

Specialist Cardiac Diagnostics Ltd

Specialist Cardiac Diagnostics Ltd HQ

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

This was our first inspection of this location. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. The service managed safety incidents well and learned lessons from them.
- Staff provided good care to patients. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care and had access to good information.
- 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.
- 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 a diagnostic procedure.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	See overall summary for details.

Summary of findings

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Summary of this inspection

Background to Specialist Cardiac Diagnostics Ltd HQ

Specialist Cardiac Diagnostics is registered to provide diagnostic services. It is a mobile service visiting people in their own homes, carrying out echocardiography, electrocardiogram monitoring (including 24 hour monitoring) and blood pressure monitoring.

It is a small service primarily operated by the owner and registered manager who was a senior clinician, contracted by Waltham Forest Clinical Commissioning Group to provide services within its catchment. It also sees people in care homes and in GP surgeries where home visits were not practical.

This was our first inspection of Specialist Cardiac Diagnostics.

How we carried out this inspection

With patient consent, we accompanied the senior clinician on their visits to people's homes and observed infection control procedures and other safety procedures. We spoke with patients and interviewed the senior clinician on a separate occasion. We reviewed documents that related to the running of the service including policies, standard operating procedures, equipment checks, meeting minutes, incident investigations, training records and service contract monitoring.

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

Outstanding practice

We found the following outstanding practice:

- Specialist Cardiac Diagnostics was a small service working in people's homes and was well received locally by GPs, commissioners and patients. We observed the clinical lead having the best interests of their patients at heart and being caring and respectful of their preferences for care. This was a service held in positive regard and valued by the local community.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Diagnostic and screening services

Good 

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

Are Diagnostic and screening services safe?

Good 

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff received and were up to date with their mandatory training. It was provided by a contracted outsourced company who also monitored compliance.

There was full compliance with mandatory training which included intermediate basic life support, infection control and manual handling. Compliance rates were also presented to the local clinical commissioning group (CCG) as part of contract monitoring.

Safeguarding

Staff understood how to protect patients from abuse. Staff received training on how to recognise and report abuse and they knew how to apply it. Staff had received safeguarding adults and safeguarding children training, both to level 3 and knew how to identify adults and children at risk of, or suffering, significant harm.

Specialist Cardiac Diagnostics was a small service contracted by the local CCG that visited people in their own homes. The service worked with local referrers when information suggested there were safeguarding issues and we were given examples of concerns being shared.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. There was a full range of infection control policies which were routinely monitored to ensure they were up to date and met the latest national guidelines.

Diagnostic and screening services

Specialist Cardiac Diagnostics was a mobile service that visited people in their own homes. Staff were tested for Covid on a daily basis. There was adherence to hand cleansing on entry and exit from people's homes. Personal protective equipment was worn on all visits and changed between patients. Plastic sheeting was placed on beds prior to treatment and equipment was cleaned between patients. The service complied with each care homes' specific protocols when visiting to prevent Covid infection.

Environment and equipment

The design and maintenance of equipment kept people safe. When providing care in patients' homes staff took precautions and actions to protect themselves and patients. There was an adequate supply of personal protective equipment which met the needs of the service and was being correctly used.

The service had enough suitable equipment to help them to safely care for patients. Equipment was checked daily and had been serviced or was under warranty. Service contracts also covered call outs and repair.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. The service was a diagnostic service for cardiology related conditions. People were referred by GPs and clinical details accompanied referrals. They were triaged by the clinical lead within an hour for urgency, accuracy and relevance.

Staff identified and quickly acted on patients at risk of deterioration. Protocols were in place on what action to take if a patient's condition required immediate attention. We were given examples where deteriorating patients had been identified and action had been taken. It included access to GP referrers, calling 999 and keeping the patient stable until assistance arrived. The service had good knowledge of local hospitals and could send images directly to hospitals.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The clinical lead ran the service and completed most of the patient contact work. They monitored their workload and identified when extra support was required from the two subcontracted qualified staff who also completed tests when the clinical lead was unavailable. The service was also supported by two administrative staff.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and stored securely. Records were held electronically and safely encrypted. Patient names for each day's visits were written out in brief on paper and identification was verified once on site.

Medicines

Medicines were not used by the service.

Incidents

Diagnostic and screening services

Managers had the processes in place to investigate incidents and share lessons learned. Incidents were managed under the incident management procedure which enabled investigation, monitoring and planning. The service had its own incident reporting form and shared them with the services that held responsibility for the patient or pathway such as care homes and GPs. Incident reporting was also shared with the CCG where there was a main contact for contract monitoring and service implementation.

When things went wrong, staff apologised and gave patients honest information and suitable support. The clinical lead was knowledgeable of their responsibility under the Duty of Candour. In nine years since first operating there had been zero never events, significant incidents or deaths.

Are Diagnostic and screening services effective?

Inspected but not rated 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Contracts with the clinical commissioning group (CCG) specified the service conformed to British Society of Echocardiography standards and guidelines including audit processes, which was monitored as part of the CCG contract. NICE guidance updates were received by the service and incorporated in to practice.

Nutrition and hydration

The service was contracted by the CCG to provide echocardiology to patients in their own homes and reported back to the referring service. Other aspects of patient care and treatment belonged with the host provider such as care home or GP. Any risks that related to nutrition and hydration were communicated through direct contact with these.

Pain relief

The service was contracted by the CCG to provide echocardiology to patients in their own homes and reported back to the referring service. Other aspects of patient care and treatment belonged with the host provider such as care home or GP. Any risks that related to pain relief were communicated through direct contact with these.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. All aspects of the service were measured against NHS standard contract KPIs and reported to the contracting CCG monthly. These include, waiting times, patient satisfaction and clinician satisfaction. Audits were routinely carried out to ensure accuracy of scans and reports.

Competent staff

Diagnostic and screening services

The service made sure staff were competent for their roles. The clinical lead undertook professional reaccreditation with the Registration Council for Clinical Physiologists and the British Society of Echocardiography, which included being up to date with training and practice and regular checks took place to ensure this was in place. The two subcontracted qualified staff who carried out work for the service were trained NHS professionals who demonstrated their practice was up to date to the service.

Professional appraisal was arranged through an outsourced company. Supervision took place through professional peers. The clinical lead was also part of a professional network of cardiac physiologists within the acute healthcare sector.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies. The service worked closely with GPs, community matrons and care homes in the delivery of echocardiology services to patients. Attendance at multidisciplinary meetings also occurred prior to the pandemic but working with referrers and key professionals remained in place within the community in which the service was located.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. Before a referral was sent to the service, GPs obtained consent from patients to be seen in their own home. Patients were then called by the service and the procedure was explained. Verbal consent was obtained to visit and perform the procedure including what will be required of the patient such as wearing PPE and what precautions the clinician will take to keep the risk of Covid transmission to a minimum. Verbal consent was noted in the patient record.

They knew how to support patients who lacked capacity to make their own decisions. Staff received mandatory training and assessment annually in consent and mental capacity. The service worked to specific protocols when visiting care homes and dementia homes.

Are Diagnostic and screening services caring?

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We observed the caring attitude of the clinical lead in their interactions with patients. We found them to be kind and respectful to patients and families. They were careful during procedures and professional in their approach. Dignity and respect were always maintained. Mandatory training included modules on privacy and dignity and duty of care.

Verbal feedback was recorded on the day following procedure. This was collated monthly and all patient feedback was part of monitoring meetings with the CCG. The ethos of the service was to enable patients to speak up about any aspect of their care and treatment they had any questions or queries about, which were acted on at the time. Patients we spoke with were happy with the service.

Diagnostic and screening services

Patient satisfaction surveys asked patients a number of questions around themes such as punctuality, politeness, consent, maintaining dignity and responding to patient preferences. All of the patient feedback from 2021 was positive and demonstrated that patients felt this was a valuable service. The most recent performance review with the CCG took place in September 2021. It was noted that patient satisfaction/feedback surveys showed very positive views of the service which were 100% positive.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. Staff gave patients and those close to them help, emotional support and advice when they needed it. As a home visiting service all interactions with patients took place in their own homes and staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing.

We observed the clinical lead being supportive to relatives and patients during procedures. Staff were aware of the psychological impact of delays in cardiac care. Patients talked about the service as an early intervention which prevented them visiting a busy GP or local A&E service.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. We observed the clinical lead having the best interests of their patients in interactions with them that was considerate of the patient need and preferences of care. Staff made sure patients and those close to them understood their care and treatment. We observed them giving patients a good explanation of the patient pathway and what to expect in the future.

Are Diagnostic and screening services responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service was commissioned by the local clinical commissioning group (CCG) and worked to the CCG's healthcare priorities. Specialist Cardiac Diagnostics offered a flexible approach and worked in partnership with hospital services. This included working to pathways that meant seeing patients in their own homes and in a shorter timeframe from referral than hospitals were able to offer.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. The service was located within a London borough with a diverse population in terms of culture, age and levels of poverty. It offered a flexible approach around individual patient need and also worked from GP surgeries when home visits were not possible.

The service received patient information with each referral which assisted in decision making and meeting individual need. For instance, patients were called prior to their appointment so that individual needs and preferences could be better understood.

Diagnostic and screening services

Working with diverse communities meant understanding preferences for care based on culture, such as removing shoes on entry and sensitivity around issues of dignity and gender. If the patient had requirements that could not be met by the clinician, family or friends such as support for hearing impaired it could be accessed externally.

Specialist Cardiac Diagnostics was a home visiting service in echocardiography which worked to improve access for patient groups such as the elderly and disabled. The service ran seven days per week including mornings and evenings which provided flexibility for the younger population to book outside of their working hours.

Access and flow

People could access the service when they needed it and received the right care promptly. The majority of referrals were received via email from GPs and were triaged by the clinical lead within an hour for urgency, accuracy and relevance. There was a clear pathway for care from receipt of referral from GPs, triage, booking, clinical procedures, escalation and results. Every stage had written protocols.

The clinical lead took overall responsibility for monitoring and planning, acting on feedback and results. The service aimed to see patients assessed as clinically urgent within 24 hours and within seven days for all other cases. There was no backlog and patients were currently waiting less than 2 weeks and sometimes were seen within days from referral. Patients did comment on this short timescale, which they told us was very welcome.

In urgent cases which needed further action, the clinician would call the referring GP surgery, call the local hospital and bleep the on call medical registrar or write a referral letter and send the patient with a relative to A&E. If a non-urgent issue needed to be discussed this was done either by phone or email depending on the urgency.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had a complaints policy and procedure. The service had a patient leaflet that included details on how to make a complaint. The ethos of the service was to enable patients to speak up about any aspect of their care and treatment they had any questions or queries about, which were acted on at the time. In nine years of existence the service had received no complaints. Mandatory training included modules on complaints handling and conflict resolution.

Are Diagnostic and screening services well-led?

Leadership

Leaders had the skills and abilities to run the service. The service was a small organisation consisting of the clinical lead, two administrative staff and two supporting senior clinicians. The clinical lead understood and managed the priorities and issues the service faced and was accountable to the CCG through regular monitoring meetings. They were visible and approachable.

Vision and Strategy

Diagnostic and screening services

The service had a vision for what it wanted to achieve, developed with local stakeholders, aligned to local plans within the wider health economy. The vision was described by the clinical lead as promoting the service delivery model that the clinical commissioning group (CCG) had confidence in its effectiveness. As a result, referrals were rising and the service had recently expanded by taking on more administrative support and the two supporting senior clinicians carrying out further work.

Culture

Staff were focused on the needs of patients receiving care. Specialist Cardiac Diagnostics was a small service working in people's homes and in GP surgeries in a diverse part of London. The service was well received locally by referrers, commissioners and patients. GP feedback showed it was a valued and respected service. People told us it meant they received services a lot quicker than waiting for a hospital appointment. The CCG had recently extended the contract. We observed the clinical lead having the best interests of their patients and respectful of their preferences for care. This was a service held in positive regard by the local community.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Specialist Cardiac Diagnostics was a small service and a recent review of governance arrangements took place had made only minor recommendations. Monthly performance reports and contract monitoring meetings were taking place.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Monthly performance reports were shared with the CCG who commissioned the service. They included clinical audits and performance against KPIs.

Contract monitoring meetings were being held on a monthly basis, but more recently these had become quarterly due to high levels of performance against specified standards of performance and safety. Regular communication still occurred via email and all KPI data was still submitted on a monthly basis. The most recent performance review meeting with the CCG took place in September 2021 and was attended by contracts, transformation and commissioning leads from the CCG. Activity from the last quarter was reviewed. Performance against KPIs for the previous month showed the service had met its key performance indicators (KPIs) 100% of the time: waits of less than six weeks from referral, patient reported satisfaction good, triage within two working days, initial contact made within two days from referral, investigation within ten working days from referral and report sent to referrer within five working days.

Audits were carried out by contracted senior clinicians who randomly selected samples which were scrutinised for quality. The service's activity included echocardiograms, ambulatory ECG monitors, ambulatory BP monitors and electrocardiograms. Images and reports were audited. Discrepancy meetings were held and documented every month. Audits showed reports were selected at random on a monthly basis and reviewed with any actions identified within the report.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Records were stored electronically and safely encrypted. Reports were sent through secure NHS email.

Diagnostic and screening services

The clinical lead was aware of their responsibilities for protecting the confidentiality of people's health and care information and making sure it is used properly. The lead clinician was trained in information governance and the service was compliant with the accessible information standard and the General Data Protection Regulation (GDPR).

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. The service was embedded in to the local healthcare community and had regular contact and engagement with local services including community matrons, GPs and care homes within the London borough they operated in. The service received positive feedback from GPs who valued its part in healthcare provision. The lead clinician was part of the London speak up community and attended regular regional meetings and email.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. As a service commissioned to provide echocardiography in peoples own homes the service was an innovative method of delivering healthcare to a diverse local population. It was well used by local organisations and services.