

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Cardiac Screen Limited

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Newington Causeway, London, SE1 6BD

Tel: 02074035294

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Cardiac Screen Limited
Registered Manager	Rekha Dave
Overview of the service	Cardiac Screen Limited is an independent private medical practice. It has dedicated facilities located on Newington Causeway, five minutes from Elephant & Castle station. It offers services for cardiology, gynaecology, psychiatry, ultrasound, blood tests and non-invasive cardiac tests.
Type of services	Doctors consultation service Diagnostic and/or screening service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and received feedback from people using comment cards.

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### What people told us and what we found

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People who use the service told us that the staff were "very thorough and professional". One person said "I have confidence in the advice I receive".

People who use the service told us that their privacy and dignity was maintained and that they had been listened to by staff. All consultations, tests and examinations were carried out in individual consulting or treatment rooms.

Staff told us they were supported by their manager and that communication was good within the team. One member of staff told us that the "continuity of staff was good".

One person who used the service said "this was the best service available". He told us that he was spoken to "in a caring and professional manner" and that the service was "quite personalised".

We were told by the provider that we had been using the wrong telephone number for their service. This has subsequently been corrected to 020 7403 5294.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People who use the service were given appropriate information and support regarding their care and treatment. A website was available, which gave information about the service, the tests provided and their costs.

People who contacted the service for a first appointment, were telephoned by the clinical cardiac physiologist prior to their appointment. This was to ensure that they understood the service and tests available to them. It also ensured that people were clear about whether their medical insurance covered them, or if not, that they were clear about the costs of the service.

People who used the service who were not able to speak English, brought with them a family member who spoke English, or they arranged for an interpreter to attend. The staff provided a translation service for Gujarati, Hindi, Urdu and Swahili. This support was to ensure people were fully informed and understood the risks and benefits regarding their care and treatment.

People's privacy, dignity and independence were respected. All consultations took place in separate rooms. The rooms had obscured glass at the windows as well as blinds. Curtains were drawn around a couch if an examination was undertaken. We observed that staff were respectful towards people.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at a sample of four case notes. The person's history and clinical symptoms were outlined in each set of notes. Their exercise and dietary habits were also recorded. Tests undertaken were recorded and any change in symptoms or change in treatment plan was documented. This information was then recorded in a letter sent to the person, which was filed in the notes.

Staff we spoke with told us that the consultation letter was also sent to the GP, or the referrer, with the permission of the person. Those people who used the service who lived abroad, were provided with a duplicate letter for them to take back to their medical practitioner.

Staff told us that the doctors discussed the results of the tests with each individual to ensure they understood them and to provide people with an opportunity to ask any questions about their tests or treatment.

One person told us that as well as discussing the tests and treatment, advice on diet and lifestyle was provided. We were shown information and advice sheets available in both hard copy and on the internet. Information included topics such as cholesterol lowering diet, better eating and weight control, advice on stopping smoking and alcohol lowering.

There were arrangements in place for foreseeable emergencies. No cardiac exercise tests were undertaken without a doctor on site. Resuscitation equipment including a defibrillator and emergency drugs were available and in date.

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There was a safeguarding policy and systems in place to prevent abuse. We saw an up to date safeguarding training certificate for the registered clinical manager and most staff had received safeguarding training.

Two staff we spoke with were able to tell us what they would look for in a patient at risk and how they would escalate any concerns.

Two staff told us that a chaperone service was available to people to ensure people are protected when examinations are carried out.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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### **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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### **Reasons for our judgement**

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Staff received appropriate professional development. Most medical staff who worked at the Cardiac screen limited also worked within the NHS. These staff had their annual appraisal performed at their NHS place of work. One doctor did not work for the NHS. He completed his appraisal via the Federation of independent practitioner organisations. The registered clinical manager was informed of the appraisals, but did not keep a record of them.

The registered clinical manager showed us a record of the annual mandatory training she had attended. These included infection control, fire, health and safety, safeguarding and basic life support training. She told me the biochemist worked at another organisation where she undertook her mandatory training. The biochemist had shown the registered clinical manager her certificates.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Every person who attended the service was provided with a feedback form to complete about their experience. This was enclosed with the letter about their consultation. We saw thirteen feedback forms that had been received over the past six months. All provided positive feedback about the service.

People who use the service were also able to feedback via the website. We reviewed the comments available online, which all provided positive feedback.

People were made aware of how to complain. No formal complaints had been received about the service. The registered clinical manager told us that if a person had a concern, she had always spoken to them to address their concerns.

The registered clinical manager showed us service contracts that covered security and all their equipment. There were fire checks undertaken and an evacuation procedure was available in the incident of fire. There was a health and safety policy and a security policy available. We observed that case notes were kept securely on site in a locked room.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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