.
- 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.
- Leaders and staff actively and openly engaged with patients and staff.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Summary of findings

However:

- Most policies did not have review dates.
- Although staff cleaned equipment, they did not disinfect it between patient use.
- Staff did not always have access to interpreter services for patients.

Nigel Acheson

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

This service provides cardiac imaging services for adults.

The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.

Staff followed national guidelines and worked together for the benefit of patients. Staff were caring and always respected the privacy and dignity of patients. Patients did not have to wait long for services.

There was a good culture and staff felt respected and valued. There were governance structures to support services and strong patient engagement.

Summary of findings

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Good



Herstmonceux Integrative Health Centre

Services we looked at:

Diagnostic imaging

Summary of this inspection

Background to Herstmonceux Integrative Health Centre

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Following the success of the pilot scheme in the Hailsham and Herstmonceux area, the service was rolled out to the wider Eastbourne, Hailsham and Seaford area in 2012. The expansion of the service, changes to primary care contracting and reconfiguration of primary care practices in Hailsham, required that the contract for the service move to its own business entity. Integrated Cardiology Solutions Ltd. was founded by the clinicians working in the service in 2014 for this sole purpose. It assumed the contract for the service on 1st October 2015.

There were two diagnostic tests carried out at Herstmonceux Integrative Health Centre. These were electrocardiograms (which is a test to measure cardiac rhythm and electric activity) and echocardiograms (which enable an examination of the heart using an ultrasound scanner).

The service has not been inspected since registration in 2016.

This service has had a registered manager in post since 2016.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector. The inspection was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Herstmonceux Integrative Health Centre

Herstmonceux Integrative Health Centre is a local NHS service for patients with suspected heart conditions in Eastbourne, Hailsham, Seaford and surrounding areas. The service investigates and recommends follow up care for adult patients with suspected heart conditions.

Clinics are run by GPs who specialise in cardiology, along with cardiac technicians and physiologists. The team is supported by cardiology consultants based at the local hospital.

There were two diagnostic tests carried out at Herstmonceux Integrative Health Centre. These were

electrocardiograms (which is a test to measure cardiac rhythm and electric activity) and echocardiograms (which enable an examination of the heart using an ultrasound scanner).

Before the inspection we looked at information that the service provided to us. During the inspection, we visited the location at Herstmonceux Integrative Health Centre. We spoke with four staff, we looked at electronic patient records, organisational policies and we observed three patient scans.

Summary of this inspection

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had not been inspected since registering with the CQC in 2016.

This location delivered 9,500 scans in the reporting period April 2018 to March 2019.

Track record on safety

- No never events, incidents across all sites or serious injuries.
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff) or E-Coli.
- Three complaints across all sites.

Services provided at the hospital under service level agreement:

The service was located within a host site which provided a range of support clinical services through a comprehensive service level agreement including:

- infection control and clinical waste.
- training and development.
- housekeeping.

The service also had service level agreements with other organisations to provide services such as:

- Echocardiography and analysis (including the provision of sonographers and maintenance, repair and calibration of equipment).
- Cardiac monitor analysis.
- Doctor consultation service and health care assistant support.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We had not rated this service before. We rated it as **Good** because:

Staff received and kept up-to-date with their mandatory training, understood how to protect patients from abuse, and managed safety well. The service had enough staff to care for patients and keep them safe and controlled infection risks. However, the provider should disinfect equipment between patient use in addition to general cleaning.

Staff assessed risks to patients, acted on them and kept good care records. The service knew how to manage patient safety incidents. Staff could recognise incidents and knew how to report them appropriately.

Good



Are services effective?

We do not rate this domain

The service provided care and treatment based on national guidance and evidence-based practice. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers monitored the effectiveness of the service and staff worked well together for the benefit of patients.

Are services caring?

We had not rated this service before. We rated it as **Good** because:

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers when needed.

Good



Are services responsive?

We had not rated this service before. We rated it as **Good** because:

The service planned care to meet the needs of local people, took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Good



Are services well-led?

We had not rated this service before We rated it as **Good** because:

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. The service engaged well with

Good



Summary of this inspection

patients and all staff were committed to improving services continually. The provider had a number of policies to govern the service however, these should include policy review dates and be reviewed in line with these.





Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

Are diagnostic imaging services safe?

Good 

We had not rated this service before. We rated it as **good**.

Mandatory training

Staff received and kept up to date with their mandatory training.

Staff were able to access their mandatory training easily and were able to take time to update their training. Mandatory training modules were provided through face to face and online training.

We saw mandatory training included modules such as basic life support, equality and diversity, health and safety, infection prevention, information governance and moving and handling.

The service had a spreadsheet, containing details of staff that it used to monitor attendance and compliance with training. At the time of the inspection all staff had completed their mandatory training.

We were told that staff who worked for the service through a service level agreement complied with that original provider's mandatory training guidance. Managers told us compliance of mandatory training, was checked by the external provider. However, managers told us they reviewed mandatory training completion rates when new staff started working for the service.

We were also told by managers the service level agreement with external providers said that staff who worked for the service had to have their mandatory

training up to date. Should any complaints or concerns arise about matters addressed through mandatory training, the service liaised with the external providers to support staff 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.

There was an organisational safeguarding policy for vulnerable adults and children and young people. The policy was in date and contained up to date guidance. However, we did not see a review date on this document.

All administration staff were trained to level one in the safeguarding of adults as part of mandatory training. Training included information on sexual, physical and emotional aspects of safeguarding.

We were told that staff who worked for the service through a service level agreement with another provider complied with safeguarding guidelines and policies for the service. Managers told us that compliance of safeguarding training was monitored externally, but they reviewed safeguarding training completion when new staff joined the service.

The service had a safeguarding lead. The safeguarding lead told us how the service had access to specialist advice on safeguarding from the local authority if needed. All staff were aware of the safeguarding referral process and contact details for the service lead.

Cleanliness, infection control and hygiene

Diagnostic imaging

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

There was an organisational infection control policy which was in date. However, the document had no review date.

There was an infection control lead for the organisation. They were knowledgeable about infection control and were proactive in addressing concerns.

The service worked in alignment with the policies of the host site for hand hygiene and use of personal protective equipment (PPE). The host site's policies were available if requested.

The service had links with the host sites' infection prevention and control nurse if they needed any advice about a patient or wanted to discuss any matters concerning infection control and hygiene of the environment.

Potential infection control incidents could be recorded on the providers incident recording system. This type of incidents had a structured review process and supported the development of action plans.

There were hand gel stations in the waiting areas and the scan rooms with posters reminding staff and patients to clean their hands. PPE was plentiful around the department and was present in every scan room. We saw that staff used it well.

We saw three ultrasound scans. Staff followed good hand hygiene practices by washing their hands before and after using disposable gloves. We saw staff cleaning the ultrasound machines and probes, and the examination couch. However, we did not see any disinfectants being used on the ultrasound head between patients. This meant we could not be sure staff managed the risk of cross contamination between patients. However, staff told us they knew beforehand if any patients with an infection would be coming to the department as this was included on the referral form. Managers also told us that they would liaise with the host site to provide adequate disinfectant wipes for the ultrasound head in future.

Cleaning and decontamination of the scan room was part of the service level agreement with the host site. We saw a daily checklist in the scan room which showed when appropriate cleaning had taken place. This was up to date on the day of the inspection.

The service had no incidence of a healthcare acquired infections in the last 12 months.

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 areas we visited were visibly clean and tidy. The service used one scan room at the host site. The room contained an examination bed, an assessment table and other equipment such as bins, cleaning wipes, sinks and chairs for relatives and carers. The room was large enough for wheelchair users.

The service used a portable ultrasound scanner which was provided by an external agency for which the sonographers worked. Staff told us the scanner was serviced every year by the manufacturers. This included safety testing and calibration. If there were any issues with the equipment the sonographer or service lead contacted the external provider who then contacted the manufacturer for any repairs or maintenance.

All the scan rooms had dimmable lights so that staff could see the scanning images more clearly.

The service had access to the host site's automated defibrillator in case this was needed. This was checked and maintained by the host site.

Waste was managed in line with national guidance. Clinical and domestic waste were segregated. Clinical waste disposal pathways were displayed in each scan room and appropriate bins were in use. Staff used these correctly.

Assessing and responding to patient risk

Staff knew about and how to deal with any specific risk issues.

Diagnostic imaging

Staff had a clear process to follow in case of an emergency. There were emergency call buttons in each of the scanning rooms and there were close links with the host site to manage any emergencies.

Service managers and staff said if a sonographer found significant disease in a patient attending an appointment, they were prioritised to make sure they received timely medical attention. A report was produced directing the patient to the local hospital's cardiology service. This was emailed to the referrer and to the hospital and a confirmation of receipt sought. The report was also added to the service's system allowing for immediate review. The service also sent an email to the consultant at the local hospital alerting them to the report.

All staff had completed basic life support training. Clinical staff had completed the local hospital's life support training provided by the external provider.

Staff ensured they conducted the scan on the right patient. In each of the three scans we observed, staff checked the patient's name and date of birth, and the reason they had attended,

Staffing

The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.

There were five members of staff who were directly employed by the service. This included four administration staff and one health care assistant who did not work with echocardiography. The sonographers were employed via a service level agreement from an external agency.

The service had access to a pool of trained sonographers from the provider with which they had a service level agreement to carry out the activities at this location. This meant that short term illness did not affect services and staff could be moved quickly to cover any absence. The service tried to keep the same staff attending this service for consistency of care and because they were familiar with the environment.

Service managers had assurance processes which allowed them to know that sonographers working for the service had the right qualifications, skills, training and experience to provide the service. This included regular

meetings and reviews with the service level agreement partner regarding staff and the ability to select sonographers from the pool of clinicians available to them.

The service also provided a doctor consultation service. This was managed under a service level agreement. The doctor consultation service was run by the same doctor for every clinic at this location.

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.

The ultrasound machine displayed various details of patient information, including the scheduled list for that day. Patient information, such as names and dates of birth were also displayed. The portable ultrasound machine had password protection for access. During the three scans we observed, no patient identifiable information relating to other patients was displayed on the machines.

Reports and patient records were produced on the service's system. These were clear and easy to follow containing up to date information.

Reports were given to patients and the referring clinicians for consultation. The report was also stored and reviewed by the doctor on the service's system if necessary. Staff said that they could access any ultrasound reports on the service's system. They said this was useful for looking at a patient's history.

Staff working at satellite locations could also access the patient's records. This assured that if a patient was seen at different sites they had a tracked history of their appointments.

The service had good links with local GP's and had an electronic patient record system to share information securely with referring GP's.

Medicines

The service did not use or store any medicines.

Incidents

Diagnostic imaging

The service knew how to manage patient safety incidents. Staff were able to recognise incidents and near misses and knew how to report them appropriately. Managers had processes to investigate incidents and share lessons with the whole team and the wider service.

Duty of candour, Regulation 20, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a regulation, which was introduced in November 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. If things went wrong, staff were aware they needed to apologise and give patients honest information and suitable support. Staff we spoke with could describe the duty of candour was, though there had been no incidents where duty of candour had been applicable.

Managers told us that if there were actions from patient safety alerts they were be implemented and monitored through their governance process. We saw this was a standard agenda in the quarterly key performance indicator audit report produced by the service.

The organisation had its own electronic incident reporting system so that staff could record and report any incidents. Any serious incidents would be communicated to the operations team for immediate investigation. A log was available to keep track of all incidents on the system so that incidents could be reviewed, and trends identified. If any incidents occurred these would be discussed at board level.

All staff working for the service including those under service level agreements were able to identify possible episodes of incidents or near misses and said they knew how to report these and highlight them to the service lead.

Are diagnostic imaging services effective?

We do not rate this domain.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Herstmonceux Integrative Health Centre liaised closely with members of staff on the Society for Vascular Technology (SVT) board. This allowed the service early access to Department of Health, Society for Radiographers and SVT strategic plans, initiatives, training programmes, quality assurance measures and guidelines for vascular ultrasound allowing early implementation.

The service followed National Institute of Health and Care Excellence (NICE) guidance such as the guidance for chronic heart failure in adults (2011) quality statement 9. This states: "Adults with suspected chronic heart failure who have been referred for diagnosis have an echocardiogram and specialist assessment." This ensured the correct diagnosis was made and adults with suspected chronic heart failure referred for diagnosis had an echocardiogram and were seen by a specialist for assessment and review of the echocardiogram results. Specialist assessment was needed to confirm the diagnosis of heart failure, consider the possible causes, discuss the appropriate treatment and develop a management plan.

New guidance from NICE or from the Society of Radiographers would be discussed at the bi monthly board meetings and then disseminated to all the locations for implementation. This was in agreement with the host trust. Additionally, new guidance and implementation was reviewed by managers in the quarterly key performance indicator audit report produced by the service.

The service attended the Vascular Society's annual scientific meeting. This conference included talks by various experts in vascular sciences and allowed the service to prepare for new practices and developments in the area of echocardiography.

Pain relief

Staff explained to patients that if they were in pain to tell them. If a patient was in pain and no repositioning could be arranged to suit an appropriate scan they would stop the scan.

Diagnostic imaging

For patients who would be likely to be in pain due to the scanning staff tried to make them as comfortable as possible before the scan and regularly asked if the patients were well.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

There was an internal audit schedule for the organisation. Audits included infection control, mandatory training and customer satisfaction. The audits demonstrated practice in line with the standards set by the organisation.

The service aimed to audit 10% of all its scans. Any significant differences in the scan audits were highlighted to the lead clinician so that staff could undergo additional training. Results from this audit indicated that there were no significant differences in the scanned audits highlighting the quality of the scan.

Audit results were fed back to staff at meetings and at the annual update meeting.

The service carried out clinical spot checks that checked correct patient identification, consent, adherence to protocols and infection control issues. Spot checks identified that practice was in line with the service's policies.

All staff were encouraged to ask for a second opinion if they were unsure about the results of any scan. We heard that staff had asked the senior clinician about scan results and feedback was given in a constructive and positive way.

Competent staff

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

All staff had a completed appraisal and induction at the time of the inspection. Staff said these were meaningful and had been an opportunity to develop or identify new learning needs.

The service provided training and learning sessions to local universities. The service provided training for local GP's with who they worked with and had special interests in cardiology.

Technicians who worked for the service through a service level agreement met requirements including accreditation, mandatory training and insurance. Service managers had assurance processes which allowed them to know that sonographers working for the service had completed these requirements. This included regular meetings and reviews with the service level agreement partner regarding staff and the ability to select sonographers from the pool of clinicians available to them.

Multidisciplinary working

Staff told us they had good relationships with the vascular consultants at the local hospital and that the consultants trusted their judgement. This was the same with referring GP's.

Seven-day services

This service operated one day a week from this site. It was open during the afternoons and was flexible to meet patient needs. This was done to meet the needs of the local population.

Health promotion

The service provided information to support patients to live healthy lifestyles and promote health.

There was a range of information available for patients in the waiting rooms including information about stroke, type two diabetes, peripheral arterial disease and smoking cessation services.

Additionally, the service's website highlighted strategies to improve healthy living. This included a webpage dedicated to "looking after your heart". This webpage had advice regarding staying active, healthy eating, stop smoking and managing stress. There were also links to community partners and third sector organisations in the websites' "living with a heart condition" webpage.

Consent and Mental Capacity.

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff who were employed by the service through a service level agreement told us they had training in the mental

Diagnostic imaging

capacity act as part of the safeguarding training and the equality and diversity training they received. We received assurances all staff had completed and were up to date with this training.

Staff we spoke with understood mental capacity and described incidences when they had taken patients mental capacity into account. This included best practice and consent with patients with dementia and cognitive impairment when obtaining consent.

The service used verbal and implied consent for scans. At scans we observed staff asked the patient whether they understood what scan they would be having and whether they were happy to proceed.

Are diagnostic imaging services caring?

Good 

We had not rated this service before. We rated it as **good**.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity.

We saw that staff wore name badges and introduced themselves to patients. Patients were always asked if the inspector could observe a scan.

The organisation carried out its own patient survey. Results showed that between July 2017 and September 2019 every month achieved 100% recommendation scores with the exception of two months which achieved 95% patient recommendation scores. Comments included “The appointment was largely reassuring” and also praised the fact that people felt cared for “knowing you are there for people, if anything in the future goes wrong”.

We spoke with three patients who were very positive about the service. They said the service was good and they felt that it was more than just a business. People said they were happy with how they were treated during the scan.

Staff maintained patients’ privacy and dignity. Curtains were pulled around the scanning areas and there were changing areas with curtains when patients needed to undress. Patients were given a paper cover for modesty if

they had to remove any clothing. Chaperoning arrangements could be made via the host site and staff knew how to support patients in requesting a chaperone if needed.

Emotional support

Staff gave patients and those close to them help, emotional support and advice when they needed it.

We observed three patient scans. In each case staff were very friendly and reassured the patient at each step of the scan. They checked with the patient if were in any pain during the scan and checked their understanding of the procedure.

We heard how the sonographer was reassuring to a patient and showed kindness and understanding of their condition. Scans were not rushed and patients felt they were helped by staff.

During inspection one patient asked where they could find more information on their condition. The sonographer explained to the patient about the website and also gave some advice on what to expect in the next stages of their scan.

Understanding and involvement of patients and those close to them

Staff made sure patients and those close to them understood their care and treatment.

The appointments were long enough for patients to ask any questions. We saw staff took their time and answered any questions the patients had. Patients were not rushed by staff, there was enough time for each patient appointment.

Staff told us that they always made sure that patients knew why they had come for scanning in the department.

We observed one scan where family was welcomed to watch the scan to provide assurance and ask questions they felt were pertinent. Staff answered these questions in a sensitive and easy to understand way.

All appointment letters contained patient information with any scan requirements, for example if they needed to remove any clothing and information of what to expect during the scanning procedure.

Diagnostic imaging

Are diagnostic imaging services responsive?

Good 

We had not rated this service before. We rated it as **good**.

Service delivery to meet the needs of local people

Managers planned and organised services, so they met the needs of the local population.

The service started as a practice based commissioning (PBC) scheme in 2008 and aligned with the Department of Health White paper 2006: Our Health, Our Care, Our Say. It was founded by the Hailsham PBC Group in collaboration with the local clinical commissioning group, NHS trust and heart network with the combined aims of providing patient focussed care, closer to home and avoiding unnecessary trips to hospital, delivering a one stop non-invasive cardiology assessment and diagnostic service with a primary care focus, integrating primary and secondary services with a seamless care pathway from the patient perspective and reducing cardiology outpatient waiting times to achieve the 18 week target from referral to assessment.

Following the success of the pilot scheme in the Hailsham and Herstmonceux area, the service was rolled out to the wider Eastbourne, Hailsham and Seaford area in 2012.

The one stop clinics provided by the service allowed patients to have their scans and see the doctors with the results on the same day if this was required. This saved time and money and patients only had to make one trip to the service. This was particularly good for patients who had to make transport arrangements.

The service was accessible by public transport and had ample car parking.

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.

Staff told us how they made reasonable adjustments for patients using the service. Staff told us that they allowed

more time for patients who needed it including those with learning disabilities or cognitive impairment. This meant people had their needs appropriately assessed and were involved in the scanning process.

Referral forms to the service included information about patient mobility, if they needed an interpreter, any disability they may have and any infection control issues.

Administration staff provided information about access to each unit, on foot, by ambulance or in wheelchairs to the patients. They provided contact numbers for appropriate patient transport services.

The service only used one scan room at the host site. Staff told us that they could use another room if necessary or if a patient had specific mobility needs. The service could accommodate patients in wheelchairs. The waiting room and toilets and these were accessible to all patients. The service could also access other sites through the booking process to make journeys for patients easier.

Staff who were contracted via the service level agreement said they had training in moving and handling which was part of their mandatory training. The service could access moving and handling aids such as sliding boards, banana boards and slide sheets to help staff to move patients safely.

We were told the service could arrange interpreters, including sign language interpreters, for those patients who did not speak English as a first language and who might have difficulty understanding the scan procedure. This was done through booking and referral stages. Interpreting services were provided by the host site's interpreting service. However, staff said they would often rely on family members to communicate with patients if English was not their first language and interpreting services were not pre-arranged.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to assessment were compliant with national standards.

Referrals were triaged within two working days. Urgent cases or cases where it was likely patients would require investigation or treatment at the acute unit were triaged

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directly to that location. In the unlikely event that waiting times were longer than the hospital and the referral appeared urgent to triage then the referral would sent directly to the acute unit.

The service had also started to offer guided open access diagnostics where referrals met the required standard. The referrer maintained clinical responsibility for the service user and the suitability of the referral was determined by the GP with special interest. This allowed patients to be seen faster by the service.

Results from October 2017 to September 2019 showed that the average wait for a first appointment was never higher than a seven week wait compared to the 18 week target. Additionally, triage times were also fast with the service completing 90% of triages on the same day or next day in 18 of the 24 months' analysis.

Scans were reported on immediately after they had been completed so that patients and clinicians received the reports straight away.

If a patient failed to attend an appointment, they were be contacted and rescheduled. If they failed to attend twice the referral was returned to the referring clinician. The one stop clinics kept the did not attend rates low.

Learning from complaints and concerns

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

The service had a complaints policy that set out the process for complaint investigations. This included reference to the Parliamentary and Health Service Ombudsman should patients not be satisfied with the service's final response.

The service aimed to respond to complaints as soon as possible. Staff provided information about how to complain to patients. Information on how to complain was also available on the letters sent to patients and on the service's webpage. The host site also had a complaints system and posters available in the rooms and main reception. Staff from the host site said that if anyone where to make a complaint about the service they would direct the complaint to the service's team.

Patients could make a complaint by telephone or through a website enquiry. The service worked to address any complaints that were received about their service but

as most patients were referred by NHS organisations (mostly GP referrals), the referring organisation investigated the complaint with the service and provided a response.

The service had very low levels of complaints. The service reported 43 compliments and three complaints from July 2018 to June 2019. Complaints were dealt with immediately.

Each complaint was reviewed at board level. The lead clinician emailed staff the learning from complaints and these were reported in the quarterly key performance indicator audit report and any learning was shared with all staff by email.

The service did not keep files for each complaint received. Each complaint was logged onto a spreadsheet, along with incidents and compliments. The spreadsheet contained details of the complaint, the service's response, whether the response had been sent to the complainant and any learning outcomes.

Are diagnostic imaging services well-led?

Good 

We had not rated this service before. 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.

Integrated Cardiology Solutions is a provider of diagnostic echocardiography and electrocardiology services to the NHS. The company was formed by experienced operators of clinical services and had a range of clinical, financial and operational expertise at board level.

The registered manager was knowledgeable in leading the service. They had a clinical background which enabled them to understand the clinical aspects of the service, as well as being familiar with Integrated Cardiology Solutions policies, procedures and

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governance. The registered manager was also chair of the board, director responsible for corporate governance, information governance, organisational development and statutory and regulatory frameworks

The registered manager was also a board member of the Primary Care Cardiovascular Society and had experience in virtual ward meetings and attending education events twice a year. This ensured continued training and learning through networked with colleagues and reviewing case notes and experiences.

The registered manager and business manager understood the challenges to quality and sustainability that the service faced, and together with the senior leadership team had proactive ongoing action plans in place to address them.

The operations director visited all the sites at least once a year. Staff told us managers were visible and approachable.

We saw there was succession planning that assured the continuity of services and sustained compassionate, inclusive and effective leadership. There was a clear identification of who was responsible for the service in the absence of the manager and how the service continued to operate in this case. We saw evidence of leaders being developed, including a unit manager who was being supported to complete an accredited human resources course.

Vision and strategy

The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, and other relevant stakeholders.

The vision of the service focused on patient care being closer to home and avoiding unnecessary trips to hospital, delivering a one-stop non-invasive cardiology assessment and diagnostic service with a holistic primary care focus, integrating primary and secondary services with a seamless care pathway from the patient perspective and reducing cardiology outpatient waiting times to achieve 18 week targets.

In addition to this the organisation had a five-year business plan with an aim to try to diversify some of the

services so there was less reliance on NHS funding. However, due to the two year contract limit with the clinical commissioning group some of their long term plans were dependant on retendering processes.

We saw how the service had invested in their staffing and approach to quality to ensure they could continue to deliver on their key quality goals. At the all staff annual general meeting, the board presented the short, medium and long term goals for the organisation. An example of this strategy were the goals identified on service development and supporting staff in training for quality objectives.

The service also had a strategy to train GP's in cardiology in collaboration with the local hospital. The aim was to develop lead GPs in cardiology practice to improve triaging and better referral processes, improve streamlining of cardiology services in the community and increase education so people go to the right place for their assessments at the right time.

The service had not yet planned for United Kingdom Accreditation Service accreditation. However, they would consider this in future strategies for the service.

Culture

Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. This included staff from external providers with which they held service level agreements.

The registered manager and business manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. This was evident in the weekly talks to directors.

The service's culture was centred on the needs and experience of patients. This attitude was clearly reflected in staff we spoke with on inspection and their activity throughout the day. Staff also felt respected, supported and valued.

The provider had an accident and incident reporting policy and procedure which supported staff to be open and honest. Staff described the principles of duty of

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candour to us and how they understood their role in reporting concerns. Staff were aware how they could raise concerns both informally and through the provider's governance channels.

Staff enjoyed working for the service and there appeared to be a positive culture. We heard how staff had supported each other during challenging personal times. Many staff had worked for the service for a long time.

The working culture was also positive with providers with which the service had service level agreements. This was reflected in how images were reviewed together at the location and also how the service was able to refer patients to cardiac care at the local hospital when they had concerns about some diagnosis.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

Relationships with the host hospital and partner organisations were governed and managed effectively. This was shown through the contract review meeting (CRM) and minutes and through the quarterly key performance indicator (KPI) audit report produced by the service.

The CRM was attended by the service's business manager and had the attendance of several clinical commissioning group managers and a contracts manager to assure the service was performing in accordance with targets and set objectives. This allowed for effective monitoring, review and shared learning. Feedback and actions from performance and discussion of local specifications were fed into this meeting.

The CRM had a standardised agenda and were in-line with the agreed terms of reference. There was a standardised approach to these meetings and the minutes we looked at showed actions were reviewed promptly and in a timely manner.

The quarterly KPI audit report produced by the service included terms of reference and were consistent in their approach to have oversight of the service's performance

and activities. The report was aligned with 12 quality requirements which included: patient reported experience measures, patients receiving treatment within required timescales, quality of triage process, complaints and significant incidents and implementation of guided direct access diagnostics pathway amongst other measures

Staff were clear about their roles and understood what they were accountable for. All clinical staff were professionally accountable for the service and care that was delivered within the unit. We read examples of staff accountability throughout the action points identified in the quarterly KPI audit report.

Working arrangements with partners and service level agreement partners were managed effectively. For example, there was a service level agreement with the host hospital that had clear stipulations of which activities were carried out and the responsibility of the provider and the host hospital. Additionally, quarterly CRM's supported a close and good working partnership between the service and local clinical commissioning groups.

There were processes to ensure staff were fit for practice. For example, we heard how staff who were required to be competent and hold appropriate indemnity insurance had so in accordance with The Health Care and Associated Professions (Indemnity Arrangements) Order 2014 through the Society of Radiographers.

Managing risks, issues and performance

Leaders and teams used systems to manage performance effectively. Management systems also identified and managed risks to the quality of the service from a provider's perspective.

We saw local risk assessments systems, with a process of escalation onto the provider's risk register. There was a risk management policy and procedures with supporting guidance for the organisation. The policy was in date and had a review date.

The risk register for the service was comprehensive, identified risks that were appropriately scored and presented valid risk management strategies. The service used a pre and post mitigation aggregated calculation to identify potential and current risk and was able to assign them to the appropriate people. We saw that risk could

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be categorised as operational, administration, patient safety and financial. However, we did not see review dates associated to the risks on the risk register. When speaking with the relationship manager we were told these were reviewed before the CRM's and in preparation for quarterly quality audit reports.

The registered manager and staff were aware of patient risk related matters, such as safeguarding, reporting of incidents, policies for safe practice and safe capacity. These documents were all readily available for consultation through the provider's intranet page.

The registered manager at the site was responsible for governance and quality monitoring. They were involved in the organisation's clinical governance meetings and sat on the organisations board.

The Risk Policy and Procedure was effective. The policy outlined staff roles in relation to risk and included information on the role of the safety officer (SO). It was the SO who received any external and internal safety alerts. On receipt of an alert the SO was responsible for informing all clinical staff within the company, including staff who were under service level agreements of changes to service practice. The SO was also responsible for recording accidents in accordance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

The service had a business manager who visited different sites auditing systems and processes.

The service used audits effectively to inform on matters such as performance and patient satisfaction. The audits were displayed in the quarterly KPI audit report aimed at reviewing the performance of the service and highlighting any issues that had risen from the audit process.

Managing information

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.

The service was aware of the requirements of managing a patient's personal information in accordance with relevant legislation and regulations. The Confidentiality

Policy and Procedure and Obtaining Medical Records Policy and Procedure reflected the change in laws surrounding the updated General Data Protection Regulation (GDPR) 2018.

Staff viewed breaches of patient personal information as a serious incident and would therefore manage this as a serious incident and escalated to the appropriate bodies.

The service correctly managed data and sustained data information to prevent breaches of data or information misuse. Processes ensured that information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant. This included patient information sent from referrers and outgoing information if escalation was needed.

There were enough computers available to enable staff to access the system when they needed to. Access to these computers was only possible to authorised people and was password protected. This assured access to personal and confidential information such as patient details, was protected and secure

Staff had access to Integrated Cardiology Solutions policies and resource material through the internal computer system. This included training modules on information governance, as well as access to policies and procedures.

The registered manager knew and identified effective arrangements to ensure data and notifications were submitted to external bodies as required.

Engagement

Leaders and staff actively and openly engaged with patients, staff and key stakeholders.

Integrated Cardiology Solutions operated a collaborative approach to diagnostic imaging, working with the host site, local NHS providers and relevant stakeholders to keep the patient at the heart of their service. The collaborative approach to imaging services was designed to future proof the service and support local pathways of care. The strategy was monitored through the clinical governance meetings.

Engagement with project groups, regular one to one meetings, and team meetings were used to obtain feedback and steer changes. Additionally, all staff were

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encouraged to propose improvements to the service. For example, the patient leaflets sent out with appointments was designed in consultation with the administration staff.

Regular meaningful communication with commissioners on contract performance ensured the service delivery met patient need. We saw this through the CRM minutes we reviewed.

There was also regular engagement with commissioners and the host hospital to understand the service they required and how this could be improved. This produced an effective pathway for patients. We heard how the service had a good relationship with the local hospital and clinical commissioning group.

Patients' views and experiences were gathered. Patient surveys were used and the questions were sufficiently open ended to allow patients to express themselves. Compiled data from the latest feedback comments allowed the service to identify drivers for improvement.

Employee engagement was measured through an annual employee survey. In response to the survey, action plans were developed and progress against the plans was measured on a regular basis.

Staff told us management were visible and approachable. Due to the small size of the team and the provider sharing three locations communication pathways including the use social media for general communication and interest groups had been introduced.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well or when things could be improved.

There was a culture of continuous learning throughout the service. Staff provided input into the development of

the service to ensure it was safe, effective and efficient. We heard how the service had an afternoon education session with all staff to promote interactive learning processes about leadership and contributing to service development.

The service worked collaboratively with third party providers with the aim to provide a safe, effective and seamless patient pathway. As an example, referral forms completed by GPs had been changed twice in the past two years to incorporate staff suggestions about patient transport booking and offering soonest rather than nearest clinics to patients.

The relationship manager had a special interest in cardiology and continued to develop this through their activity and participation in key positions. This included participation on Public Health England's cardiovascular 10 year plan.

The relationship manager also sat as a lead on the electrocardiography atrial fibrillation National Institute Clinical Excellence committee.

Other areas of continuous development included the ability to offer guided open access diagnostics where referrals met the required standards. This offered a pathway for patient care that would facilitate earlier and directed access. To support this, the service provided training events for GPs to understand when to refer and how to refer correctly through this pathway.

The service had access to two consultant mentors. They supported the service by providing timely review where further interpretation of diagnostics was required.

As part of the learning the service identified that one special interest GP planned to retire within the next two years so the service started the process of recruiting a replacement including diploma level training and mentorship.

Outstanding practice and areas for improvement

Outstanding practice

- The service has implemented a strategy to train GP's in cardiology in collaboration with the local hospital. The aim is to develop lead GPs in cardiology practice to improve triaging and better referral processes,

improve streamlining of cardiology services in the community and increase education so people go to the right place for their assessments at the right time.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should include policy review dates in their documents and review policies in line with these.

- The provider should disinfect equipment between patient use in addition to general cleaning.
- The provider should have a translator present in all appointments that require one.