

# HeartScan Ltd

## Quality Report

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

## Ratings

### Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

HeartScan Ltd provides cardiac diagnostic and screening services for adults and young people over 14 years old. The service is limited to providing non-invasive diagnostics including electrocardiography, echocardiography and exercise testing.

We inspected this service using our comprehensive inspection methodology and carried out a short notice announced inspection on 10 January 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 rated it as **Outstanding** overall.

We found areas of outstanding practice relation to:

- All staff were actively engaged in activities to monitor and improve quality and outcomes. The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care.
- Staff were committed to working collaboratively, there was a holistic approach to planning people's care and discharge, or referral to other services. Arrangements fully reflected individual circumstances and preferences. People who used services were active partners in their care.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by the leader of the service
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. People could access services in a way and at a time that suited them.
- The leader of the service inspired and motivated staff to succeed and for HeartScan to deliver exceptional patient care. They drove continuous improvement and there was a proactive approach to seeking out and embedding new and more advanced models of care.
- The service contributed to research within its networks and specialist field and shared their learning and expertise widely.
- The service had a vision 'to be recognised and acknowledged as the leading diagnostic clinic for cardiac interventions in the North of England' and had plans to turn it into action. The delivery plan had a strong focus on collaboration with current and potential service users.
- Staff were proud of the work they did and of the quality of service they provided. There was consistent constructive engagement and staff held the value that if anyone had a concern then it should be raised.
- The service had good systems for governance and performance management and to identify risks, plans to eliminate or reduce them, and cope with both the expected and unexpected.

# Summary of findings

- Analysis of information was used proactively to identify opportunities to drive enhancements in care and the service was committed to making improvements by learning from feedback and when things went well or went wrong. The service promoted staff training, learning from research and innovation.

However,

- There was no health promotion information available in the Osborne Clinic.
- There was little in the environment that was appealing to children and young people.

There was no definitive process in place for meeting the needs of patients who cannot speak English.

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

**Ellen Armistead**

**Deputy Chief Inspector of Hospitals (North Region)**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Outstanding



### Summary of each main service

We rated this service as **Outstanding** overall.

We rated safe and responsive as good. We do not currently rate effectiveness for diagnostic imaging services. Caring and well-led were rated as outstanding.

We found areas of outstanding practice relation to:

- Services were person-centred and tailored to meet individual needs in a way that was kind, considerate and promoted people's dignity.
- The leader of the service was inspirational and motivated to deliver exceptional patient care.

# Summary of findings

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Outstanding



# HeartScan Ltd

## Services we looked at

Diagnostic imaging

# Summary of this inspection

## Background to HeartScan Ltd

HeartScan Ltd is a private clinic providing cardiac sports screening services, non-invasive cardiac diagnostics and cardiology consultation services to self-funding patients and athletes in the North East of England. The service was founded in 2014 by Consultant Cardiologist Dr A Kenny.

HeartScan is a screening company, reporting cardiologist and provides cardiology follow up if there are abnormal or equivocal results and makes recommendations for further investigation, management and surveillance if required.

A large proportion of the service's work came from cardiac sports screening (ECG and echocardiogram) for the Football Association, football clubs and other professional sports organisations. We did not inspect this aspect of the service, as it is exempt from regulation.

Sports screening is also provided to people who are referred by GPs or who self-refer to the service. Cardiac sports screening is provided to adults and children over 14.

The service also provides cardiac diagnostic screening and cardiac consultations to other self-funding patients. Patients for cardiac consultations are usually referred by a GP, patients can also self-refer into this service. Cardiac consultations are provided to adults and children over 16.

The service is registered with the CQC to provide;

- Diagnostic and Screening Procedures.
- Treatment of Disease, Disorder or Injury. (added February 2017)

Dr A Kenney has been the registered manager for the service since it was founded in 2014.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector with additional training in the inspection of diagnostic imaging services and an assistant inspector. The inspection team was overseen by Sarah Dronsfield Head of Hospital Inspection.

## Information about HeartScan Ltd

HeartScan is run by the owner, registered manager Dr A Kenny who is a consultant cardiologist and a self-employed cardiac physiologist provides support to the service when required.

HeartScan Ltd has one clinic per week at the Osborne Clinic, Newcastle upon Tyne where staff undertake cardiac consultations and screening. There is a large consulting room on the ground floor, which is rented from the Osborne Clinic. HeartScan has the use of a waiting area which is shared with other services and is staffed by the Osborne Clinic receptionists. Cardiac diagnostic tests are carried out using mobile equipment, which the staff take with them for every clinic.

HeartScan also offered a mobile service when this was more appropriate than patients attending the Osborne Clinic.

HeartScan undertakes higher risk, diagnostic tests such as exercise tests at an acute hospital site, using the facilities and equipment there.

Referrals to the service were usually made by GP's and patients could refer themselves.

During the inspection, we visited the registered address (head office) and the Osborne Clinic. We spoke with three staff; the registered manager, the cardiac physiologist and the receptionist. We spoke with and observed the care given to the patients who visited the clinic that day.

# Summary of this inspection

During our inspection we reviewed six sets of patient records, staff records and other information about and provided by the service. We received feedback direct to CQC from seven other patients who had used the service.

There were no special reviews or investigations of HeartScan ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with the CQC.

## Activity

In the period December 2017 to November 2018 HeartScan saw a total of 357 patients. This was made up of:

- 310 professional athlete sports screens
- 39 patients for diagnostics or cardiology consultations
- 8 recreational sports screens.

## Track record on safety

- Zero never events
- Zero deaths
- Zero serious incidents
- Zero clinical incidents
- Zero incidences of healthcare acquired meticillin-resistant staphylococcus aureus (MRSA),
- Zero incidences of healthcare acquired meticillin-sensitive staphylococcus aureus (MSSA)
- Zero incidences of healthcare acquired clostridium difficile (C.diff)
- Zero incidences of healthcare acquired Escherichia coli E-Coli
- Zero complaints

## Accreditation by a national body:

British Society of Echocardiography –advanced accreditation - 2015



# 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 rated safe as **Good** because:

- Safety concerns raised by staff and people who use the service were valued as integral to learning and improvement.
- The service ensured all staff completed mandatory training in key skills. This included safeguarding children and vulnerable adults training to an appropriate level.
- The service had suitable premises and equipment and looked after them well.
- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean and used control measures to prevent the spread of infection.
- The service worked closely with other specialists / providers to ensure patients received any follow-on investigations or treatment they needed.
- Staff kept individual patient records containing details of tests and reports which were stored securely and were easily accessible to the relevant clinicians.
- The service had robust processes in place to report and learn from any incidents that may arise.

**Good**



### Are services effective?

We do not currently rate the effectiveness of diagnostic services.

We found good practice in relation to:

- All staff are actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, accreditation and research were proactively pursued. High performance was recognised by credible external bodies.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service contributed to research within its networks and specialist field and shared learning with peers.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactive to acquire new skills and share best practice.

# Summary of this inspection

- Staff were appraised and had supervision meetings to provide support, as a learning opportunity and to monitor the effectiveness of the service.
- Staff were committed to working collaboratively, there was a holistic approach to planning people's discharge, or referral to other services. Arrangements fully reflected individual circumstances and preferences.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could update.

## Are services caring?

We rated caring as **Outstanding** because:

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Relationships between patients and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by the leader of the service
- Staff recognised and considered patient's personal, social and emotional needs. The patients' needs were valued by staff and were embedded in their care and treatment.
- People who used services were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.
- Staff empowered people who used the service to have a voice and people's individual preferences were reflected in how care was delivered.
- Patient experience feedback was excellent.

**Outstanding**



## Are services responsive?

We rated responsive as **Good** because:

- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- The involvement of service users was integral to how services were planned and ensured that services met the referrers and patients' needs.
- There was a proactive approach to understanding the needs of the service users and to delivering care in a way that met these needs.
- People could access services in a way and at a time that suited them, through the weekly session at the Osborne Clinic or via an arranged appointment at an alternative venue.

**Good**



# Summary of this inspection

- There were no waiting lists and appointments were arranged for the next clinic (usually within 5 working days) or at the convenience of the patient.
- The service had never had any formal complaints. It was evident that any issues staff were made aware of from service users or patients were addressed immediately. The staff told us they welcomed compliments, comments, concerns and complaints as they provided a valuable indication of the quality of their service.

However,

- There was no health promotion information available in the Osborne Clinic.
- There was little in the environment that was appealing to children and young people.
- There was no definitive process in place for meeting the needs of patients who cannot speak English.

## Are services well-led?

We rated well-led as **Outstanding** because:

- The leader of the service inspired and motivated staff to succeed and for HeartScan to deliver exceptional patient care. They drove continuous improvement and there was a proactive approach to seeking out and embedding new and more advanced models of care.
- The service had a vision 'to be recognised and acknowledged as the leading diagnostic clinic for cardiac interventions in the North of England' and had plans to turn it into action. The delivery plan had a strong focus on collaboration with current and potential service users to expand the service while delivering and improving quality of care and patient experience.
- Staff were proud of the work they did and of the quality of service they provided. There was consistent constructive engagement and staff held the value that if anyone had a concern then it should be raised.
- Governance and performance management policy and arrangements were regularly reviewed and reflected best practice.
- The service had good systems to identify risks, plans to eliminate or reduce them, and cope with both the expected and unexpected.
- Information and analysis were used proactively to identify opportunities to drive improvements in care.

**Outstanding**









## Summary of this inspection

- The service was committed to improving services by learning from when things went well or wrong, the service promoted training, learning from research and innovation.

# 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	 Outstanding	Good	 Outstanding	 Outstanding
Overall	Good	N/A	 Outstanding	Good	 Outstanding	 Outstanding



# Diagnostic imaging

Safe	Good 
Effective	
Caring	Outstanding 
Responsive	Good 
Well-led	Outstanding 

## Are diagnostic imaging services safe?

Good



We rated safe as **good**.

### Mandatory training

- The service ensured all staff completed mandatory training in key skills.
- Training records showed that all staff were 100% compliant with the mandatory training requirements. Staff informed us that most training was done online and although some training was undertaken through other areas of employment external to Heartscan, evidence of completion was held in Heartscan personal folders. Safeguarding adults and children was done face to face and completed specifically for the service.
- Staff had undertaken mandatory training modules in information governance, infection prevention and control, basic life support, moving and handling, safeguarding adults (level two), safeguarding children (level three), fire safety, mental capacity act, equality and diversity, human factors, health and safety and consent.

### Safeguarding

- Staff understood how to protect patients from abuse, staff had training on how to recognise and report abuse and they knew how to apply it.
- There were safeguarding policies in place for both children and adults. Both policies highlighted the organisations responsibilities, safeguarding lead, staff

responsibility and the referral process for raising concerns to the local authority or police as appropriate. The policies referred to relevant statutory and professional guidance and had links to the local councils' multi agency policies, where relevant.

- The adults' safeguarding policy highlighted HeartScan's requirements for staff Disclosure and Barring Service checks.
- All staff were compliant with children's safeguarding training at level two and three. This met intercollegiate guidance: 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff' (March 2014) which states that all non-clinical and clinical staff who have any contact with children, young people and/or parents/carers should be trained to level two.
- Staff were knowledgeable about the possibility of child sexual exploitation and knew what to do if they had concerns.
- The lead for safeguarding was the head of the service and was trained to level three in adult and children safeguarding.
- Adult safeguarding was undertaken at level one and two and staff were 100% compliant with completion. This was in line with best practice guidance that suggests level two adult safeguarding training would be best practice for any clinical staff.
- In addition to this we saw that the clinical lead was booked to undertake a level three adult safeguarding course.



# Diagnostic imaging

- During the inspection we saw that the clinic had copies of the safeguarding policies and key contacts readily available on site. Staff we spoke to were aware of how to make safeguarding referrals if needed.
- All staff had an enhanced Disclosure and Barring Service check that had been undertaken specifically for work carried out with Heartscan.

## Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- During the inspection we saw that the clinic room was clean, tidy and free from any clutter.
- There were hand washing facilities available within the clinic room and alcohol gels were available at point of contact and on the reception desk.
- Single use supplies were used where possible and all equipment used for patient testing was cleaned between each patient use.
- The manager for imaging services was the lead for infection, prevention and control.
- All staff had undertaken level 2 training in infection, prevention and control and hand hygiene within the last 12 months.
- We saw staff wash their hands prior to patient contact and use alcohol gels where necessary.
- During our inspection we saw that infection, prevention and control policies and procedures were in place for HeartScan and an infection, prevention and control audit had been undertaken in June 2018 which included hand hygiene and cleaning. We were informed that the clinic infection, prevention and control policy was for review next year.
- The infection, prevention and control audit had been led by Heartscan and undertaken in conjunction with the clinic owners. Areas for action included, the display of handwashing posters and training for reception staff, storage of cleaning solutions, cleaning of fridges and improved availability of hand sanitisers. During the inspection we observed that all these actions had been implemented following the audit.
- The service had suitable premises and equipment and looked after them well.
- Heartscan operated from a clinic room in a shared building. The clinic had a waiting room where patients could wait prior to their appointment. The clinic had no designated parking spaces, but there was parking was on the street outside the clinic or nearby. Parking was restricted to permit holders after 5 pm.
- The service also carried out mobile consultations if needed.
- There was a policy in place for the management of medical devices. Equipment underwent regular servicing and safety testing. During our inspection we saw certificates that showed equipment had been serviced within the last year. All the equipment was less than five years old, which was a requirement for advanced British Society of Echocardiography accreditation.
- The service had a plan in place to ensure staff and patients were safe in the event of a fire. The registered address had access to a fire extinguisher and fire blanket however, these were not readily available at the clinic room. The clinic had a fire evacuation plan.
- The consulting room was large enough to accommodate the equipment and provide space for staff to work safely.
- A privacy screen was used to maintain patient's dignity when changing to get ready for the scan.
- The clinical and administration areas seen on inspection were secure and locked when not in use. Staff collected patients from the waiting area to take them to the consultation room.
- The staff reported that they had all the equipment they needed to undertake assessments without a delay to patients.

## Assessing and responding to patient risk

- All staff were trained to a minimum of basic life support and one staff member had immediate life support training. All staff were aware of the HeartScan policy regarding emergency response; if a patient

## Environment and equipment



# Diagnostic imaging

became seriously unwell or collapsed that their emergency response was to dial 999. No patients had required emergency transfer to any other health care provider in the last 12 months.

- The consultant cardiologist was present at most of the cardiac screenings. Where they were not available screening was undertaken by the cardiac physiologist. Diagnostic data and imaging were uploaded to an electronic reporting system where the consultant could review and provide advice immediately if required.
- Patients were sent an information leaflet, medical questionnaire, registration form and terms and conditions prior to their appointment. This information explained the procedure to be undertaken, any risks and where the results would be shared. These forms were also available on site in case any patients had forgotten to complete them prior to arrival.
- During the inspection we saw the consultant went through both the medical questionnaire and registration form again with the patient. This allowed them to assess and respond appropriately to individual patient risk.
- If any variances between the cardiologist and cardiac-physiologist reports were noted, staff told us they would discuss these to ensure quality of interpretation and consistency.
- Staff told us that the clinic did not undertake any procedures at the Osborne Clinic if there would be any increased risk to the patient. For example, if a patient needed an exercise test this would be undertaken, by the HeartScan consultant at an NHS hospital site, under a local agreement. This was to ensure that any potential increased risk to the patient was mitigated by immediate access to acute emergency services.
- On inspection we witnessed a patient's cardiac screening. The consultant checked on the patient's welfare throughout the procedure.
- The consultant told us that when an abnormal result was discovered, this was fed back to the referring doctor on the same day, to explain the findings and give advice regarding any recommendations for further investigations or onward referral.

- For self-referring patients, the consultant would discuss any abnormal findings immediately with the patient in person and advise on further investigations or referral needed. With the consent of the patient the report and recommendations would be shared with the patient's GP.
- Following screening patients could be referred back to HeartScan for cardiology consultation and ongoing investigations depending on patient choice and the concerns identified.
- We saw that the service had undertaken appropriate risk assessments such as; manual handling, infection prevention and control, display screen equipment, these were held in accessible folders for staff.

## Staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- At the time of the inspection the service had two-part time members of staff, this included a consultant cardiologist who was the clinical lead, owner and registered manager and a cardiac physiologist. Reception staff were not employed by HeartScan.
- The service did not use any agency staff or bank staff and there had been no reported sickness over the last three months. The service had identified that staff sickness could potentially impact on service delivery or the timeliness of reporting and had identified colleagues who could cover for them if the need arose.
- The service had an induction process for any new starters or temporary staff.
- All staff were registered with the appropriate professional body and were accredited with the British Society of Echocardiography.

## Records/Quality of records

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service had digital and paper patient records. They were in the process of transitioning to a paperless system however patients seen at the





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Osbourne Clinic had some paper records, until the episode of care was complete. Paper forms and signed consent / terms and conditions were scanned and attached to the patient's electronic record.

- All paper records and other confidential information were stored securely in a locked cabinet within a locked room when not in use. Computers were password protected and encrypted.
- Records and confidential information were kept in line with the principles of the Data Protection Act 2018 and the General Data Protection Regulation. The service held a current Information commissioner's office certificate of registration. There was also a medical records policy in place which included appropriate record retention information.
- The electronic patient record system was a cloud-based platform used by the service for the collection of all medical image data and the generation of patient reports.
- Where patients had self-referred, the clinic obtained consent to share information with the patients GP. Patients were asked how they would like to receive their results. If sent via the post patients were given the option of recorded delivery. Any reports sent electronically outside of the secure IT system were sent via a secure encrypted email system.
- Staff had annual training in data protection and information governance. All staff were compliant with this training.
- We looked at six sets of patients' records and saw that these held all the patient information; the referral letter, the signed terms and condition / consent form, the scan images and the report which included the consultation notes.

## Incidents/Incident reporting, learning and improvement

- The service had a comprehensive significant / critical event policy that detailed how incidents would be reported and investigated. No incidents had occurred since HeartScan began operating so we were unable to review any actual incidents, however we were assured that any incidents would be dealt with appropriately.

- The incident policy contained information about duty of candour and staff could articulate what this meant and how they would apply this if it became necessary. The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.
- Staff told us how they learnt from incidents through their networks and how their service provision had changed as a result. We were given examples of how screening and interpretation of results had changed and how processes had changed following incidents involving the collapse or sudden death of sports people.

## Are diagnostic imaging services effective?

We do not currently rate effectiveness for diagnostic services.

### Evidence based care

- We found that people's physical, mental health and social needs were holistically assessed at first contact with the service.
- Clinical policies and procedures / protocols were based on current National Institute of Clinical Excellence and British Society of Echocardiography guidance.
- The staff followed policies and best practice guidance and audited their practice to ensure they were maintaining the best possible standards of clinical practice
- We found that opportunities to participate in, and or learn from, benchmarking, peer review, accreditation and research were proactively pursued. Due to the specialist field of sports cardiology screening staff actively sought out research in this area.
- HeartScan held advanced accreditation status with the British Society of Echocardiography since 2015. This award reflected high standards achieved for several indicators such as; indications for



# Diagnostic imaging

echocardiograms, minimum standards and study protocols appropriate to specific clinical conditions, triage by the consultant cardiologist, level of training and quality control.

- The individual members of staff also were British Society of Echocardiography accredited.

## Nutrition and hydration

- Staff offered patients a drink on arrival at the clinic and repeated the offer if patients had arrived early and had been waiting a while.

## Pain relief

- During the inspection we saw that staff ensured patients were comfortable throughout the procedure.

## Patient outcomes

- We found that all studies undertaken were double reported by the cardiac physiologist and consultant cardiologist to provide quality assurance of test results. The physiologist would provide a technical report and the consultant would review the report and images and provide a medical report for the patient and referring doctor.
- A quality control audit, was done monthly to ensure consistency of performance and interpretation. The audit of 50 consecutive patient reports, from August to September 2018 showed 100% compliance with full entry of demographic data, 98% were of diagnostic quality and the remaining 2% (one) was of sufficient quality to answer the main question posed. The complete recommended dataset was obtained in 98% of cases and although 2% (one case) had incomplete data interpretation and reporting of the other case was not affected.
- The service aimed to report results within five days and audited their performance to ensure this happened. Results from an audit of patients seen from August 2018 to November 2018 indicated that reports were available between two and five days of the examination. The average reporting time was 3.6 days.
- The service had also audited the method of results delivery (patient's choice) and how quickly electronically delivered results were accessed. Over the previous year 73% of results were sent electronically, seven percent by post and 20% of patients chose to receive their results by both methods. Where results were sent electronically 64% were accessed within three days. The service had noticed that when they sent results by both methods, often the electronic results were not accessed. When electronic results had not been accessed within a few days the consultant contacted the patient or referrer to remind them they were available. They had also offered to send by post if there was any difficulty accessing electronic results or if that was preferred. Because of this audit the service had decided that they would monitor the accessing of results on an ongoing basis.
- Screening outcomes could be; normal, abnormal or indeterminate.
- The cardiologists screening report made recommendations regarding; any further investigations or treatment needed and what level of activity was appropriate pending further investigation and consultation.
- The cardiologist also needed to ensure that patients understood any recommendations for further investigation or treatment, that they understood the recommendation and any risk they may incur from continuing strenuous exercise.
- The consultant could seek a peer review or second opinion from other cardiologists when needed.
- The service was able to provide outcome information for the 14 cardiology consultations carried out since February 2017. Of these: care was ongoing for two patients; three had been discharged back to their GP and had been given lifestyle advice; two were discharged from cardiology with a recommendation for referral to another medical speciality; two patients were referred to an electrophysiologist and required ongoing surveillance; four patients were not from the local area and these were reported back to the patients' GP for referral to cardiology for further investigation or surveillance. One patient had been urgently referred to an NHS cardiologist and was admitted immediately to the local NHS hospital.

## Competent staff



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- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.
- The consultant appraised the physiologist's work performance and held supervision meetings with them to provide support, training and monitor the effectiveness of the service.
- Both staff had been appraised in the last 12 months and were registered with the appropriate professional bodies. The consultant was registered with the General Medical Council and the cardiac physiologist was registered with the Registration Council for Clinical Physiologists.
- The consultant cardiologist ensured they met the requirements for re-validation and accessed training, appraisal and supervision to maintain their medical registration with the GMC. Staff had current professional registration.
- The cardiac physiologist also ensured they met the requirements to maintain their professional registration and could produce evidence of continuing professional development, appraisal and supervision.
- Both the consultant and the cardiac physiologist were accredited with the British Society of Echocardiography (which provided a national benchmark of quality in performing and interpreting echo scans). As registered individuals the staff were able to access live cases / images to review and interpret and then get feedback. The staff told us this helped them keep their clinical skills at a high standard.
- We saw that the staff held one to one learning sessions on a quarterly basis to ensure they remained up to date with advances in practice and new guidance. For example, we saw that new guidelines for echocardiography in sports cardiology had been covered at one of these sessions.
- Staff attended other training and development relevant to their roles and specialisms including sports related cardiology. For example, the consultant had attended a European Echo conference in 2018 and the

cardiac physiologist was planning to attend in 2019. The consultant had also attended and presented at the 'Cardiology in British Sport' symposium in 2018. The staff were very aware that sports cardiology required specialist knowledge and they were careful to keep up to date with advances in clinical practice.

- The consultant was a member of a cardiology consensus panel which met three times a year, this was forum for peer support, sharing / learning and adopting or changing ways of working regarding sports screening services or practice.

## Multidisciplinary working

- Staff were committed to working collaboratively.
- There was a holistic approach to planning people's discharge, or referral to other services. Arrangements fully reflected individual circumstances and preferences.
- The consultant and cardiac physiologist worked with doctors and other healthcare professionals across the referral and reporting pathways to provide care to their patients.
- The staff were members of peer groups / networks where professional support and advice or second opinion could be sought.
- The HeartScan team had good relationships with other staff providing services at the Osborne Clinic.
- Members of the team communicated well with each other and encouraged feedback from the service users to ensure the service was effective for patients and met the needs of the referrers.

## Seven-day services

- Although the service was only routinely provided on a Thursday at the Osborne Clinic, the staff told us they would arrange appointments at other times if a patient was unable to attend on a Thursday.

## Health promotion

- The only health promotion information at the Osborne Clinic was in relation to handwashing. We discussed this with HeartScan staff as a missed opportunity for



# Diagnostic imaging

public health promotion and they were keen to discuss this with the building owners / other services to ensure appropriate public health information was made available to people using services at the clinic.

## Consent, mental capacity act and deprivation of liberty safeguards

- Staff fully understood mental capacity and consent and the implications for their service users. They followed the service policy and procedures to gain lawful and appropriate consent from adults and children using the service.
- Staff understood the principles of Gillick competence and could describe when they would apply this.
- HeartScan staff told us they needed to be sure asymptomatic patients understood what tests they were having and why and that they agreed to the screen understanding the implications of any abnormal results. HeartScan staff were mindful that an abnormal result could have significant consequences for the patient's employment or social or personal life. This is in accordance with the advice in Expressions of Consent, paragraph 49 of "Consent: patients and doctors making decisions together" (GMC June 2008).
- The consent form contained details outlining the benefits and disadvantages of cardiac screening and each patient received an information pack prior to their appointment explaining the pros and cons of cardiac screening in detail.
- We saw staff asked patients permission before carrying out tests such as blood pressure and before sharing information with GPs.
- We saw that completed consent documentation was kept as part of the patient's electronic record, scanned and uploaded to the system.
- Symptomatic patients were not required to complete a written consent form but were given an explanation of why any tests were necessary or recommended and were asked for verbal permission before proceeding.

## Are diagnostic imaging services caring?

Outstanding



We rated caring as **outstanding**.

### Compassionate care

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by the leader of the service.
- We received feedback direct to the CQC from seven patients who had used the service; all patients told us they would recommend the service to family and friends (or had already done so). Patients used the words, excellent, 'first-class', outstanding and 'exceeded all expectations' to describe the service they had received.
- People were respected and valued as individuals and were empowered as partners in their care. We observed staff had altered the way they arranged how they would carry out tests and how results were delivered in accordance with patients' wishes.
- Patients told us the service was very responsive to their needs from the first point of contact on the telephone. "It offered reassurance, excellent communication as well as enough information to enable me to make an informed decision regarding the tests I required."
- We found that staff were aware of patients' holistic needs and had determined each patient's emotional and social needs and circumstances at first contact. We observed how staff used this knowledge and understanding to tailor their approach to the individual patients, attending the clinic, to make them feel comfortable and at ease. We saw that patients relaxed and felt able to express their wishes and ask questions of the staff about their procedure and results.
- Before attending the clinic, the consultant had assessed every patient who contacted the service to



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discuss their needs and the tests required. We saw that the service given to the patients attending the clinic during the inspection had been tailored to meet their individual needs, taking into account the reasons for referral and the level of support they needed to have the tests and how they wanted their results communicating.

- Patients told us the service was offered in a personalised way which followed through from the first telephone contact to the appointment and then the personalised letter and report they received following their consultation and tests.
- We observed the manner of the staff was calm and reassuring and encouraged patients to ask questions. The consultant offered all patients the opportunity to discuss their results with them personally if they wanted and encouraged patients to telephone the service if there was anything they did not understand or wanted to ask about after they had left the clinic.
- Feedback from the patient survey in November 2018; patients said, “the approach, care and professionalism was first class.” Patients said they were treated with dignity and respect and results were discussed with reassurance and empathy. All patients were very satisfied with the care from the physiologist and 92% found the receptionist very or extremely helpful.
- We observed that all staff were very polite and courteous to patients from arriving at the clinic to when they left. Patients were greeted immediately on arrival and offered a hot or cold drink on arrival by the receptionist.
- Patients were individually greeted by the consultant cardiologist who introduced themselves and asked after the patient’s well-being. The consultant escorted the patient to and from the consultation room, while making the patient feel welcome and providing information.
- Staff protected patients’ privacy and dignity by closing doors and using a privacy screen when they needed to change into a gown. Patients were able to request a female or male staff member to perform their screening or could request a chaperone. This was made clear in the information given to every patient.

- HeartScan’s privacy and dignity policy laid out expected behaviours for staff incorporated Department of Health (2010) Essence of Care: Benchmarks for Respect and Dignity and the 10 core principles of the Dignity Challenge. Staff were encouraged to challenge, or escalate concerns about colleagues’ behaviour if it fell short of HeartScan’s expected high standards with regards to dignity, privacy and respect.

## Emotional support

- Staff recognised and considered patients’ personal, social and emotional needs. The patients’ needs were valued by staff and were embedded in their care and treatment.
- We saw that staff had taken the time to explore and understand the motivation of the patients seeking screening and understood why they wanted to be reassured about the health of their heart. Staff were aware of this information from the telephone assessment and used this knowledge to communicate in a way that was supportive of each patient’s individual needs, when they attended the clinic.
- We saw that one patient was particularly anxious and had been very specific about what parts of the available tests they wanted and that they wanted their GP to be the clinician who discussed their report with them. The patient’s wishes were respected and staff took extra time and care to explain what was happening at each step of the process and explained why each image and measurement was being taken.
- Feedback from patients was that staff were reassuring and put them at ease.
- Staff were aware of each patient’s needs and circumstances without them having to re-tell their story, when they attended the clinic.
- During the inspection we saw that staff ensured patients were comfortable throughout the procedure. They offered regular reassurance and support during the consultation and scan.
- We saw that all staff were caring, empathetic and understanding of a patient who was emotional





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regarding a bereavement. All staff took the time to listen to patients allowing them the opportunity to talk about their personal circumstances and how this affected them in their daily lives.

## Understanding and involvement of patients and those close to them

- People who used services were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.
- Staff empowered people who used the service to have a voice and people's individual preferences were reflected in how care was delivered.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff were particularly aware of the implications of abnormal screening results and were careful to ensure that adult patients and children and their parents fully understood what was to happen, why and the implications of any abnormal findings.
- We saw that patients were given the opportunity to ask questions if there was anything they did not understand.
- Staff explained what was happening during the tests and the reasons why the patient was asked to alter their position. They also explained common findings and reasons for these. They explained why the consultant and physiologist were talking between themselves and offered reassurance around this. They took measures again that were elevated on arrival and explained and gave reassurance why they might have raised initially.
- The procedure and results were explained to the patient in a way that was easily understandable. The consultant offered to call the patients when the report was ready to go through the results and answer any questions they may have.
- Patients told us that HeartScan provided detailed and understandable information and reports which enabled them to discuss options with their GP. They felt that staff were genuinely customer focussed and took time to explain complex matters in a professional, yet friendly and relaxed manner.

- We saw that patients were given the opportunity to ask questions if there was anything they did not understand.
- We heard the consultant communicating when results would be available and informing patients that they could ring them to discuss the results if they did not understand anything on the report.

## Are diagnostic imaging services responsive?

Good



We rated responsive as **outstanding**.

## Planning and delivering services which meet people's needs

- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care, which met the needs of its service users.
- The involvement of other referring organisations was integral to how services were planned and ensured that services met the referrers and patients' needs.
- There were clear pathways of care for screening and diagnostics. The clinic waiting area had comfortable seating for patients and toilet facilities for patient use.
- The service used a privacy screen to create an area in the consultation room for patient changing.
- Although the Osborne Clinic did not have easy wheelchair access there was a handrail at the steps up to the front door and a receptionist was able to answer a doorbell so patients could be helped into the building if needed.
- As the service was mobile it was able to be offered at alternative venues if patients could not access the Osborne Clinic.

## Meeting people's individual needs

- People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible and ensured continuity of care.



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- Individual patient referrals from GPs or self-referrers, for diagnostic tests and or consultation were taken by the consultant cardiologist who contacted these patients individually by telephone to discuss their individual needs. The consultant then tailored the consultation, screening or tests to meet the needs of the individual. This discussion included how the patient would like to receive their results and whether they could be shared with the patient's GP.
- Patients told us they received an individualised service from start to finish.
- We heard patients being given verbal instructions before leaving the clinic to let them know when they could expect to receive their test results. Patients were also told that if they wanted to discuss their results they could ring and speak to the consultant. The consultant offered to discuss anything the patient did not understand within the report and advised on next steps if needed.
- We found the consultant or cardiac physiologist explained the process to patients and obtained consent for results to be sent to the patients GP and confirmed how the patient wished to receive the results.
- There was a proactive approach to understanding the needs of the service users and to delivering care in a way that met these needs. This included children and asymptomatic screening which may have a significant impact on patients' lives if anything abnormal was detected.
- Patients could be accompanied by a family member, or friend if they wished for their examinations or consultation.
- Staff were careful to ensure that young people aged 14 to 17 years were accompanied by an adult with parental responsibility, or a member of the sports team's health staff who were sometimes present in place of a parent, to ensure there was full understanding and informed consent to screening, due to the potential impact of any abnormal findings.
- As this was a mobile service, and HeartScan were willing then the service could be provided at a negotiated time or place if the Osborne Clinic could not be accessed for any reason.
- Patients were provided with lots of information about their tests, reasons for consent and when their results would be available.
- The service website was easy to read and navigate and it was easy to book an appointment. Website information included terms and conditions / consent, information leaflets, costs, a contact form and numbers for service users / patients to give feedback, and complaints information.
- There was a radio playing and magazines in the waiting area for patients' distraction, however, there wasn't anything particularly geared to young people who may use the service.
- None of the patient information was readily available in other languages and they did not have a defined process regarding how they would meet a patient's language needs if they were unable to speak or read English.

## Access and flow

- People could access services in a way and at a time that suited them. Although the clinic was only held one day a week at Osborne road, the service was mobile and could be offered at different locations and at different times in negotiation with patients or service users.
- The service website gave clear information about car parking available near the clinic and how to access the clinic if travelling by public transport
- Patients were all self-funded through insurance or self-paying. Fees were readily available on the company website.
- In the period December 2017 to November 2018 HeartScan saw a total of 357 patients; 310 for professional athlete sports screens, 39 patients for diagnostics or cardiology consultations and eight for recreational sports screens.
- There were no waiting lists and appointments were arranged for the next clinic (usually within five working days) or at the convenience of the patient.
- Diagnostic and screening results were reported on within 5 days and were sent on to the patient / referrer as soon as they were available.



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- Results were transmitted by encrypted email, by post or both depending on patient preference.
- The service could monitor when email results were accessed and would prompt the patient or referrer if they had not been accessed within 3 working days.
- The service had decided to monitor waiting times because of patient feedback. This had been running for a few weeks and all of the patients had been seen in less than 5 mins of their appointment time.

## Learning from complaints and concerns

- The service had never had any formal complaints. It had had a clear policy and process in place and patient information was available to patients regarding how to make a complaint and what to do if they were dissatisfied with the response of the service to their concerns.
- There was also information and a process in place to escalate complaints to second stage through either the Parliamentary & Health Service Ombudsman or The Independent Healthcare Sector Complaints.
- Complaints information was available in print and on the company website. We saw complaints leaflets were on display in the waiting area.
- There was active review of patient and service user feedback and improvements were made as a result.
- Patient feedback was collected through patient surveys and anything highlighted as an area for improvement was considered, for example, waiting times being monitored.
- It was evident that any issues staff were made aware of from service users or patients were addressed immediately. The staff told us they welcomed compliments, comments, concerns and complaints as they all provide a valuable indication of the quality of service they were providing.
- The service was led by the medical director who was the consultant cardiologist delivering care services and responsible for employing the services of a cardiac physiologist.
- The leader of the service was supported by a retained; accountant, legal support, a business development consultant and freelance digital marketing resources.
- The cardiac physiologist told us the service manager was; supportive and encouraged them to undertake training to meet their development needs. They ensured they had an annual appraisal with a personal development plan; that mandatory training was undertaken and that they were registered and accredited with the appropriate professional bodies.
- The leader of the service was knowledgeable about quality issues and priorities, understood service challenges and took action to address them. The service was transparent, collaborative and open with patients and service users about performance.
- The leader of the service prioritised safe, high quality, compassionate care and respected and valued the opinion and contribution of staff, patients and service users. They inspired and motivated staff to succeed and for HeartScan to deliver exceptional patient care.
- The leader of the service drove continuous improvement and safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more advanced models of care.

## Vision and strategy

- The service had a vision 'to be recognised and acknowledged as the leading diagnostic clinic for cardiac interventions in the North of England' and had plans to turn it into action.
- There was a specific aim for each of the three elements of the service; to provide sports cardiology screening for both elite and recreational athletes, to investigate and manage patients with suspected cardiology conditions and to provide a specialist, high quality and efficient private cardiac consultation service to patients referred by their primary or secondary care physicians.

## Are diagnostic imaging services well-led?

Outstanding



We rated well-led as **outstanding**.

## Leadership





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- The service had undertaken market research and other marketing initiatives to improve engagement and promote the service in a way that met service users' needs.
- The strategy and supporting objectives were challenging but achievable with the aim of providing a distinctive, specialist, highly professional, high quality, reliable and value for money customer focused service that exceeds customer expectations.
- There was a delivery plan that included; a strong focus on collaboration with current and potential service users to expand the service while delivering and improving quality of care and people's experiences.

## Culture

- The service lead actively shaped the culture through their own actions as a role model and effective engagement with staff, patients, and people who used the service.
- The service lead promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was an open culture with an emphasis on providing an excellent, bespoke service based on the individual needs of patients and other service users. There was a desire to share learning, continuously improve and keep up to date with advancing practice.
- Staff were listened to and supported. Training and development was encouraged to maintain excellent clinical skills.
- Staff were proud of the work they did and of the quality of service they provided. There was consistent constructive engagement and staff held the value that if anyone had a concern then it should be raised.
- Raising concerns was covered in the service policies and staff were happy to challenge one another if needed.

## Governance

- The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.
- Governance and performance management policy and arrangements were regularly reviewed and

reflected best practice. Policies and quality audits were based on national best practice guidance and accepted data sets. The governance policy outlined a robust governance framework that the service adhered to.

- The staff had regular meetings where practice, performance and any changes to policies or procedures were discussed. Minutes of these meetings showed staff were involved in governance and contributed to monitoring the performance of the service. They also showed that staff were involved with discussions about emerging clinical practice / learning from recent research and any proposed changes to policies, procedures or how the service was provided. Actions from the meetings were documented and followed up at the next meeting.
- The service had its own programme of audit and quality assurance systems. Results from these were systematically reviewed to identify if any areas improvements could be made and actions were taken where needed.
- Robust quality assurance had enabled the service to achieve advanced accreditation with the British Society of Echocardiography.
- There were good systems and processes in place for maintenance of equipment and there were appropriate policies and procedures in place.
- There was oversight of staff training, competence and maintaining professional registration.

## Management of risk, issues and performance

- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service recognised risk in several ways such as through business planning, environmental risk assessments, clinical risk assessments, through staff discussions, from training and from external sources such as national risk alerts, health and safety requirements, legislation and regulatory requirements and from national clinical guidance and published clinical audits and reports.
- The service used a nationally recognised tool to assess and rate risks. We saw from the risk register that the



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service had identified relevant risks and had taken mitigating actions or put plans in place to minimise them. We found that risks were reviewed regularly and new ones were added when they were discovered.

- The service and the individual staff each had appropriate indemnity and insurance in place.
- Staff monitored performance through a number of audits, engagement with online testing of clinical skills, double reporting of clinical examinations and through service user and patient feedback.

## Information management

- The service collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards. Information and analysis were used proactively to identify opportunities to drive improvements in care.
- There were systems and processes in place to maintain security of information including patient records. Paper records were stored in a locked room and IT systems, email correspondence and electronic records were encrypted.
- The service used a licensed web-based patient information system and access to the system was protected by individual log on information and restricted access.
- Staff had received information governance training that had included General Data Protection Regulation(GDPR) training.
- The service informed patients how their information may be used and how the confidentiality of their data was protected, in the terms and conditions
- The service was registered with the Information Commissioner's Office and the service lead was the Caldicott guardian

## Engagement

- The service engaged well with patients, staff and referring organisations to plan and manage appropriate services. The service discussed feedback

received from patients and service users and publicised this on their website. This information included the service's response to any suggestions made. Staff told us if individuals are identified they will provide a personal response.

- Minutes from regular staff meetings showed that staff were engaged in the service and involved in policy and service development, identifying learning and development needs and proactively looking for and learning from the latest research in their speciality.
- Staff welcomed constructive challenge from people who used their services and this was seen as a vital way of holding their service to account. The service undertook formal patient and service user surveys and actively sought to make improvements on the feedback received.
- The latest patient survey was undertaken in November 2018; 25 consecutive patients attending Heartscan were invited to take part and 13 patients responded. Results were extremely positive but highlighted one area the service wanted to improve on. With 15% of patients stating they were delayed beyond their scheduled appointment an audit of waiting times in the department was implemented. Recent results from this showed no patients were waiting more than five minutes past their scheduled appointment time.

## Learning, continuous improvement and innovation

- The service was committed to improving services by learning from when things went well or wrong, the service promoted training, learning from research and innovation.
- We saw that the manager and staff valued and shared learning and wanted to continually improve their service. The service was keen to share learning, learn from others and fostered good relationships with its peers and professional networks.
- We saw that the manager was looking for opportunities to develop / expand the patient service and were open to suggestions from patients and stakeholders.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should consider what health promotion information would be suitable for its patients and could be made available.
- The provider should consider how it could make its environment friendlier for children and young people attending the clinic.
- The provider should take action to meet the needs of patients for who English is not their first language.