

Haringey Healthcare Limited


Inspection report

573 Green Lanes
London
N8 0RL
Tel:

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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?	Good	
Are services well-led?	Good	

Overall summary

We carried out an announced focused inspection at Haringey Healthcare Limited on 7 March 2022 (Previous inspection July 2021 rated Requires Improvement).

We looked at three key questions and they are rated as:

Are services safe? – Good

Are services effective? – Good

Are services well-led? – Good

We carried out this announced focused inspection of Haringey Healthcare Limited under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and to follow up on breaches of regulation we identified in an inspection in July 2021. At that inspection we found they were not operating effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:

- They were not operating effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- They had not established robust recruitment procedures, including undertaking any relevant checks and did not have a procedure for ongoing monitoring of staff performance, training and development.

At this focused inspection on 7 March 2022 we looked at the domains of Safe, Effective and Well-led and found significant improvements had been made.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations

The clinic offers a range of medical services including a GP, specialist consultations, gynaecology services, paediatric care, surgical services, as well as psychiatric and psychology services.

The owner Dr Ibrahim Yahli is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The provider had systems in place to protect people from avoidable harm and abuse.
- There was a clear vision to provide a safe, personalised, high quality service.

Overall summary

- All staff we spoke with felt valued by the leaders and said there was a high level of staff support and engagement.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service had a comprehensive business development strategy that effectively monitored the service provided to assure safety and patient satisfaction.
- Leaders and managers encouraged staff to take time out to review individual objectives and performance.
- The provider offers a comprehensive range of medical services which gives an integrated approach to healthcare under one roof.
- The doctors were involved in helping to improve the health inequalities of their local communities.

We saw the following areas of Outstanding practice:

The provider and their clinicians engaged in a number of community outreach events in order to improve care outcomes and tackle health inequalities in the community.. We saw the feedback for this work was overwhelmingly positive. The events at the local cultural centre had been attended by more than 200 women and as result, we saw data to confirm there had been a significant increase in the number of women seeking consultations and/or attending gynaecological appointments. The cultural centre also commented that these sessions had been so important in building confidence in relation to women's health.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who had access to a GP specialist advisor.

Background to Haringey Healthcare Limited

Haringey Healthcare Limited offers a range of medical services including a GP, specialist consultation, gynaecology services, paediatric care, surgical services as well as psychiatric and psychology services. The clinic is located at 573 Green Lanes London N8 0RL. The service is easily accessible by public transport. The medical consultation rooms are on the ground floor along with the reception and waiting area. The dental service is located on the first floor, which is only accessed via a staircase.

The opening hours are 9am to 7pm, Monday to Saturday and between 11am to 6pm on Sunday. Patients are advised to call 111 for any out of hours emergencies.

The medical team comprises of the registered manager, eight doctors who work a combination of part-time hours, practice nurse, two technicians that draw blood (phlebotomists) , two receptionists and two administrators.

How we inspected this service

To get to the heart of patients' experiences of care and treatment, we reviewed the following three questions:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

At the inspection carried out in July 2021 we rated Safe as Inadequate because we found the service did not have clear systems to keep people safe. The provider did not always carry out appropriate staff checks at the time of recruitment and on an ongoing basis where appropriate, they were unable to evidence that all staff had received training appropriate for their role and were up to date and the service did not have suitable medicines and equipment to deal with medical emergencies. Further, we found concerns regarding infection control and maintenance of X-ray equipment relating to their dental service.

At this inspection we found the clinic was no longer providing a dental service and we noted they had transferred the dental patients to another local provider. The clinic had also made significant improvements in relation to recruitment of staff.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted annual building safety risk assessments. The last one was completed in January 2022 and had not identified any concerns. They had appropriate safety policies, which were reviewed annually. Staff received safety information from the service as part of their induction.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- At the last inspection in July 2021 we found the provider did not always carry out appropriate staff checks at the time of recruitment and on an ongoing basis where appropriate. Following that inspection, the provider had recruited a new Operations Manager who was the Human Resources (HR) lead. We saw they had implemented new processes in relation to staff recruitment, support and development. The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service had systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training appropriate to their role. All administrative staff were trained to level 2, clinical staff level 3 and the safeguarding lead was trained to level 4.
- There was an effective system to manage infection prevention and control. Following our last inspection, the provider had completely refurbished the building and had appointed an infection control lead who had had appropriate training for the role. They had implemented daily, weekly and monthly infection control checklists which all staff were following. The last infection control audit was carried out in January 2022 and we noted the minor actions identified had been completed.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- At the last inspection in July 2021 we found the provider did not have suitable medicines and equipment to deal with medical emergencies. Emergency medicines were not stored so as to be easily accessible, and a number of staff members who we spoke with were unaware of where emergency medicines were stored. Following that inspection, the provider had purchased a new defibrillator and all staff had received appropriate training. At this inspection we also found there were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The provider told us they did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- The doctor prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The provider had an effective process in place to ensure doctors read and acted on Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

Lessons learned and improvements made

Are services safe?

The service learned and made improvements when things went wrong.

- There was a system for recording significant events. We saw that where a recent incident had occurred the provider had taken appropriate action and it was discussed at a staff meeting.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. For example, we saw that where an error had occurred in relation to patient information the provider informed all affected people and provided additional training to its staff. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

At the inspection carried out in July 2021 we rated Effective as Requires improvement because the provider did not have appropriate systems and processes in place to ensure that effective care was being delivered. The service was not actively involved in quality improvement activity and did not have had an induction programme for all newly appointed staff. Further, the provider could not provide assurances that conscious sedation was carried out taking into account the Standards for Conscious Sedation in the provision of Dental Care and Accreditation.

At this inspection we found the clinic was no longer providing a dental service. The clinic had also made significant improvements in relation to staff support and development.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider had systems to keep medical clinicians up to date with current evidence-based practice. The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. We noted that where clinicians veered away from national guidance, they gave rationale to patients as to the reason why and this was clearly documented in the records. They told us they would only prescribe this treatment for adults who consented and where previous treatments have failed.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patient had to have a follow up consultation before they were given repeat prescriptions.

Monitoring care and treatment

The service engaged in some quality improvement activity

- The service used information about care and treatment to make improvements. They had carried out an audit to ensure they had reviewed the physical health status of their mental health outpatients following the first year of the pandemic. They had selected 30 patients at random and found that all had received physical health assessments, however some required sections of the physical health assessments had not been completed. The lead clinician then discussed in staff meetings the importance of all staff involved in assessments documenting patients' weight, height, BMI and vitals in patients' electronic records. When the audit was repeated, they found all records had been completed appropriately.
- They also carried out a number of organisation and structure audits, such as bi-annual prescribing, phlebotomy techniques, HR and medical records audits.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. Following our last inspection, the provider had implemented a new induction process for all staff and we noted all staff files contained signed induction logs.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the medical treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we saw community mental health services had been involved in supporting some patients.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave patients advice so they could self-care.
- Risk factors were identified and highlighted to patients. For example, smokers were given advice on how to stop smoking and or/referred to smoking cessation services.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Are services effective?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services well-led?

At the inspection carried out in July 2021 we rated Well-led as Requires improvement because there was no evidence of formal discussions about the quality of service or clinical outcomes for dental patients. The provider did not understand all the challenges of providing a safe and effective dental service and how to address them. Further, there was no system in place to appraise clinical staff and the provider could not provide any evidence to confirm that all staff met the requirements of professional development and revalidation where necessary.

At this inspection we found the clinic was no longer providing a dental service.

We have rated the provider as good in Well-led. We found the clinic had made significant improvements in relation to staff support and development and engagement with patients, the public, staff and external partners.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Following our last inspection in July 2021, the provider had recruited experienced senior managers and had restructured the management team. They had established leads for all the key areas such as patient's safety, prescribing, complaints, HR, operations and quality assurance. All leads had received specialist training for their area of responsibility.
- The registered manager who was also the lead clinician had completed a Management and Leadership course which included topics such as Leading, Managing and Dealing With Change, Coaching to Support Change, Innovation in the Workplace and Service Improvement
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision.

Culture

The service had a culture of high-quality sustainable care.

- The provider had recognised the importance of a happy and healthy workforce and had implemented a comprehensive range of wellness benefits for staff to ensure their physical and mental wellbeing. For example,
- Carers leave, Sick-child leave, Bereavement leave, Sick pay (employed staff);
- Funding and paid leave for staff to complete language, cannulation and venepuncture courses.
- Complimentary professional indemnity insurance cover for all clinicians, including those not employed by the provider
- Annual appraisal for all doctors completed by an external provider

Are services well-led?

- Quarterly staff meet up events for all staff outside of service operating hours, such as meals, cultural events, exercise session and massages. All paid for by the provider. The impact of these benefits was demonstrated by the findings of the patients surveys where over 90% of the respondents commented about the improvements in staff attitudes, confidence and the improved care and professionalism from the staff. This was also reflected in the staff survey where 99% of staff who responded and felt less stressed than the previous six months, understood their role and responsibilities better and felt encouraged to help drive improvement in the practice. Staff we spoke with during the inspection also confirmed the same and said they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training and some had attended language courses to be able to speak with different communities. The provider had also updated many of their leaflets and forms into Albanian, Turkish and Kurdish. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. Since our last inspection the provider had made significant improvements to the building, management structure, staff skills and patient support and involvement.

Are services well-led?

- The provider had plans in place and had trained staff for major incidents.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

- The provider and their clinicians engaged in a number of community outreach events in order to improve care outcomes and tackle health inequalities in the community. They had taken part in public health awareness projects such as weekly site visits to cultural centres to raise awareness about women's health issues and the importance of attending screening. They had also regularly supported local media campaigns in order to help promote preventative health within Turkish, Kurdish and Albanian communities.
- We saw the feedback for this work was overwhelmingly positive. The events at the local cultural centre had been attended by more than 200 women and as result, we saw data to confirm there had been a significant increase in the number of women seeking consultations and/or attending gynaecological appointments, both at the NHS and with the providers gynaecologist. The cultural centre also commented that these sessions had been so important in building confidence in relation to women's health.
- We also noted comments from Albanian community media outlets stating their gratitude in having access to Albanian speaking clinicians to raise awareness within their community and helping them to access NHS healthcare services.
- The service had an active Patient Participation Group (PPG) who met monthly and sought feedback on customer satisfaction from patients. In the last survey completed in December 2021, 72% of respondents were completely satisfied with the clinical service, 20% were partly satisfied and 8% were not satisfied. It was noted that some of the reason's patients listed they were not satisfied with were outside the control of the clinic such as parking and the impact of the Covid pandemic.
- Staff told us they had monthly meetings where they could give feedback about the service.
- The provider had a blog on their website that covered different topics such as Covid-19 Pandemic, Vitamin D Deficiency, Cancer Awareness, Mental Health, Women`s Health, Men`s Health, HIV Awareness and Stigma, Heart Conditions and Children`s Health. The videos and leaflets were produced in multiple languages.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement in the clinic.
- The doctors were involved in helping to improve the health inequalities of their local communities. They held discussions regarding different health topics on local radio and TV stations, wrote articles for Newspapers and attended public meetings in community Centres.

Are services well-led?

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual objectives and performance.
- The provider offers a comprehensive range of medical services providing an integrated approach to the healthcare under one roof.