

Perspectum Ltd

Perspectum Ltd

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

Our rating of this service was good because:

Staff had training in key skills and understood how to protect adult patients from abuse. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents.

Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Key services were available to suit patients' needs.

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

The service planned care to meet the needs of local people 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 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 the community to plan and manage services.

The service had enough staff to care for patients and keep them safe.

However:

The service did not always store cleaning materials securely

The service's safeguarding policies did not include the action to take if there were child or young person safeguarding concerns.

The service's environment did not always meet service user's individual needs.

Staff did not always record patients' consent in medical records.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	

Summary of findings

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Summary of this inspection

Background to Perspectum Ltd

Perspectum Ltd is a medical solutions company, using its products as part of its research and clinical service. The UK arm of Perspectum is based in Oxford, with other branches in Portugal, Singapore, Dallas, and San Francisco. At the time of this CQC inspection, Perspectum had 23 employees, comprising a variety of clinical and administrative staff. Overall, the company has approximately 310 employees, mostly in the USA.

The main clinical service provided on Perspectum premises is diagnostic screening. This includes Magnetic Resonance Imaging (MRI), Computerised Tomography (CT), X-ray, and ultrasound. Clinical services are subcontracted to Perspectum from an NHS trust and provided in the Community Diagnostic Centre (CDC).

MRI and CT scanning are outsourced to a third-party provider. Scans are conducted in mobile units. Scan images following MRI and CT scans are sent to the trust where radiologists review them and write a clinical report.

X-ray and ultrasound scans are carried out by Perspectum. X-rays are conducted in a mobile unit. Ultrasound scans take place inside the Perspectum building. X-ray images are sent to the trust where radiologists review them and write a clinical report. Ultrasounds are reviewed and reports written on-site, immediately after the appointment.

Perspectum has a phlebotomy service (phlebotomy means taking blood from a vein) and has recently started carrying out lung function tests (spirometry).

The service sees patients from 16 years of age.

This report is about Perspectum Ltd. Due to the business' nature, the report will reference the trust and the third-party provider at times.

This was the first CQC inspection.

How we carried out this inspection

We carried out a comprehensive unannounced inspection on 11 November 2022. The inspection was conducted by a CQC inspector, a CQC assistant inspector, and a specialist advisor who was an experienced radiographer. The team had off-site support from an inspection manager and was overseen by Carolyn Jenkinson, Head of Hospital Inspection. The inspection looked at the core service of diagnostic imaging.

During the inspection we spoke with 13 members of staff and 4 patients. We looked at equipment, clinic rooms, waiting areas, and storerooms. We reviewed scan images and patient records.

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>.

Summary of this inspection

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

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

- The service must ensure that all staff receive training in learning disabilities at a level appropriate to their role. (Regulation 18).

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

The service should ensure patient consent is recorded in the records. (Regulation 11).

The service should ensure their policies include the action to take if there are child or young person safeguarding concerns. (Regulation 13)

The service should ensure products covered by the Control of Substances Hazardous to Health Regulations 2002 (COSHH) are always securely stored. (Regulation 12)

The service should ensure the environment is designed for all service user's individual needs, including adequate signage and suitable seating. (Regulation 9)

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

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

Is the service safe?

Good 

We rated safe as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Perspectum mainly followed the trust's mandatory training framework. Staff told us they received role-specific mandatory training. At the time of the inspection 96% of staff (22 out of 23 staff) were up-to-date with their mandatory training.

From 1 July 2022, registered health and social care providers were required to ensure that their staff had received training in learning disability and autism, at a level appropriate to their role. At the time of inspection, the evidence suggested staff had not completed training in autism and learning disabilities. Following our inspection, additional information provided confirmed staff had now completed an autism awareness course, but they had not completed training in learning disabilities.

Managers monitored mandatory training to ensure staff were up-to-date with the training required to fulfil their role.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff told us they had been trained to level 2 adult safeguarding. Level 2 is for non-clinical and clinical staff who, within their role, have regular contact with patients, their families or carers, or the public. Training records provided following the inspection also demonstrated staff had received training in safeguarding children.

Diagnostic and screening services

Perspectum received referrals for patients 16 years and above. Staff had received safeguarding children training in line with guidance. Perspectum included safeguarding adults in their policy. This document referred staff to the Oxfordshire Safeguarding Adults referral pathway but did not refer to any pathways for children.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Perspectum had a named safeguarding lead in place who was trained to level 3. Additionally, a senior nurse lead had received training in both adult and children safeguarding. A senior manager told us the service accessed safeguarding advice via the trust's safeguarding team, whose staff had received training to level 4 and level 5 (level 4 safeguarding is designed to build on the knowledge of lead professionals involved in safeguarding people at risk of harm; level 5 provides managers with an understanding of their roles and responsibilities when managing staff who have safeguarding responsibilities).

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Perspectum staff logged all safeguarding concerns as part of their electronic incident reporting system. They ensured they informed the service's director of operations. Additionally, they reported safeguarding concerns on the trust's electronic reporting system. Staff informed us they ensured they completed a formal safeguarding referral to the local authority.

Staff told us the provider advised patients against bringing young children to appointments if they were the sole carer for the child. A senior manager said they informed patients prior to the appointment of their responsibility to ensure their children were looked after when on Perspectum premises. Perspectum staff did not take responsibility for children entering the CDC.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained, which was in line with the National Standards of Healthcare Cleanliness 2021 and the Health and Safety at Work Act 1974. All furniture in the clinical waiting area and within clinic rooms was wipeable, which is important to maintain infection control and is in line with the Department of Health's guidance.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Perspectum outsourced cleaning of the facility to an external company. We saw all clinical and waiting rooms were clean and cleaners recorded their activities daily.

Cleaners kept all cleaning materials and cleaning records in cupboards in the sluice room. We reviewed cleaning records of the mobile X-ray unit for the first half of November 2022 and saw staff had completed checklists consistently. Cleaners received training in the control of substances hazardous to health (COSHH). This was necessary as they worked with cleaning products which could be hazardous to their health.

Staff followed infection control principles including the use of personal protective equipment (PPE). Within the clinic environment of the CDC all staff wore face masks. We saw signs advising patients entering the CDC to wear face masks and Perspectum provided these for their patients. The service had hand gels throughout the department for use by patients, staff and visitors. Staff had access to gloves and aprons throughout the CDC.

Diagnostic and screening services

The service completed daily and weekly infection and prevention control (IPC) checklists. This included checks in the 4 clinic rooms inside the building, reception areas, waiting areas, changing rooms, and dirty utility. Staff completed checklists using an online tool, which was simple to use. Results showed the service generally scored well. However, there had been two occasions when staff had not stored equipment above the ground. It was unclear what action the service had taken to correct this, however the checklist for the following days showed that the problem had been corrected. When we checked storage areas all items were stored above the ground.

Nursing staff conducted monthly handwashing audits. We reviewed 5 sets of audits from July to November 2022. One of the key issues identified and repeated across the months was some staff's non-adherence to the 'bare below the elbow' guidance from the National Institute for Health and Care Excellence (NICE). During the inspection it was unclear what action the service had taken to improve this. However, after the inspection the provider submitted meeting minutes to show concerns were raised with staff. The service's IPC audit process was not robust, and we did not have assurance audits included solid recommendations and actions for improvement. The service told us that when non-compliance was identified through audit, the relevant staff member's line manager would be informed. The service had never needed to make long term plans to resolve non-compliance.

Staff cleaned equipment after patient contact. In ultrasound, staff had access to an automated cleaning unit using high-level disinfectant liquid for the cleaning of probes used for scanning. We saw staff ensured they cleaned probes after every use. Staff ensured they used single use probe covers for intimate examinations. Staff also cleaned all other patient equipment between appointments in line with good infection control principles.

Environment and equipment

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

Staff carried out daily safety checks of specialist equipment. The provider had a service plan for X-ray equipment in place. At time of inspection, there had not yet been any servicing of X-ray equipment due to the service only starting in June 2022. The first service was due in January 2023. Health care assistants (HCAs) working in the ultrasound department checked all equipment daily to ensure everything was in place for the day's scans.

The X-ray service had a quality assurance (QA) programme in place, in line with The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. We reviewed local records of monthly testing between July to October 2022 and saw staff had completed them consistently.

The service had an up-to-date IR(ME)R Equipment Quality Assurance procedure in place. This referenced the service level agreement with the equipment supplier of X-ray and ultrasound equipment. The supplier was responsible for regular maintenance, repair and calibration of equipment.

The trust's medical physics and clinical engineering department had a service level agreement with Perspectum, which outlined what it provided. This included the provision of a Radiation Protection Advisor (RPA) and a Medical Physics Expert (MPE), as well as a quality assurance programme for X-ray and a radiation safety internal audit programme.

We spoke with staff in ultrasound who told us they contacted the duty manager if they found any equipment faults. Staff did not continue carrying out ultrasound scans if they had concerns about any faulty equipment.

Diagnostic and screening services

The service had completed induction testing of X-ray equipment in May 2022 and the trust compiled a medical physics report recording baseline parameters. Perspectum ensured they had arranged annual medical physics reporting.

The service stored blood samples following phlebotomy in temperature-controlled fridges. We reviewed Perspectum's cold chain policy and cold chain procedure, which were up to date. Cold chain is the term given to the system of transporting and storing items at the correct temperature.

The service had enough suitable equipment to help them to safely care for patients. Staff had access to first aid kits, a resuscitation trolley, and hypo boxes (hypo boxes hold a range of glucose products for use in cases of low blood sugar) and completed daily checks of this equipment. The service sealed the resuscitation trolley with a tag to avoid unauthorised access to its contents. The resuscitation trolley contained both adult and paediatric equipment. We completed checks on the trolley and found sterile wipes in the paediatric pocket mask packs had expired; this means they may not be as effective when used. They were immediately replaced. The mobile X-ray unit had a medical bag for staff to use in an emergency.

The service had suitable facilities to meet the needs of patients' families. The CDC had a spacious waiting area with enough seating for many patients. The service had arranged seating to allow plenty of space between patients or groups of people. The service had a further waiting area just outside the CDC where people accompanying patients could sit and wait. This waiting area offered self-service hot drinks free of charge and comfortable seating.

The CDC had 2 changing rooms for use by patients. These had lockers for patients to keep personal items safe whilst having an assessment. Each changing room had a bin for dirty laundry; for example, gowns worn during scans. All clinical rooms had a changing area with a curtain within the relevant room, which maintained patients' privacy.

Staff disposed of clinical waste safely. The service had sharps bins in all clinical areas and in the sluice room. Staff had marked all sharps bins with dates of when they had opened them. They had also marked closed sharps bins with the date of closure. Perspectum stored clinical waste in a secure locked area in the carpark. The service used an external licensed waste management company to collect generated waste from the external waste storage location.

The service did not always store cleaning materials securely in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). The sluice room and cupboards storing detergents were found unlocked at the time of the inspection. This meant there was a risk of unauthorised access to substances hazardous to health.

Assessing and responding to patient risk

Staff 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. They had training in basic life support and had access to first aid equipment. The service ensured that at least 2 members of staff with training in intermediate life support were on site at all times. Staff knew when to call 999 for help. One staff member gave us an example of when they had to call 999 recently when a patient became breathless during a lung function test.

Medical doctors were present for any medical emergencies, including those related to contrast MRI scans (contrast scans involve patients having an injection of a dye to make certain tissues and blood vessels show up more clearly). The service ensured the third-party MRI and CT provider did not carry out contrast scans until a doctor was present on-site. We spoke with a doctor who told us they had training in advanced life support and basic paediatric life support. This meant they could help in emergencies not related to MRI as well.

Diagnostic and screening services

The service had a clinical escalation policy and a clinical escalation standard operating procedure (SOP) document in place. These outlined symptoms of a deteriorating patient and who to contact in an emergency.

Perspectum provided staff with two-way radios to raise the alarm when needed. Every morning radio testing took place to ensure they worked and had battery life. Staff told us they did not start scans using contrast until radio testing had completed. We heard the service had not conducted any emergency scenario training using two-way radios at the time of inspection. However, a senior manager told us they had test scenarios planned.

Staff shared key information to keep patients safe. The clinical service met for a huddle every morning to discuss how many contrast scans were planned for the day. This allowed them to prepare and dispense the correct amount of contrast for the day but also to be alert should any patient react badly to the dye.

Before staff started any scan, they checked 3 points of identification: the name of the patient, their date of birth, and their postcode. This is important to ensure the correct patient has the correct scan and does not receive unnecessary radiation exposure. We observed X-ray and ultrasound procedures and saw staff carried out these checks consistently.

Staff carrying out phlebotomy and ultrasound or X-ray scans ensured they asked patients questions to determine potential risks; for example, patients who had undergone a mastectomy did not have blood taken on the same side as the surgery site. Staff ensured they asked female patients about potential pregnancy.

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.

The service had enough staff to keep patients safe. At the time of inspection, the service employed 23 staff. Three more staff members had been appointed and were due to start by the end of November. Perspectum used a staffing model outlining what was required to run the service efficiently. Due to the service being new, parts of the CDC had not started yet; for example, mammography (X-ray of the breasts). Perspectum planned to recruit to posts for radiographers in this field in time for the service going live.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift. The clinical escalation SOP noted the clinical lead was responsible for ensuring a safe level of staffing was in place each day.

The number of clinical staff matched the planned numbers. We reviewed the staffing model and saw all posts budgeted for had been filled. Managers used agency staff and requested staff familiar with the service. At the time of inspection, the service employed 2 locum sonographers. A senior manager told us it was difficult to recruit permanent ultrasound staff due a general lack of trained staff across the UK.

Managers made sure all agency staff had a full induction. The service provided a short induction to locums, which included an introduction to the provider's policies and to their patient reporting system. All permanent staff took part in an in-depth induction relevant to their role.

Records

Diagnostic and screening services

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

Patient notes were comprehensive, and all staff could access them easily. The service was completely paperless and held all clinical records electronically. Perspectum used an online electronic signature software which allowed staff to sign records and other documents, such as supervision records.

Records were stored securely. Perspectum used a tool to protect secure data whilst working online. Staff accessed electronic records system using individual log in details. Perspectum staff followed the policy of logging out of the system if they left the computer unattended to avoid unauthorised access to records.

Sonographers wrote patient reports following the completion of the ultrasound scan. We reviewed 3 sets of ultrasound patient records. All followed record-keeping guidelines. The sonographer recorded names of clinical staff present and detailed clinical outcomes and conclusions.

Radiographers conducting X-rays sent the images to the trust's radiologists who reviewed them and wrote clinical reports.

Medicines

The service used systems and processes to safely administer, record and store medicines.

Staff followed systems and processes to administer medicines safely. The service had an up-to-date medicines policy in place. This included the supply, administration, and disposal of medicines.

The medicines supplier for Perspectum was the trust and only medicines listed on their approved stock list could be supplied. The service had a designated registered staff member in place who was the link to the trust's pharmacy distribution manager and specialist pharmacist.

Staff stored and managed all medicines in a temperature-controlled environment. The service stored most of its medicines in a locked cupboard in a storeroom. A senior manager told us only registered clinicians could access the cupboard. Staff ensured they locked the storeroom itself to avoid unauthorised access from patients or visitors. We checked medicines in the lockable cupboard, and they were all in-date.

A manager told us the service had a central air conditioning system. The estates department managed this and ensured temperatures within the Perspectum facilities did not exceed 20 degrees. This ensured the service stored medicines at the correct temperature.

The service stored a small amount of emergency medicines in the resus trolley. We checked all medicines and none of them had expired.

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.

Diagnostic and screening services

Staff knew what incidents to report and how to report them. We spoke with several staff members who described the system of incident reporting. Staff recorded incidents relating to the CDC on 2 systems, one internal to Perspectum and one on the trust's electronic incident reporting system. We heard Perspectum held overall ownership and accountability of these incidents. The service's managers ensured they investigated CDC incidents and shared any learning with the relevant teams.

We spoke with a senior lead who explained the service ensured they shared outcomes from incident investigations with the trust. This included incidents which occurred in the CDC and in the third-party provider facilities.

Staff raised concerns and reported incidents and near misses in line with the service's policy. The service had an up-to-date incident reporting, complaint, and investigation policy in place. This clearly outlined staff's responsibilities from identifying and reporting incidents, to investigating them and ensuring learning took place.

Staff met to discuss the feedback and look at improvements to patient care. A small group of senior managers met every 15 days to review the service's incidents. They shared any urgent matters relating to an incident with all staff at the daily clinical huddle. This ensured staff knew about actions needed following incidents as soon as possible. The service discussed incidents at the monthly Integrated Governance and Risk Committee meeting.

There was evidence that changes had been made as a result of feedback. We reviewed an incident relating to a cancellation of a scan due to a translator not being available. Managers investigating the incident concluded a review of the booking process was necessary to include a section on the need for translators. The changes had been implemented by the trust before the service's administration team had taken over the bookings.

We reviewed 3 incident reports and saw managers investigating incidents. They included dates of actions, outcome of the investigation, and lessons learnt. Staff received feedback from investigation of incidents, both internal and external to the service.

The service had a back-up plan in case of any electronic failure. Staff had access to a paper form to ensure immediate reporting of incidents. They transferred the information to the electronic incident reporting system as soon as they could access it.

The service had no serious incidents or never events since its inception. The policy outlined the process of serious incident investigations and the duty of candour (the duty of candour is a professional responsibility to be open and honest with patients when things go wrong).

Is the service effective?

Inspected but not rated 

We do not rate this section for diagnostic services.

Evidence-based care and treatment

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

Diagnostic and screening services

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed many policies, and they were all in date. The service ensured policies remained in electronic format only. This was to avoid staff using out-of-date policies. Staff accessed policies via a shared online platform.

The service complied with several pieces of national legislation and requirements; namely, the British Medical Ultrasound Society (BMUS) guidelines and protocols, the IR(ME)R Regulations 2017, The Royal College of Radiologists guidelines, and The Royal College of Radiographers guidelines.

Perspectum did not have their own local diagnostic reference levels (DRLs) in place. Local DRLs can only be established once there has been sufficient benchmarking data collected from scanners. Therefore, the service followed national DRLs as a short-term measure. This was in keeping with good practice. The service aimed to have locally derived DRLs in place 3 months after the inspection. The trust had governance arrangements in place to oversee the DRLs annually. A DRL is a specified radiation dose for a given imaging study that is not expected to be exceeded. Newer Xray equipment is designed to produce lower DRLs and generally should have lower DRLs than the national levels

Nutrition and hydration

The service provided patients and visitors drinks free of charge.

Perspectum Ltd had a hot drinks station located in the main reception. Patients, their companions and other visitors accessed drinks free of charge.

Pain relief

The service did not administer pain relief as it was not needed for the service provided. However, they checked on patients' comfort when performing scans.

Patient outcomes

Monitoring of the effectiveness of the service took place although it was unclear how information was used to make improvements.

The service participated in relevant national clinical audits. We spoke with a senior manager who told us the trust governed most of the audit activity. Perspectum carried out additional internal audits. We reviewed an up-to-date audit and monitoring policy, which divided audits into 4 categories:

Clinical Audits – this included, for example, hand hygiene audits, IPC audits, first aid box audits.

Regulatory Audits – these included visits by regulatory bodies for the purposes of auditing the service.

IR(ME)R Audits – the trust carried out all audits relating to IR(ME)R to ensure the service was compliant with the regulations.

Quality Assurance Review (QAR) Audits – the service designed these clinical and non-clinical procedures and policies to assure compliance with different regulations.

Diagnostic and screening services

The policy outlined how managers discussed audits at internal and trust governance meetings. This was supported by the minutes of these meetings, although there was a lack of detail and depth in these. Therefore, it was not clear how effective the audits were and how the service used them. Nor was there any clear information relating to the monitoring of patient outcomes.

A senior lead told us Perspectum staff attended Radiology Events and Learning Meetings (REALMs) meetings at the trust. This was in line with the Royal College of Radiologists guidance.

The director of operations and the modality leads met quarterly to review the audit schedule. We reviewed the service's audit tracker, which detailed staff responsible for each audit, and the frequency and percentage outcomes of audits.

X-ray staff did not complete reject analysis (reject analysis is a method of quality assurance that aims to examine images rejected by radiographers, to determine how many and why particular images are being rejected). This was because the x-ray service had only been operational for 6 months at the time of inspection and there was insufficient data. However, X-ray leads looked at staff's X-ray images monthly and scored the quality of images. We reviewed an analysis from October 2022 and staff had scored 100 per cent.

Radiographers met with a trust's radiologist once a week for clinical support. The trust handled Perspectum's quality assurance procedures, which included monitoring of equipment, accessories and radiography personnel.

Competent staff

The service made sure permanent 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. The service had role-specific competency frameworks in place. New staff generally had 3 months to complete their competency framework with their line manager. Managers reviewed staff's progress regularly throughout the 3-month period. We reviewed a variety of competency frameworks and saw they included aspects such as patient care, knowledge of policies and legislation, and equipment competencies.

Managers gave all new permanent staff a full induction tailored to their role before they started work. On joining Perspectum, new staff members received an induction booklet. This included, for example, an outline and timetable of the induction period, a list of points of contact, an organisational chart, information on human resources, and general information of various electronic platforms used in the service. The service provided a short induction to locums, which included an introduction to the provider's policies and to their patient reporting system.

Each permanent member of staff underwent a probationary period of 3 months. We reviewed 3 end of probation forms and saw they included a written review of staff's performance. The staff member, their line manager, and the human resources manager signed the forms.

Managers planned to support staff to develop through yearly, constructive appraisals of their work. A senior manager told us appraisals had not yet begun due to the service having operated less than a year. First formal appraisals were due in December 2022.

Diagnostic and screening services

Managers supported staff to develop through regular clinical supervision of their work. Frequency of supervision meetings varied between staff groups and took place every 2 to 4 weeks. A senior manager told us line managers emailed the supervisee a summary of their discussion. We reviewed examples of supervision notes and saw they included space for reflection by the supervisee.

Managers held 2 morning huddles every day. All members of staff, including the third-party provider, gathered to discuss appointments for the day, staff on duty, and who to contact in case of problems.

Internal staff had monthly meetings and managers told us they ensured they shared a variety of information with Perspectum staff. This included incidents and anything learned from them, complaints, feedback from patients, and any updates on business-related or clinical matters.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. We heard from staff that the service encouraged training and allowed staff to complete this within their paid working time.

If Perspectum managers felt staff needed additional training, they arranged this internally. This was either in the form of in-house training by an experienced member of staff, external trainers, or online using an online training provider. For example, HCAs received phlebotomy training from one of the senior Perspectum nurses.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Meetings took place both internally and with the trust. Managers ensured they shared relevant information from meetings between the trust and Perspectum at their internal weekly staff and modality meetings.

Perspectum worked closely with the third-party provider and the trust, and all sides ensured they shared relevant data and kept each other informed of clinical and governance aspects.

The trust provided medical physics services to Perspectum to ensure IR(ME)R Regulations 2017 were met. They provided a radiation protection advisor and a medical physics expert. The trust also ensured Perspectum had help in preparing meeting papers to the Medical Radiation Exposure Committee and the Radiation Protection Committee.

Seven-day services

Key services were available to support timely patient care.

Perspectum provided services 7 days a week and offered appointments from 7:30am to 7:30pm, allowing a range of appointment times for patients.

Health promotion

The service did not display information promoting healthier lives but could print leaflets out when needed.

Diagnostic and screening services

The service did not have relevant information promoting healthy lifestyles and support in patient areas. For example, information on gynaecological health. This was due to restrictions following COVID-19. However, the service held events and activities to promote awareness on diseases such as diabetes and endometriosis.

Consent

Staff gained patients' verbal consent before carrying out any procedure but did not always document this in patient records. Staff supported patients to make informed decisions about their care and treatment.

Perspectum had an up-to-date Consent to Examination or Treatment policy in place. This referenced The Human Rights Act 1998, The Mental Capacity Act 2005, and Mental Health Act 2007. The policy outlined the importance of valid consent by persons who have capacity and included aspects to consider for those deemed not to have capacity; for example, parental responsibility for patients under the age of 18 and authorisation by a Lasting Power of Attorney (LPA).

We observed ultrasound staff gained verbal consent from patients to perform scans. However, they did not always record consent in the patients' records. This was not in line with BMUS's Guidelines for Professional Ultrasound Practice 2019.

Staff told us they would not undertake tests of investigations unless they were satisfied a patient could consent. They told us when patients could not give consent, they made decisions to cancel the procedure. Staff did not show a coherent understanding of the mental capacity act.

Is the service caring?

Good 

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. Staff took time to interact with patients and those close to them in a respectful and considerate way. Perspectum had 2 reception areas; one at the main entrance to the building and one at the CDC entrance. Both reception areas were situated to allow for privacy and to maintain confidentiality.

Patients said staff treated them well and with kindness. The service kept a tracker with patients' feedback. We reviewed this tracker and saw many comments relating to the caring and kind nature of Perspectum staff. For example, "Pleasant experience. Everyone was warm and friendly." "All very organised and kind understanding staff."

We observed X-ray and ultrasound appointments and spoke with patients. We heard staff consistently treated patients in a caring, kind, and professional manner.

Staff followed policy to keep patient care and treatment confidential. The service kept all patient records on an electronic system, and we did not see any patient-identifiable information on desks in clinic rooms.

Diagnostic and screening services

Perspectum ensured a chaperone was present for all ultrasound scans. The service had an up-to-date chaperone policy, which outlined the purpose of offering chaperones for safeguarding purposes and was in line with the General Medical Council's good medical practice guidance.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff understood the emotional impact that a person's care or condition had on their wellbeing and gave patients advice when they needed it. Staff told patients what happened after the appointment, and when their scan report would be ready.

We reviewed feedback from patients, and this included, for example: "Thank you for making a scary time more pleasant." "I was very nervous but the staff were amazing, a massive thank you."

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their procedure.

Staff made sure patients and those close to them understood their care and treatment. We observed staff took their time to explain the procedure to patients, including any risks of radiation.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service left feedback forms and pens on tables in the CDC waiting area. Patients posted these into a box to allow for confidentiality. Perspectum also displayed a poster promoting a patient participation group, which patients could join to provide feedback on the service.

Patients generally gave positive feedback about the service. For example, "procedure was explained making it a much better experience". "Very efficient service, friendly staff."

Is the service responsive?

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 the local people it served. It also worked with others in the wider system and local organisations to plan care.

Facilities and premises were appropriate for the services being delivered. The CDC was located on the ground floor and allowed access for wheelchair users inside the facility. The service had access for wheelchairs to mobile scanning units. As part of their booking criteria, Perspectum did not see patients who could not mobilise independently. Patients who were bed bound or required the aid of a hoist were booked in at the nearby NHS trust facility.

The service offered free parking on its premises, including disabled spaces.

Diagnostic and screening services

The service had systems to help care for patients in need of additional mobility support. Patients with mobility issues could use a ramp to exit the building to the mobile scanning units. Each mobile scanning unit had a disabled access lift for patients who found stairs difficult to manage. Staff members accompanied every patient from the CDC reception area to the mobile scanning unit.

Managers monitored and took action to minimise missed appointments. The booking team offered patients the choice to change their appointment if the date and time did not suit them. They called patients on the telephone if the appointment they offered was within 7 days. For patients whose appointment was more than 7 days away, the booking team sent a letter with the option of changing the appointment if needed. Additionally, the booking team made courtesy calls to remind patients of their appointment.

The service relieved pressure on other departments when they could treat patients in a day. Through their agreement with the NHS trust, Perspectum helped to reduce the number of patients on the waiting list. The service offered same day or next day appointments where appropriate.

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.

Clinical facilities were not always designed to meet the needs of all patients. They did not always align with all guidance within the Department of Health's guidance on dementia-friendly health environments. Signage to orientate patients was lacking throughout the facility, which patients reflected in their feedback. Seating in the waiting area looked modern and clean. The varying colours and styles of seating and the definition between floors and walls helped people with dementia or other cognitive problems.

The design of the seating in the CDC waiting area was either in the form of low stools around a low table, or diner-style seating, which patients had to slide into, other sitting included sofa and padded chairs, with arms. However, these seats were not variable height and therefore may not be suitable for people with mobility or frailty issues.

We did not see information leaflets available in the waiting areas or clinic rooms of Perspectum. This was due to measure taken following COVID-19.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters when needed. The service could access a phone interpretation service when necessary. Language needs of patients were identified at booking. Sign language could be booked either as face to face or through video call.

Access and flow

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

The trust and Perspectum monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. An administrator told us patients usually received appointments with Perspectum within 6 weeks, which was in line with NHS England's target. The trust managed the 2-week urgent cancer appointments as part of their cancer pathway.

Diagnostic and screening services

The service had full access to the trust's diagnostic scan waiting list. The administration team checked this daily and selected patients to be seen at Perspectum, according to the service's booking criteria. The service had an arrangement in place where patients that could not be accommodated in the CDC due to more significant mobility issues were booked in at a nearby NHS trust facility.

The service offered appointments early in the mornings, evenings and weekends. This allowed flexibility for patients and accommodated the needs of patients who were unable to attend during the working day.

The trust monitored the report turnaround time as part of their key performance indicators. Perspectum ensured sonographers completed ultrasound reports on the same day as the scan was performed.

Staff supported patients when they were referred or transferred between services. They worked with the referrer to ensure they had the correct patient information for the scan requested.

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.

Staff understood the policy on complaints and knew how to handle them. We reviewed the service's up-to-date incident reporting, complaint and investigation policy. This outlined a clear timeline for the assessment, handling, and closure of complaints received from patients.

Managers we spoke with said they investigated complaints in line with the service's policy. We asked to see examples of complaint investigations; post inspection the service provided one example of an incident, reported to be a complaint. This included information about lesson learnt. Managers shared feedback from complaints with staff and learning was used to improve the service. For example, managers informed staff of complaints in the monthly team and modality leads meetings.

Perspectum staff discussed all patient feedback, including complaints, at the monthly Integrated Governance and Risk committee meeting with the NHS trust. We reviewed 4 sets of meeting minutes and saw complaints were part of the agenda and discussed as part of patient satisfaction. Discussion included lessons learnt.

Is the service well-led?

We rated well led as good.

Leadership

Leaders did not always have the skills and abilities to run the service. They did not consistently understand and manage 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.

Diagnostic and screening services

The service had a registered manager who was responsible for managing the regulated activities at the service. However, we found they were not fully engaged in all aspects of the service. This had been recognised as a gap and we were informed there were plans for there to be a change in registered manager who would be more directly involved in the day-to-day management.

The service was supported by a corporate structure that included a governance manager, human resources lead, information technology department, and an estate manager. There was a clear management structure with defined lines of responsibility. The registered manager was supported on site by clinical and administration leads who had defined roles and responsibilities.

Staff we spoke with said they felt supported and had good relationship with their managers.

Vision and Strategy

The service had a vision for what it wanted to achieve, which was developed with all relevant stakeholders. The vision focused on sustainability of services and aligned to local plans within the wider health economy.

Perspectum had a vision in place for the whole company, including their research arm. The vision was developed with both internal and external stakeholders over several strategic sessions. The vision underwent multiple changes to ensure it was sustainable clinically, commercially and operationally, before being implemented. We saw evidence of a strategic business case, which was created with intensive engagement with regional health authorities. The vision incorporated elements of technology and research.

Perspectum had plans to expand and increase their scanning ability. There was a large internal area which was designated space for this expansion.

Recently the service started a new service to carry out lung function tests. At the time of inspection, the service had been running for 4 days. Perspectum had a SOP in place relating to the running of the lung function laboratory.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an equality and diversity policy in place. The service had a culture where patients, their families and staff could raise concerns without fear.

Staff spoke positively about the culture of the service. Staff felt respected and supported by their line managers.

The service had a clear management structure. Staff understood who to report to and managers had clearly defined roles.

Staff we spoke with enjoyed working at Perspectum and felt valued for what they did. Staff felt able to speak up when things went wrong and knew who to speak with. The service had an internal whistleblowing policy in place.

Governance

Diagnostic and screening services

Leaders mostly used 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.

Perspectum had a contract agreement with an NHS trust and worked within the trust's governance processes and policies. This meant the provider based its own policies and procedures on those the trust held. The third-party provider mainly had their own governance structures and policies and procedures they followed. However, they also had a dual policy agreement in place with Perspectum. This meant some policies were shared between the two providers. These contracts and agreements ensured the 3 parties shared information and data about all aspects of governance.

As part of the contract arrangements with Perspectum, the third-party provider supplied monthly data for assurance purposes. In turn, Perspectum provided the trust with monthly data of the regulated activities they conducted as well as the data provided by the third-party provider.

The service worked within key performance indicators set by the trust; for example, for report turnaround times or waiting list times. Regular integrated governance and risk committee meetings took place with representatives from the trust and the service. The purpose of these meetings was to provide assurance to the trust that Perspectum had systems in place for effective monitoring and improvement of clinical care, and compliance with regulatory standards.

We reviewed 4 sets of meeting minutes from August to November 2022. We saw the service's attendees which included the medical director, the director of operations, the clinical manager, and the vice president of European operations.

The trust provided a medical physics and clinical engineering service to Perspectum. This included provision of experts and advice in the field. The trust held Medical Radiation Exposure Committee meetings and Radiation Protection Committee meetings. Perspectum provided meeting papers in advance of these and attended.

The service had recruitment processes that required applicants to provide the necessary documents and evidence of competencies prior to a job offer.

The service had a process to control policies and policies stated they were uncontrolled if printed. We reviewed many policies and although review dates were not clear, a fully electronic quality management system highlighted to managers when revision dates were due.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. There was a process for the identification, mitigation and review of risk.

The trust monitored performance, using data and reports the service provided. The service collected data to look at capacity planning and to monitor performance. The metrics were reviewed weekly, discussed in meetings and used to forward plan to ensure adequate capacity.

Senior managers told us the service held several risk registers and provided an example which included a description of the risk, a risk score and mitigation along with review dates. There was a document explaining what risks were, how they were scored, and the risk categories to report on.

Diagnostic and screening services

We spoke with the registered manager and other senior managers. Senior managers outlined the main risks affecting Perspectum at the time of inspection as: lack of a permanent sonographer, cyber-attacks, and loss of electronic data. Risk was a standing agenda item on the Integrated Governance and Risk Committee.

The service had an Emergency Procedure Process document in place, which was up to date. This process outlined actions to take and staff's responsibilities in unexpected medical emergencies.

Information Management

The service collected reliable data. The information systems were integrated and secure. Data or notifications were not consistently submitted to external organisations as required.

The registered manager had deputised CQC notifications to a senior manager. Providers need to notify the CQC about certain changes, events, and incidents that affect their service or the people who use it. Since the service's inception the CQC had not received any notifications.

Perspectum was a paper-free service and had secure systems in place to ensure they kept data safe. Staff accessed electronic platforms via secure and individual log in details.

A senior manager told us the service had a Caldicott Guardian. This is a senior person who is responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.

At the time of the inspection Perspectum was undergoing ISO27001 accreditation and envisaged new systems in place for next year reaccreditation. ISO27001 is an auditable standard that deals with the overall management of information security.

Engagement

Leaders and staff actively and openly engaged with patients, staff, and the public to plan and manage services.

Leaders engaged with staff using a variety of methods, including team meetings, a monthly newsletter, appraisals, monthly supervision and informal discussions. We saw the service planned to introduce employee questionnaires to gather feedback from staff from November 2022. The service had an employee recognition scheme in place and every month managers chose a member of staff to be recognised for their good work.

The service monitored feedback from patients and used it to improve services. For example, many patients had raised issues with finding the clinic due to poor maps and connections. As a result, Perspectum had improved the map they sent with appointment letters. Patient feedback formed part of the integrated governance and risk committee meeting.

The service had consulted with members of the public about the design features of the CDC prior to opening the centre. Feedback and ideas from patients included, for example, a hot drinks machine, text message reminders, a leaflet wall in the waiting area, and a separate exit for breast cancer patients. At the time of inspection, the service had introduced some of the suggestions at the centre.

Learning, continuous improvement and innovation

Diagnostic and screening services

All staff were committed to learning and improving services. They had an understanding of quality improvement methods. Leaders encouraged innovation and participation in research.

Perspectum's initial and main focus as an organisation was research into diagnostic imaging solutions. The aim was to research medical technologies to improve treatment pathways and advance healthcare. Perspectum had its research facilities and research teams on the first and second floors of the building.

The service supported staff to professionally develop and allowed them paid time and opportunities to do so.

The service participated in quality improvement (QI) projects where relevant. We saw a QI project which focused on improving diary utilisation. The project team authored a report in which they outlined the objectives, measures used, and improvements made.