

# Echogenicity

## Quality Report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Echogenicity is operated by Echogenicity Limited. The service provides echocardiograms (this is a painless ultrasound scan of the heart. It takes approximately 30 to 40 minutes to perform and is used as a diagnostic test) to adult patients referred by the NHS across 11 clinics in Cornwall. The clinics are held in GP surgeries or community hospitals in Bude, Bodmin, Newquay, Helston, St Austell, Roche, Falmouth, Truro, Pool, Redruth and Portscatho. During this inspection we visited clinics at Pool and St Austell.

The registered premises of Echogenicity were not visited during this inspection as the registered manager stated there were renovation works ongoing. Patients did not visit the registered premises for any part of their care and treatment. When the office was functionable one administrator worked from this base and clinicians only visited on rare occasions to collect or drop off equipment or supplies.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 5 and 6 September 2019.

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

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

### Services we rate

Our rating of this hospital/service stayed the same. We rated it as **Good** overall.

- 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 provided detailed scan reports. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- 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, advised them on how to lead healthier lives, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided 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. The service was available five days a week. People could access the service when they needed it and did not have to wait too long for their diagnostic test.
- 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 the community to plan and manage services and all staff were committed to improving services continually.

However, we also found the following issues that the service provider needs to improve:

- Training was not provided to staff in the safeguarding of children. While staff do not provide a service to children they may accompany adult carers to their appointments.
- It was not clear that patients were provided with information on how to make a complaint should they wish to do so.

# Summary of findings

- Full recruitment records demonstrating a robust recruitment process had been followed for each member of staff was not maintained.
- Staff did not have the opportunity to meet to share information and learning.

## **Dr Nigel Acheson**

Deputy Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

We rated the service as good overall with good ratings for safe, caring, responsive and well led. We do not rate the effective domain for diagnostic imaging services. However, we found four areas which the provider should address.

# Summary of findings

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Good 

# Echogenicity

**Services we looked at**

Diagnostic imaging;

# Summary of this inspection

## Background to Echogenicity

Echogenicity is operated by Echogenicity Limited and provides an echocardiogram service for NHS funded adult patients referred by GP practices in Cornwall. The service registered with the CQC in 2012 as Echogenicity Limited.

The service has a registered manager in post who is also a director of the company.

## Our inspection team

The inspection of the service was carried out by a CQC inspector. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

## Information about Echogenicity

The service is registered to provide the regulated activities: diagnostic and screening procedures.

During the inspection, we visited the clinics at Pool Health centre and Wheal Northey Health centre in St Austell. We spoke with three members of staff including the registered manager and echocardiographers. We spoke with three patients and two relatives. During our inspection, we reviewed three sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, and the last inspection took place in March 2013.

Activity (August 2018 to August 2019)

In the reporting period August 2018 to August 2019 there were approximately 5,000 clinic appointments recorded at the service; of these all were NHS-funded, and none were privately funded.

Two cardiologists were employed by the service to review echocardiograms and to also review referrals from the

service when patients were clinically unstable and required urgent medical review. Echogenicity employed three echocardiographers in addition to the registered manager who was also an echocardiographer. The service did not use bank or agency staff. There were two administrators and a finance officer employed.

Track record on safety over the last year.

- No never events had been reported
- No Clinical incidents had been reported
- No complaints had been reported

Services accredited by a national body:

The registered manager was working towards applying for accreditation with the British Society of Echocardiographer

### **Services provided at the service under service level agreement:**

- Maintenance of medical equipment

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

This service was not previously rated. We rated it as Good because:

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

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

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

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

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.

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 recruited additional staff when required to staff additional clinic locations.

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

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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.

However, we also found the following issues that the service provider needs to improve:

The provider should review the training provided to staff to include basic level one safeguarding children training.

Good



### Are services effective?

We do not rate effective in diagnostic imaging.

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



# Summary of this inspection

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

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

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.

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Key services were available five days a week to support timely patient care.

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

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.

## Are services caring?

This service was not previously rated. We rated it as **Good** because:

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

Staff provided emotional support to patients, families and carers to minimise their distress.

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

Good



## Are services responsive?

**This service was not previously rated. We rated it as Good because:**

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

The service was 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.

Good



# Summary of this inspection

People could access the service when they needed it and received the right care in a timely way.

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.

However, we also found the following issues that the service provider needs to improve:

The provider should make information available to patients regarding the formal complaints process.

## Are services well-led?

**This service was not previously rated. We rated it as Good because:**

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

The service had a vision for what it wanted to achieve and a strategy to turn it into action, 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.

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.

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.

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.

Good



# Summary of this inspection

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.

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.





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.

However, we also found the following issues that the service provider needs to improve:

The provider should retain and have available information regarding the recruitment checks for each member of staff.

The provider should arrange for all staff to attend regular staff meetings.

# Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are diagnostic imaging services safe?

Good 

### Mandatory training

**Our rating of safe stayed the same. We rated this as good.**

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

Staff completed mandatory training annually. The mandatory training was completed electronically and covered the following areas: conflict resolution, global terrorism prevent levels one and two, safeguarding adults levels one and two, moving and handling level levels one and two. There was training on health, safety and welfare levels one and two, infection control levels one and two, fire safety levels one and two, equality, diversity and human rights, data security awareness, conflict resolution. Staff attended face to face training at a local NHS trust for intermediate life support training. All staff were up to date with their mandatory training.

Staff made positive comments about the quality of the content of the training and stated it equipped them for their roles.

### 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. However, training only applied to safeguarding adults.**

All staff had completed training to safeguard adults from abuse at levels one and two.

Guidance and information was provided to staff within a policy and procedure to ensure they recognised and reported any suspected safeguarding issues appropriately. The staff were able to share examples of when they had suspected and reported concerns. The registered manager was the lead clinician for safeguarding procedures, staff were aware of this role and reported any concerns to them.

Staff had not completed children's safeguarding training at any level as they did not provide a service to children. The registered manager stated in their experience patients did not bring children or grandchildren to the clinic with them. However, national guidance identifies that all staff who may come into contact with children, such as those attending clinic with a patient, are suitably trained to recognise any particular safeguarding concerns.

### Cleanliness, infection control and hygiene

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

The registered manager was the lead for infection control procedures and systems within the service. They ensured staff completed the annual mandatory infection control training and provided any update information regarding infection control procedures. The registered manager

# Diagnostic imaging

carried out spot checks at clinics and observed the clinician's practices to ensure procedures were complied with. A record was made of the spot checks and action taken to address any issues.

There had been no identified health care related acquired infection within the past year. Staff followed procedures and took appropriate precautions when providing a service to patients with a communicable disease. For example, if the risk of infection was known at the time of the booking the patient was given the last appointment of the day. This enabled staff to deep clean the clinic room and their equipment. When staff did not know in advance they ensured the room was cleaned thoroughly prior to seeing their next patient. Staff had access to protective personal equipment such as gloves and aprons for use when needed.

The staff had access to and used clinical waste disposal bins when necessary, which were arranged and managed by the provider of the location. For example, the GP practice.

We observed that staff routinely cleaned the examination couch and scanning machine between each patient to reduce the risk of the spread of infection. We observed staff washed their hands and used sanitising hand gel before and after interaction with patients. The registered manager carried out spot checks at clinics to observe the working practices of individual staff. Part of this check was to ensure that hand hygiene procedures were complied with.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.**

The service operated from clinic rooms within GP surgeries and community hospitals throughout Cornwall. A risk assessment was completed when the clinic was set up to ensure the environment was safe for patients and staff. This included assessing risks such as slips, trips, falls, disability access and lone working.

Administration staff who worked from home were provided with appropriate equipment to ensure their work space complied with health and safety executive legislation and a risk assessment was completed for their work space.

The provider had a maintenance and servicing contract for the portable echocardiograph scanning machines with the manufacturer. The annual service included electrical appliance testing. The contract included a 24 hour repair service with a replacement scanner provided within 48 hours if a repair was not possible.

The initial location risk assessment for each clinic identified there was an emergency trolley / grab bag and equipment available. Staff we spoke with were aware of the location of the trolleys for each clinic they worked within. The maintenance of the equipment, checks and restocking of the trolley or grab bag was carried out by the provider of the premises. This responsibility was identified and agreed when the clinic was started at each location in the environmental risk assessment. These checks should be reviewed on a regular basis when the environmental risk assessments are reviewed and updated.

## 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 recognised and responded to patients who presented as acutely unwell during a procedure, and on the findings from the scan. Staff were trained and provided with information to recognise and follow the urgent admission and urgent referral criteria and pathways. Over the past year eight patients had been referred or transferred immediately to acute services for ongoing care and treatment.

The service had access to a cardiologist, through an on-call service, while clinics were running. For patients whose echocardiogram indicated the patient was unwell, the cardiologist was contacted immediately to ensure the safe transfer of the patient to an appropriate care setting. For patients identified as being stable but unwell the report was reviewed within 12 hours and the outcome shared promptly with their GP.

Staff were trained to provide immediate life support in the event of a patient collapsing or becoming acutely unwell. Staff we spoke with were aware of their responsibilities and would call for emergency assistance

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from other clinicians such as GPs or doctors in the building using the emergency call/alert system. Clinics only operated during working hours when other clinicians were present in the building.

## 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 recruited additional staff when required to staff additional clinic locations.**

Echogenicity employed four echocardiographers which was enough to cover the current provision of clinics.

Two cardiologists supported the echocardiographers and were paid for each patient referred to them.

The service based their staffing levels on recommendations from the British Society of Echocardiography. The recommendations provided guidance on the number of scans an echocardiographer should safely carry out within one day and how long the appointments should be. The service complied with this recommendation.

The service did not use the services of bank or agency staff. At the time of our inspection the service had 1.5 whole time equivalent (WTE) vacancies. The service was recruiting a further echocardiographer and were in the process of employing a student to train as an echocardiographer. This would enable the service to expand to meet the growing needs of the local community.

Three administrative staff were employed to support the clinicians.

## Records

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

The service used a secure electronic system to maintain patient records including the scan report and test results. Staff accessed the electronic system using individual passwords.

The electronic system was used to send the echocardiogram reports and consultant report to the referring GP or NHS service securely. Repeat scans were arranged following a reminder email from the electronic system.

Records were audited by either a cardiologist or the registered manager to ensure the accuracy of the reporting. This review took place each month and written records were maintained which showed any action taken from the findings.

## Medicines

There were no medicines stored or used within the service.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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.**

No never events or serious incidents had been reported in the past year.

Staff reported incidents to the registered manager and a written report was maintained of the incident and any associated action. There had been eight incidents in the previous year and records showed appropriate action had been taken to address these.

An example of learning from an incident was shared with us at inspection and the process followed to reduce the risk of the incident reoccurring within the staff team. Update information and the outcome of any incidents would be shared with the staff through the service confidential email system.

## Are diagnostic imaging services effective?

We do not rate the effective domain for diagnostic imaging.

## Evidence-based care and treatment

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**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 in their care.**

Staff were aware of and followed relevant guidance provided by the National Institute for Health and Care Excellence (NICE). For example, the NICE guidance relating to heart failure was followed with appointments provided within two weeks of referral.

The British Society of Echocardiography published guidelines recommending the minimum data set and measurements which should be gathered during an echocardiogram. This guidance was followed by all clinicians at Echogenicity.

The registered manager carried out a monthly audit of the images and reports provided to the referring clinician. This was achieved by sampling the work of each echocardiographer.

Clinicians participated in a meeting of echocardiographers from several organisations in the region. This meeting was held every three months and included a review of complex echocardiograms and the outcomes to share learning.

**Nutrition and hydration**

Staff were able to offer patients a drink or biscuit should they require it, but this was not a routine practice during the thirty five minute appointment.

**Pain relief**

The service did not provide pain relief to patients. However, support was provided in assisting the patient to position comfortably for the scan. We saw one member of staff used a pillow to support the patient's legs to make them more comfortable.

**Patient outcomes**

**Staff monitored the effectiveness of care and treatment. They achieved good outcomes for patients.**

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

The service was working towards becoming accredited with the British Society of Echocardiography (BSE). This was in the early stages at the time of the inspection. All the echocardiographers were registered with the BSE as individual clinicians.

Should a referral be received for an urgent referral, arrangements were made to book the patient into a suitable clinic promptly.

The registered manager and on call cardiographer were always available during clinic hours to review images and reports to provide a second opinion. This ensured patients received care and treatment at the right 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.**

New staff were provided with induction training which included: completion of the online mandatory training, reading of the company policies and procedures and working with an experienced member of staff for at least two weeks. During the induction period a booking was made for the staff member to attend intermediate life support training at a local NHS trust.

Newly employed clinical staff worked with an existing staff member for up two weeks during which their practice was observed to ensure they met the standards set by the service. Further unannounced observations during clinics were carried out by the registered manager for all staff, to ensure the standards were maintained. All staff received an annual appraisal. A record held on the personnel file showed the content of the appraisal and areas of practice discussed.

The service held records to show that the professional registration for the echocardiographers was checked annually with the professional body – the BSE.

Continuous professional development was in place for each member of staff, attending courses and conferences each year. For example: attending a national conference

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each year, with access to an international conference every three years. For example, the BSE conferences in Cardiff and Bristol and others in Europe. It was intended that a member of staff attend the American society of echocardiography conference this year. This ensured that staff kept up to date with developments within echocardiography and shared their learning with colleagues on their return.

The registered manager and a cardiologist each carried out reviews for 10% of each echocardiographers' scans which included reviewing the report and images. This was to ensure accurate reporting and diagnosis had been made.

## Multidisciplinary working

**All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

The staff met together with other services and organisations in their local area to share learning and build health working relationships.

Staff worked closely with other clinicians. For example, they liaised with the referring GPs regarding the outcomes of the scan and to raise any identified concerns. This took place by email, telephone or in face to face meetings. When necessary staff communicated with or referred patients directly to cardiologists working at the acute trust.

## Seven-day services

**Key services were available five days a week to support timely patient care.**

The service provided clinics on weekdays to coincide with the working hours of the GP and consultants at the acute trust. The clinics were provided across 11 locations.

## Health promotion

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

Patients were able to observe and read health promotion advice in the waiting rooms which was provided by the GP practice or community hospital where the clinic was located.

Staff advised patients to contact their GP for support to lead a healthier life. For example, for help to lose weight or stopping smoking.

**Consent and Mental Capacity Act (Deprivation of Liberty Safeguards only apply to patients receiving care in a hospital or a care home)**

**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.**

Information regarding the patient with limited capacity was provided by the referring clinician who would advise a carer to attend with the patient.

The service provided patients with written information on the procedure within the appointment letter which was posted to them. This enabled the patient to make an informed choice regarding the diagnostic scan.

The echocardiographer provided verbal information to the patient when they attended the appointment and patients were required to consent to the procedure by providing their signature on an electronic consent form. These consent forms were stored securely.

## Are diagnostic imaging services caring?

Good 

Our rating of caring stayed the same. We rated it 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 warm and friendly when they welcomed patients to the clinic putting them at their ease.

We observed the care and treatment for two patients. Staff respected the privacy and dignity of patients. Patients were asked to prepare for the echocardiogram by removing their clothes to the waist. Curtains around the examination bed and windows were pulled and



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patients were provided with a gown to respect their dignity. The registered manager observed the clinician's practice, including the promotion of the patient's privacy and dignity, during unannounced spot checks at clinics.

Chaperones were provided if required by the patient. Information regarding chaperoning was included in the appointment letter together with detail on the gender of the echocardiographer who would be carrying out the procedure. Patients were able to request a different appointment if they had a preference for either a male or female echocardiographer.

Annual patient satisfaction surveys were completed. The results of the 2018 survey showed a positive outcome for the patient with all who responded stating they had received a good service.

Two patients and their relatives we spoke with said they had found the service good with staff kind and caring.

## Emotional support

### Staff provided emotional support to patients, families and carers to minimise their distress.

Staff provided explanations to patients of the process of carrying out the scan and when their GP would receive the report. On occasions reports had been expediated to relieve patient anxiety or to assist the patient in obtaining travel insurance or be accepted for surgery.

We observed staff provided reassurance to patients before and during the scan of what to expect and when. Clear instructions and explanations were provided to patients such as advising them to hold their breath or not to speak to enable clear images to be obtained. The staff explained the procedure was painless procedure but appreciated that patients may experience discomfort or pain due to underlying medical conditions. Reassurance was provided, and patients were encouraged to inform the staff member if they needed any assistance or if they wanted the procedure to be stopped.

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

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

The service

actively encouraged patients to bring a family member or carer with them to their appointment. Staff found this helped patients to relax and welcomed questions from both the patient and their representative.

Brief findings from the scan were shared with the patient and any questions the patient had were responded to. We observed one patient asked what the scan showed, and the cardiographer provided a clear explanation.

Timescales relating to the sending of the report to the patient's GP or consultant were shared at the appointment.

## Are diagnostic imaging services responsive?

Good 

Our rating of responsive stayed the same. We rated it 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.

The service provided 11 clinics across Cornwall located within Community hospitals and GP surgeries. Parking was available at all sites with public transport accessible. Clinics were set up in locations required by GPs or commissioners to meet the needs of local people. For example, a new clinic was starting in the Roseland area of Cornwall following a request from the GP practice there.

The service was commissioned by local commissioning group and provided to patients referred through the NHS by their GP.

The clinics were held in environments which met the needs of patients. For example, they provided access to patients who had mobility issues ensuring comfortable waiting areas and accessible toilets.

Information in accessible formats was provided to the patient within the appointment letter. For example, a location map, contact details and where to report on the day of the echocardiogram.

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## 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.**

Staff had access to translation and interpretation services through a telephone service. Information leaflets were available in different languages such as Polish and Romanian to support patients whose first language was not English. This information was available on the company's website and provided to patients at the time of confirming the appointment in writing. The service had accessed an external organisation to provide the information in other languages if requested. Not all clinics had access to a hearing loop, but the registered provider stated most did.

Patients were able to bring a carer or representative with them to the appointment if they chose to do this for support. All clinics were able to accommodate patients with mobility needs.

Appointments could be changed by patients to a more convenient time by contacting the administrator. Contact details were provided within the initial appointment letter sent from the service.

Results from the echocardiogram were emailed to the referring GP within ten working days. The results included the technical report and any advice from a consultant cardiologist who had reviewed the scan. The administrator could send copies of the report to other clinicians sooner than ten days when necessary.

## Access and flow

**People could access the service when they needed it and received the right care in a timely way.**

Data from service evidenced that for the past year, on average, patients waited two weeks for their echocardiogram. The registered manager stated this had been consistent for the past 13 years. However, waiting times had increased through 2019 as there had been an increase in the numbers of patients referred to the service. Despite communication with the GPs, acute trust and commissioners there was no explanation for this. Some patients now waited six weeks for a convenient

appointment. The registered manager had responded to this increase in demand by recruiting additional staff, purchasing appropriate equipment and opening extra clinics.

Appointments were made through the 'choose and book system'. Once a patient had chosen their appointment time and clinic, the service received the referral. The administration staff ensured appropriate information, such as clinical information and the results from a recent electrocardiogram (ECG) were available. Information regarding the appointment and procedure were sent to the patient in letter format. If the appointment was an urgent booking the information was sent by text or email. A reminder email and text were sent to the patient five days prior to the appointment to reduce the number of patients who failed to attend their appointments.

The patient survey for 2018 confirmed that patients were satisfied with the booking system and written information. Patients who responded to the survey had all been able to attend a clinic within 20 miles of their home address.

In the last year the service had cancelled two clinics due to inclement weather. The service had a policy and procedure regarding arrangements should one of the echocardiographers take unplanned sick leave. This had not occurred in the last year. When clinics were cancelled patient appointments were rearranged as soon as possible.

## Learning from complaints and concerns

**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.**

The service had not received any complaints.

The service had a complaints policy and procedure. However, it was not clear how patients would know how to make a formal complaint. This information was not included in the written information provided to them and was not clearly accessible on the company's website.

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## Are diagnostic imaging services well-led?

Good 

Our rating of well-led stayed the same. We rated it as **good**.

### Leadership

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

The service was led by the registered manager who was also a director of the company and experienced echocardiographer. The registered manager fully understood the needs of the service which had steadily expanded since its registration in 2013. The registered manager led clinics in addition to their management role thus maintaining their accreditation with the British Society of Echocardiography.

Staff stated the registered manager was approachable, responsive and they could contact her by telephone and email at any time.

Staff were supported to attend external role specific training and development. This included attendance at local, national and international conferences during their working hours.

### 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.**

The registered manager had developed a vision for the service which was patient centred with an aim for all patients to be treated as staff would wish family members to be treated. Staff understood the vision and demonstrated kindness and respect to patients.

The vision and strategy for the expanding business was shared with staff on induction. To encourage the vision to be followed staff were rewarded annually with an internal award for staff who 'go the extra mile'. Examples were provided to us of when staff had supported patients in addition to the routine scan they attended for.

There was a five year business plan to ensure the sustainability, value and quality of the expanding service. They liaised regularly with the commissioners and local NHS trust to meet the needs of the local communities. This was evidenced by new clinics commencing in new locations based on identified need.

### 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.**

Staff we spoke with felt valued and supported by the registered manager who they said was approachable and helpful and that the service was good to work within. The registered manager was proud of the staff team and ran a recognition scheme through the year for which staff were recognised for going the 'extra mile' for patients.

The provider encouraged the service to be patient centred and staff demonstrated this within their interactions with patients, their relatives and discussions with us.

Staff were confident to report incidents and assured that appropriate action would be taken by the registered manager. Information was provided to newly employed staff regarding the incident reporting, complaints and duty of candour procedures on induction.

### 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.**

# Diagnostic imaging

Policies and procedures were reviewed regularly, and updates shared with staff via an internet webpage. The website prior to our inspection required updating but the registered manager had addressed this with the external company who managed the site.

The service had a contract with an external company for the management of the secure and encrypted IT system. Staff agreed the IT services were effective and user friendly. Servicing and maintenance contracts were in place to ensure the safe use of the scanning machines.

Service line agreements were in place with local GPs and NHS trust regarding the ongoing use of clinic rooms within their premises.

The service was commissioned by the local commissioning group to provide for NHS patients. However, at the time of our inspection the local commissioners had not provided the service with a contract although the service continued to receive referrals through the NHS. The registered manager stated they had been advised the commissioners were in a 'non contractual period'. The registered manager was not informed how long the non contractual period was going to be for. Regular monthly meetings were held with the commissioners to review the reliability, sustainability and quality of the service.

New staff employed by the service underwent recruitment checks to ensure they had the right skills and fitness to work with the patients. The registered manager interviewed each member of staff and obtained references and checks from the disclosure and barring service (DBS) prior to the staff commencing work. We reviewed the staff files for four members of staff. The registered manager was unable to find a second reference for one person and the DBS check for another member of staff. Immediately after our inspection the registered manager provided evidence to demonstrate this had been addressed and the DBS check and reference re requested. All staff had signed contracts on their personnel files which clearly identified their roles and responsibilities.

Data was submitted to the local commissioners regarding the waiting times patients experienced for their appointment.

The registered manager held six monthly governance meetings with the business staff to review finance arrangements, incidents, complaints and General Data protection Regulation (GDPR).

## Managing risks, 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.**

Risk assessments were completed for each location prior to the clinic commencing in a new site. This ensured any relevant risks were identified and action taken to reduce the risk. Staff had access to panic alarms and call systems to alert other staff in the building of the need for assistance. They did not work alone as the clinics were always within the opening hours of the GP practice or outpatient department in community hospitals.

The portable scanning equipment and electronic tablets had enough battery power to complete an echocardiograph which was in progress should there be an electrical failure at the location. The premises used for clinics had arrangements for the emergency supply of electricity.

Appropriate indemnity insurance was up to date for the business and staff.

## Managing information

**The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Staff were provided with guidance to follow to ensure patient information remained safe and secure when sharing information with others. For example, when sending information to NHS referring clinicians. Additional policies and procedures were available to staff regarding their code of conduct, confidentiality, data protection and personal identifiable data security policy.

The information relating to patients was stored securely on the portable scanning machine, uploaded to a secure data base and within password protected laptops.

# Diagnostic imaging

The registered office of the service was being renovated at the time of our inspection and therefore we were not able to visit. The registered manager provided assurances that paperwork and documentation relating to the business was stored securely. General Data Protection Regulation (GDPR) was assessed each year and the registered manager completed an information governance tool kit to provide assurances that personal and confidential information was handled and stored safely.

## 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.** Patient satisfaction surveys were carried out each year. One patient had made a suggestion to ensure the correspondence from the service was not missed. The service was changing the format of their appointment letters to address this point.

A GP satisfaction survey was carried out annually. This had resulted in improvements in the service. For example, when a cardiologist requested a repeat scan an automated email was programmed to be sent to the requesting GP. This had been as a direct result of a completed GP survey.

The service had recently carried out the first staff survey and was in the process of auditing the results. Initial

findings had identified that as the staff team had grown over the past year, staff meetings had been requested. The provider planned to commence these on a monthly basis.

## 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.**

Improvements to the service had been implemented based on patient and partner feedback.

Staff were encouraged and supported to attend national and international conferences. The service had funded the staff, including travel and accommodation, to attend conferences in Bristol, Wales and Europe. Arrangements were being made for one member of staff to attend a conference in America. This enabled staff to keep up to date within their field of practice.

The service was in the process of recruiting a student echocardiographer and a planned programme of training was in the final stages of development.

Each echocardiographer employed by the service had accreditation with the British Society of Echocardiography (BSE). The registered manager was working towards the service achieving accreditation with the BSE.

# Outstanding practice and areas for improvement

## Areas for improvement

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

The provider should review the training provided to staff to include basic level one safeguarding children training.

The provider should make information available to patients regarding the complaints process.

The provide should retain and have available information regarding the recruitment checks for each member of staff.

The provider should arrange for all staff to attend regular staff meetings.

The provider should ensure the checks on the emergency equipment were completed and review this as part of the environmental risk assessments.