Regent's Park Heart Clinics Ltd

Peninsula Heart Clinic

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We 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, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. Key services were available to suit patients' needs.
- 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 treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to improving services continually.

However:

- Digi locks mounted on doors into areas storing medical equipment and intravenous fluids were not consistently used which could allow unauthorised persons access.
- Not all substances under control of substances hazardous to health (COSHH) regulation had been risk assessed.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	

Summary of findings

Contents

Summary of this inspection

Background to Peninsula Heart Clinic

Peninsula Heart Clinic is a cardiology centre located alongside the South West Regional Cardiothoracic Centre. It is located on the grounds of an acute hospital and has a formal partnership with a local NHS Trust (referred to as the host trust throughout the report). This co-location allows for on-site access to cardiac surgeons, anaesthetists, medical emergency team and critical care facilities should they be required.

Peninsula Heart Clinic primarily provides elective NHS outsourced services from the host trust to assist with the demands for elective work across the South West region. The service adheres to all host trust policies and processes and is viewed by staff as an extension of the existing cardiology department. NHS work accounts for 96% of elective work with the remaining 4% being private patient work. This inspection focused on staff employed by the provider and services provided for private patients.

Peninsula Heart Clinic provides both private outpatient cardiology and invasive cardiology services. These include procedures such as Angiography, Percutaneous *Coronary* Intervention, Pacemakers, Device Implants, Cardiac Electrophysiology and Ablation. Outpatient tests and procedures include Echocardiograms, Holter studies, Ambulatory blood pressure, resting electrocardiograms and Direct Current Cardioversion.

Specialist clinics include adult congenital heart disease, rapid access heart failure and cardiac arrhythmia clinics and fast track trans-thoracic echocardiography.

The service employs 29 members of staff, 9 cardiac physiologists via a service level agreement with the host trust and 9 consultant cardiologists working under practising privileges arrangements (a license agreed between individual medical professionals and private healthcare providers). All consultants hold substantive NHS consultant appointments. All consultants are registered with the General Medical Council with additional specialist registration.

There is a service level agreement between Peninsula Heart Clinic and the host trust. This sets out arrangements for activities such as managing records, medicines and safety incidents. Building maintenance and waste management are managed via external contracts.

In the 12 months up until 31 January 2023 the service had performed a total of 444 outpatient appointments, 501 diagnostic tests and 140 catheterisation laboratory procedures.

The service registered with the Care Quality Commission in June 2019 and is registered to provide diagnostic and screening procedures and treatment of disease, disorder and injury.

We carried out a short notice announced comprehensive inspection of private patient elective services at Peninsula Heart Clinic. We had not previously inspected or rated this location.

We rated all key questions for diagnostic and imaging services as defined within our methodology apart from effective which was inspected but not rated at this inspection

We rated them overall as good.

Summary of this inspection

How we carried out this inspection

The inspection team comprised of 2 CQC inspectors and a specialist advisor with expertise in diagnostic imaging.

We spoke with 14 members of staff and 10 patients. We observed interactions between them throughout the day and undertook patient telephone feedback interviews in the week after the onsite inspection.

You can find further 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

- Staff had developed patient education videos to reduce patient and family anxiety prior to a procedure and to introduce the staff they were likely to encounter during their treatment journey.

Areas for improvement

Action the service MUST take to improve:

- The service MUST ensure the safe and secure handling of medicines. Intravenous/subcutaneous fluids should be stored within an access controlled area (i.e. a locked room or within a locked cupboard). (Regulation 12 (2)(g))

Action the service SHOULD take to improve:

- The service SHOULD ensure they have reviewed all risk assessments according to control of substances hazardous to health (COSHH) regulations. (Regulation 15 (1)(a))

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic imaging

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

Is the service safe?

Good

This was the first time we inspected and rated this service. We rated safe as good.

Mandatory training

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

Staff had access to the host trusts learning platform to keep up-to-date with their mandatory and additional training. Compliance rates were 100% across all staff groups.

Mandatory training was comprehensive and met the needs of patients and staff. The training covered a wide range of clinical and non-clinical subjects specific to the specialist needs of the service. Managers monitored mandatory training and alerted staff when they needed to update their training.

Clinical staff completed training on recognising and responding to patients with mental health needs. Mandatory training included Oliver McGowan online training part 1 for all staff and part 2 for senior staff. Staff had access to an information guide covering key priorities in the care of people with learning disabilities and autism.

There was evidence all staff working with radiation had relevant training in the regulations, radiation risks, and the use of radiation. We saw from training records, modules covered Ionising Radiation (Medical Exposures) Regulations (IR(ME)R).

The service kept records of mandatory training for consultants working under practising privileges arrangements. Records included a practising privileges application form, scope of practice, medical indemnity insurance certificate, disclosure and barring service (DBS) enhanced check, mandatory training record and appraisal dates.

Safeguarding

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

Good

Diagnostic imaging

Staff received training specific for their role on how to recognise and report abuse. Training compliance rates were 100% for all staff at level 1, with specific staff undertaking level 2 and a nominated safeguarding lead who had completed level 3 training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had access to the host trust's safeguarding team. Staff told us a recent safeguarding referral had been made after a pre-assessment call had identified significant concerns for the welfare of a patient.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Safety was promoted through recruitment procedures and employment checks. Staff had a Disclosure and Barring Service (DBS) check undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable groups.

Cleanliness, infection control and hygiene

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

All areas we visited were visibly clean, uncluttered and had suitable furnishings which were visibly clean and well-maintained. The service employed 2 members of cleaning staff who worked shifts to ensure that all areas were cleaned regularly.

In all clinical areas we saw specialist cleaning wipes and observed staff using them to clean equipment between each patient. We saw 'I am clean' stickers in use, and 'room ready' signs to indicate equipment and environment had been cleaned ready for next patient use.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service had an infection control service level agreement with the host trust. This included support with ongoing risk management and help with high risk events. Patients were asked about signs and symptoms of COVID-19 on arrival along with a temperature check and use of hand gel.

Hand hygiene audits were completed monthly to assess compliance with the 5 moments of hand hygiene. Compliance was 100% in the previous 4 months.

In outpatient areas, gel bottles used for echocardiograms were clearly dated and disposed of once they had been open for a month.

Precautions were taken when seeing people with suspected communicable diseases. The service complied with the host trusts infection prevention and control standard operating procedures. Where a patient was known or suspected as having a communicable disease, they were given an appointment at the end of the scanning list to enable deep cleaning after their scan.

Environment and equipment

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

Good

Diagnostic imaging

The service leased land from the host trust and was in ownership of the building. Peninsula Heart Clinic was responsible for keeping the building in good condition and safe working order including planned and unplanned maintenance.

The design of the environment followed national guidance. The building was modern and located on the ground floor. Patients were required to press a buzzer to gain access. The floorplan had been well designed and was divided into 3 distinct areas: catheterisation suite, outpatients' area, staff and management hub. All 3 areas had swipe card access to prevent uncontrolled access. The use of wall mounted pictures of scenes related to the local area created a calm, welcoming environment.

Patients had access to call bells and staff responded quickly when called.

All clinical areas had access to a resuscitation trolley, and all were well stocked with evidence of regular safety checks.

Staff carried out daily safety checks of specialist equipment and could describe what they would do if any of the checks fell outside of acceptable ranges. The service ensured controlled areas (where ionising radiation was present) were restricted to authorised personnel only.

The imaging service had completed risk assessments for all new or modified use of radiation, which were reviewed every year or whenever a change occurred.

The service ensured specialised personal protective equipment, such as lead aprons, were available and used by staff when needed. Where individual staff need was assessed, lightweight lead aprons were provided.

The service had a quality assurance (QA) programme for all specialist equipment with clear processes for maintenance and fault reporting. Where able the service purchased equipment in line with provision in the host trust. This meant staff working across both environments would be familiar with equipment.

Digi locks were mounted on doors into areas storing medical equipment. However, they were not consistently used which could allow unauthorised persons access. At the time of the inspection the service was unable to provide a copy of their safety sheet and risk assessment for chlorine based disinfectant tablets and solution stored in the dirty utility. Since the inspection the service had reviewed the risk assessment according to control of substances hazardous to health (COSHH) regulations. By the end of the inspection tablets and solution were stored in a lockable cabinet. Staff have been reminded of the hazards, storage requirements and safe use of this product.

The service had a medical equipment asset and service log, incorporating their equipment and that on loan from the host trust.

Staff disposed of clinical waste safely. The domestic and clinical waste bins were clearly identified and emptied regularly. Bins for sharp items such as needles and hazardous substances were labelled correctly, dated and stored safely.

Fire safety was managed by the host trust as detailed in the service level agreement. The service monitored compliance with trained fire wardens and completion of annual staff fire awareness training.

During the COVID-19 pandemic staff designed and produced a protective transport cover for patients and equipment when transferred between the service and the host trust site. The aim was to reduce the spread of any infectious disease and provide a physical barrier from bad weather during transfers.

Good

Diagnostic imaging

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff responded promptly to any sudden deterioration in a patient's health. There were clear pathways and processes for the management of people who were, or became, clinically unwell. The service level agreement included a transfer algorithm detailing staff roles and responsibilities. A designated route was used for transfer into the host trust acute service.

We saw the transfer algorithm in use, staff were confident, calm and effective. The patient was efficiently transferred via a motorised trolley to the host trust for ongoing monitoring and treatment.

Staff completed risk assessments for each patient, using recognised tools, and reviewed this regularly, including after any incident. If patients were transferred for ongoing care at the host trust all assessments were sent with the patient to enable continuity of care.

The service appointed a radiation protection supervisor who had attended specialist training to undertake the role. Under the service level agreement the service had access to a radiation protection advisor and a medical physics expert.

Staff ensured they were aware of patients who were or may be pregnant, in accordance with IR(ME)R, and Ionising Radiation Regulations (IRR) 2017. Staff followed the Society of Radiographers "pause and check" guidance when checking patient's identity.

The service had access to mental health liaison and specialist mental health support via the host trust.

Shift changes and handovers included all necessary key information to keep patients safe. A daily meeting, called a huddle, took place where operational information, individual patient risks and general communications were shared across the team.

Staff shared key information to keep patients safe when handing over their care to others. General practitioners were kept informed about patients' treatment via letter.

Staffing

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

The service had enough staff to keep patients safe. The majority of staff were employed by Peninsula Heart Clinic. All staff held an honorary contract with the host trust until they left employment with the company.

The service sponsored a full time cardiac physiologist post in the host trust. In total they had access to 9 cardiac physiologists via a service level agreement with the host trust. Nine consultant cardiologists worked in the service under practising privileges arrangements (a license agreed between individual medical professionals and private healthcare providers). All consultants held substantive NHS consultant appointments and were registered with the General Medical Council with additional specialist registration.

Good

Diagnostic imaging

The service could adjust staffing levels daily according to the needs of patients. They operated an internal bank of staff and all bank staff had a full induction and understood the service.

The service had actively recruited staff from outside of the local area so not to impact staffing at the host trust. The service had low staff turnover rates, noted to be 1.7% during 2022.

Records

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

Patient notes were stored securely, were comprehensive and all staff could access them easily.

The service used the same electronic patient record system as the host trust which supported continuity of care. Private patients gave written consent for their medical records to be stored by the host trust. Patient registration forms included detail about how records were managed and stored.

Staff had honorary contracts with the host trust which enabled access to clinical and administrative software as required by the trust. Access was password protected.

The service ensured requests were appropriate and included the relevant information to be justified in accordance with Ionising Radiation (Medical Exposures) Regulations (IR(ME)R).

Reports were issued at the end of every procedure in the cardiac catheterisation laboratory by the attending consultant. Reports were entered onto the radiology information system and images were uploaded onto a picture archive communication system. Reports and images were accessible to both Peninsula Heart Clinic staff and the host trust.

Medicines

The service used systems and processes to safely prescribe, administer and record medicines. However, they did not always secure access to intravenous/subcutaneous fluids.

Staff followed systems and processes to prescribe and administer medicines safely. Supplies of medicines were provided by the host trust which included a weekly medicine top up service.

Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed all medicines, including controlled drugs, securely and safely in line with national guidance.

Staff stored contrast safely in a lockable cupboard. They monitored and recorded temperatures daily and contrast we viewed were in date. No contrast had been stored in direct sunlight and those in use were temperature controlled.

During the inspection we found the door to the clean store was not secure and fluids were stored on open shelving units. In accordance with guidance on the safe and secure handling of medicines, intravenous/subcutaneous fluids should be stored within an access controlled area (i.e. a locked room or within a locked cupboard). This was raised during the inspection to the registered manager and the service have been responsive in providing access controlled storage for intravenous fluids.

Good

Diagnostic imaging

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff told us they knew what an incident was and were encouraged to report incidents or near misses so effective measures could be taken to minimise ongoing risk to people or the organisation. The service used the host trust electronic system for reporting incidents. All grades of staff could access the incident reporting system. Incidents were reviewed regularly at joint governance meeting with the host trust.

Staff told us they felt supported if mistakes were made and worked in a no blame culture. The team conducted debriefs after emergency events, with a focus on what went well and what could be improved.

The service had no never events or serious incidents reported for the duration the service had been open. A never event is a serious incident or error that should not occur if proper safety procedures are followed.

Staff understood the duty of candour and the service had a 'Being open and Duty of Candour Policy' which set out roles and responsibilities for staff.

The service complied with requirements of the private healthcare information network (PHIN). Patient feedback on PHIN was positive and no incidents had been reported.

Is the service effective?

Inspected but not rated

This was the first time we inspected this service. Effective was inspected but not rated at this inspection

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service regularly reviewed policies and standard operating procedures with all policies date controlled and in line with the host trust. These complied with Ionising Radiation (Medical Exposure) Regulations 2017, the Royal College of Radiologists and the National Institute of Health and Care Excellence (NICE).

The service had a comprehensive clinical audit and effectiveness programme. This included, amongst others, patient identification and inclusive pregnancy checks, supplier quality assurance checks and radiation dose reference levels (LDRLs) to ensure radiation doses were kept as low as reasonably practicable. Actions plans were created for any audits showing a decrease in compliance. Action plans were comprehensive and included named individuals to complete tasks within agreed timescales.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

Nutrition and hydration

Staff gave patients food and drink when needed.

Patients were provided with specific instructions relating to eating and drinking prior to their cath lab procedure.

Staff had completed food hygiene training. Patients were able to choose from a range of food which was prepared on site.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it. A patient we spoke with told us staff were very attentive to their needs and monitored their pain and comfort levels regularly after their procedure.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

The service contributed to national databases and participated in relevant national clinical audits. These include the National Institute for Cardiovascular Outcomes Research and the British Cardiovascular Intervention Society. Managers and staff used the results to improve patient outcomes.

Outcomes data for private patients indicated no post-operative complications and no deaths post procedure in the preceding 12 months. There were a small number of readmissions however these were part of a staged treatment pathway.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff told us they had the time and resources to complete their mandatory and specialist training within their contracted hours.

Managers gave all new staff a full induction tailored to their role before they started work. We reviewed staff records and staff told us their induction was thorough and provided the training they needed to fulfil their roles.

Good

Diagnostic imaging

There were embedded mechanisms for providing all staff at every level with the development they needed. These included high quality appraisal and career development conversations, and personal development and career enhancement through individualised educational and training plans. We spoke with 2 staff who explained they had been supported to develop from an entry position in the service to a role with recognised qualifications and career progression mapped.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Some staff felt they would like to have more regular meetings.

Managers completed an induction process for all bank/agency staff.

Multidisciplinary working

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

Staff held regular and effective daily multidisciplinary meetings to discuss patients listed for care.

The service supported the host trust to implement the National Institute for health and Clinical Excellence (NICE) clinical guideline (187) for patients with acute heart failure diagnosis and management. Staff developed a one stop service including consultant review, ECG, echocardiogram and bloods tests.

Routine discharges were planned and took place at an appropriate time of day. Letters were dictated and sent electronically to relevant services such as general practitioners.

Seven-day services

Key services were available to support timely patient care.

The service was open 6 days of the week with preplanned overnight stays for patients when required.

Staff could call for support from the host trusts resuscitation team, doctors and other disciplines, including mental health services and diagnostic tests.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in patient areas.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Good

Diagnostic imaging

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. If staff felt a patient lacked the capacity to consent to the procedure, they would seek further advice from the referrer. Patients were provided with written and verbal information prior to their appointment to enable them to understand the planned diagnostic test.

Staff made sure patients consented to treatment based on all the information available. Patients who had telephone pre-operative assessments we sent detailed documents covering informed consent by post. Staff clearly recorded consent in the patients' records.

Patients told us they felt fully informed of their treatment and staff were knowledgeable and used communication they understood.

Staff had developed 9procedure specific consent forms that standardised the process. The host trust has requested use of these.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The consent process for patients who lacked capacity was undertaken by the consultant with a second healthcare professional present.

Is the service caring?

Good

This was the first time we inspected and rated this service. We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients and took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We spoke with 10 patients and all spoke positively of the staff. Staff were described as brilliant, professional and understanding.

Staff followed policy to keep patient care and treatment confidential. Discussions took place in consulting rooms to ensure privacy and confidentiality.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they related to care needs. Patient information showed details about chaperones and patients were offered the choice of who chaperoned them.

Emotional support

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

Good

Diagnostic imaging

Staff gave patients and those close to them help, emotional support and advice when they needed it. A patient we spoke with told us they had been very anxious, but staff gave reassurance in a non-hurried way. They spoke positively of 1 staff member who held conversations with them in the cardiac catheterisation laboratory to distract them whilst preparations were happening.

Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity. We observed positive interactions between staff and patients in multiple care settings. We saw a patient who was distressed on entrance to the service. Reception staff treated the patient in a kind and considerate manner, providing a private space for the patient. The same staff then continued to check in with the patient through the course of their stay.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

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

Patients were encouraged to give feedback via an online form, but also sought instant feedback via paper feedback given at the end of the patient's stay.

Patient feedback was overwhelmingly positive. We saw a patient feedback folder with many thank you cards and letters from patients who had used the service. Both friends and family form feedback and Google reviews showed the same positive comments. Over 99% of patients who gave feedback were extremely likely to recommend the clinic to friends and family. These comments were fed back to staff to support team morale.

Patients were directed to a patient welcome video on the service website as part of their pre-assessment. The video aimed to help reduce patient and family anxiety prior to a procedure and to introduce the staff they are likely to encounter during their treatment journey.

Prior to the Covid-19 Pandemic the service had begun designing patient focus groups. The aim was to support the emotional and social impact the condition had on the patient's wellbeing.

Is the service responsive?

Good

This was the first time we inspected and rated this service. We rated responsive as good.

Service delivery to meet the needs of local people

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

Good

Diagnostic imaging

Managers planned and organised services, so they met the changing needs of the local population. Facilities and premises were suitable for the services being delivered and were patient centred. There was a small number of car parking spaces directly outside the location with wheelchair access throughout. The service provided wheelchairs for patients who required them, and patients' mobility needs were identified during their telephone booking.

The service had contracts and service levels agreements with local trusts to deliver care and reduce and maintain waiting times to an acceptable level, particularly during the COVID crisis.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests during 1 visit. Staff also undertook telephone pre-operative assessments to reduce travel time for patients who lived further away.

Staff could access emergency mental health support 24 hours a day 7 days a week from the host trust, for patients with mental ill health, learning disabilities and dementia.

Managers monitored and took action to minimise missed appointments. Staff were also available by telephone to discuss any concerns. When booking appointments, staff considered the time and location of each patient.

Meeting people's individual needs

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

Information about patients' specific needs were initially assessed during the booking process. Staff understood the information and communication needs of patients with a disability or sensory loss. The clinic could use the host trusts telephone and onsite interpretation services including type talk and British Sign Language.

We saw a patient who felt unable to wear a surgical face mask and was provided a face visor.

Staff made sure patients living with mental ill health, learning disabilities and dementia, received the necessary care to meet all their needs.

Staff were supportive of patients with assistance dogs and encouraged their attendance to help with patient anxiety.

The service reviewed patient lists 1 to 2 weeks in advance of any planned procedures. This was to make sure the days planned list was achievable, all required equipment and staff were available and patients' individual needs would be accommodated.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

The service treated both NHS and private patients. NHS waiting lists were the responsibility of the host trust who identified patients according to agreed specific criteria, for treatment at the Peninsula Heart Clinic.

Private patients waiting times were one day for outpatients and an average of three days for most interventional procedures. There were procedures to follow if these waits extended over 10 days.

Good

Diagnostic imaging

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. A 'Making a Complaint or Suggestion' leaflet was available on the services website and was given to patients as required.

Staff understood the policy on managing complaints and concerns stating the roles, responsibilities, and processes for managing complaints.

The service was responsible for managing all complaints received from NHS and private patients, both informal and formal. Since opening in July 2019, the service had received three complaints. Themes were identified, investigated and resolved locally. Managers shared feedback from complaints with staff and learning was used to improve the service.

In line with the service complaints policy, complaints were acknowledged within 2 working days and a full response made within 20 working days.

Is the service well-led?

Good

This was the first time we inspected and rated this service. We rated well-led as good.

Leadership

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

Leaders had the skills, knowledge, experience and integrity needed to run the service. They were knowledgeable about issues and priorities relating to the quality and future of services. The leadership team demonstrated an understanding of the wider cardiac sector locally, nationally and globally. Senior managers were knowledgeable about developments within cardiology and how these developments could support practices, and progress within the organisation.

The leadership team worked collaboratively with the team and the host trust to deliver high quality services. Staff told us the senior leadership team were visible, approachable and offered a high level of support. Staff at all levels told us they felt engaged in team discussions and felt confident to address staff senior in their role.

The service manager was available and visible to both staff and patients at various points of the day to identify service issues and gain informal feedback. Weekly drop in sessions were available for staff and the manager operated an open door policy. Staff were encouraged to raise concerns, discuss service improvement ideas or seek help when required.

Good

Diagnostic imaging

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

There was a thorough and realistic strategy for achieving priorities and delivering good quality sustainable care. Services had been planned to meet the needs of the relevant population and were reviewed at regular intervals during clinical governance and host trust meetings.

Six core values had been developed, using a structured planning process in collaboration with staff, to underpin the strategy. These were: putting patients first, integrity respect and dignity, quality and safety, creating best outcomes, listening learning and leading and everyone matters.

The team demonstrated commitment to system-wide collaboration and leadership, and had created good working relationships with key stakeholders.

Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

We spoke with a range of staff during our visit, including members of the leaderships team, doctors, nurses, healthcare assistants, administrative and domestic staff, Without exception, staff we spoke with felt respected, supported and valued the work of their colleagues.

Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns when needed, and policies and procedures positively supported this process.

The culture was centred on the needs and experience of people who used the service. Actions taken to address behaviour and performance was consistent with the vison and values. Staff told us they were able to raise issues, and this was acted on. There was a strong emphasis on the safety and well-being of staff.

Governance

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

There were effective structures, processes and systems of accountability to support the delivery of the strategy with good quality, sustainable services.

We reviewed 2 staff files and saw signed contracts, induction training and safety checklists, Disclosure and Barring Service certificates, professional register checks and evidence of appraisal within the last 12 months.

Good

Diagnostic imaging

The service had a practising privileges policy and kept a dashboard of medical practitioner compliance. Of 12 clinicians, one was out of appraisal date with all other metrics within expected range.

Executive management board, medical advisory board, governance and health and safety meetings were held regularly. They included reviews of key performance indicators, incidents reported, complaints, audit, clinical outcomes, infection control, risks identified on the risk register and risk management.

Staff meetings were held and those not able to attend were emailed resulting minutes. Some staff told us they would like these to be more frequent. Since the inspection the service has decided to use the monthly continuing medical education days for staff meetings as well as education and training.

A service level agreement with the host trust was in place and reviewed yearly.

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. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had processes to manage current and future performance. The management team monitored quality, operational and financial processes and had systems to identify where action should be taken. Reports demonstrated action was taken when required and improvements monitored.

There were arrangements through the host trust, for identifying, recording and managing risks, issues and mitigating actions via an electronic system. The service maintained its own risk register, on which there were 23 identified risks and statements of mitigation. Further documents explored economic risks that could directly or indirectly impact the service in the longer term.

The service had a major incident and business continuity plan with clearly defined roles and responsibilities.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

All staff were required to complete data security and protection awareness training and were up to date with this. Staff used their training to work within data protection policies and ensure they avoided risks associated with data breaches. This ensured they protected patient identifiable data and acted with integrity when handling personal information.

All staff had honorary contracts with the host trust allowing them access to the trusts electronic systems. This facilitated continuity of care if patients were transferred between services.

There were arrangements to ensure data or notifications was submitted to external bodies as required. The service was aware of its responsibilities around IR(ME)R reportable incidents although no incidents had met the threshold for reporting since opening.

Good

Diagnostic imaging

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.

Patients views and experiences were gathered and acted on to shape improvements.

The service collated feedback from the friends and family test and electronic patient reviews post procedure. Results were shared with staff, received positively but also took on board any constructive comments that helped to improve the service.

Staff corresponded with private insurance companies to assist patients getting the necessary authorisation prior to procedures. Managers recognised some patients who used the self-pay option found it difficult to pay all costs upfront. As a result of this, they worked with a finance company to provide options for monthly interest free payments over a set period.

The management team had initiated an engagement exercise with staff to explore changes to their employment contracts. Managers sought to improve the work life balance of staff and invest in their future with the provider.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Managers and staff aspired to continuous learning, improvement and innovation.

Staff regularly took time out to work together to resolve problems and to review individual and team objectives, processes and performance which lead to improvements and innovation.

At the end of 2022 the service adopted a new, less obtrusive ambulatory ECG monitoring system enabling patients to continue their daily activities whilst being monitored.

Managers were exploring technology solutions to promote timely access to treatment for those who want to communicate with the service using mobile devices. The telephone network allows off site team members to support administration and clinical staff during peak periods. Calls could be diverted to the off-site finance team without the need for patients to re-dial.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Action the service MUST take to improve:** • The service MUST ensure the safe and secure handling of medicines. Intravenous/subcutaneous fluids should be stored within an access controlled area (i.e. a locked room or within a locked cupboard). (Regulation 12 (2)(g))