

Heart Networks UK Limited

Cheetham Hill Medical Centre

Inspection report

244 Cheetham Hill Road
Manchester
M8 8AU

Tel: 07951725356

Website: www.cheethamhillmedicalcentre.co.uk

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Overall summary

We carried out an announced comprehensive inspection at Cheetham Hill Medical Centre on 19 and 27 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led.

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service has a 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.

The service provides a cardiology assessment service to patients living in north and central Manchester.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse. Staff understood their responsibilities to raise concerns and report incidents and near misses.
- A system was in place for reporting, investigating and learning from significant events and incidents.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.

Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patient comment cards included very positive feedback about the service and patients felt they had been treated with dignity and respect and involved in decisions about their care and treatment.
- Patients were provided with information about their health along with advice and guidance to support them to live healthier lives.
- Systems were in place to protect personal information about patients.
- Staff were appropriately trained and experienced to deliver effective care and treatment.
- Staff had access to all standard operating procedures and policies.
- The service encouraged and acted on feedback from both patients and staff. Patient survey information we reviewed showed that people who used the service had given positive feedback about their experience.
- Information about services and how to complain was available. Improvements were made as a result of complaints and feedback from patients.
- The location of the service provided appropriate facilities for patients, including disabled access.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The provider had a clear vision to provide a safe and high-quality service.
- There were clinical governance systems and processes in place to ensure the quality of service provision.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Cheetham Hill Medical Centre

Detailed findings

Background to this inspection

Cheetham Hill Medical Centre is registered with the Care Quality Commission to provide the regulated activities; Diagnostic and screening; and treatment of disease, disorder and injury. The registered provider for the service is Heart Networks UK Limited. The service is provided at two registered locations; Cheetham Hill Medical Centre, 244 Cheetham Hill Road, M8 8UP and Heart Networks UK Limited, Manchester Institute of Health and Performance, 299 Alan Turing Way, M11 2AZ. This report relates to the inspection of the location 'Cheetham Hill Medical Centre'.

Heart Networks UK Limited provides a cardiology assessment service at Cheetham Hill Medical Centre to patients living in north and central Manchester. The service is commissioned by Manchester Health and Care Commissioning. Patients are referred by their GP through an integrated care gateway. Patients do not pay for this service.

Patients undergo an initial assessment including blood pressure monitoring and an electrocardiogram (heart tracing). This may include ambulatory monitoring carried out over several hours or days with monitoring equipment. Following this assessment a medical examination is carried out by a doctor with a specialist interest in cardiology. Patients are then invited for a second consultation to discuss the results of the tests. The patient's GP is informed of the outcome and a proposed treatment plan if treatment is required.

Clinics are provided on Wednesdays and Thursdays of each week. Additional clinics can be provided on Saturdays if demand requires this.

How we inspected this service

Our inspection team was led by a CQC Lead Inspector accompanied by a GP Specialist Advisor.

Before visiting, we reviewed information we hold about the service and contacted the commissioners of the service to gain feedback.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and procedures.
- Spoke with a range of staff
- Made observations of the environment and infection control measures.
- Reviewed CQC comment cards that included feedback from patients about their experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

The provider had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included:

- The premises were suitable for the service provided. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a range of health and safety related policies and procedures that were available to staff and kept under regular review. The provider had up to date risk assessments for many areas of work and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were regularly checked to ensure they were working properly.
- Staff recruitment procedures were in place to ensure staff were suitable for their role. Overall, appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). (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). There was no employment reference on file for one member of staff whose records we viewed. This was rectified by the provider before the inspection was concluded.
- Staff had undergone an induction and had been provided with training in topics such as; fire safety, infection control, basic life support and safeguarding.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff were required to undergo safeguarding training at a level appropriate to their role. Staff we interviewed demonstrated they understood their responsibilities with regards to safeguarding.

- The service maintained appropriate standards of cleanliness and hygiene. Infection prevention and control protocols were in place and staff had received up to date training. Infection control audits were carried out and action was taken as a result of any identified shortfalls.

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. The provider used the electronic system to project demand and plan clinics and staffing requirements. Additional clinics were provided in response to any increases in referrals to the service.
- The service was not intended for use by patients requiring treatment for long term conditions or as an emergency service.
- There were processes in place for managing referrals, assessments and test results and timeframes for this were monitored.
- Adequate arrangements were in place to respond to emergencies and major incidents.
- Staff received annual basic life support training
- Emergency medicines were easily accessible to staff in a secure area and staff knew of their location. Medicines were checked on a regular basis to ensure they were in stock and within their expiry date.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- Risk assessments had been carried out to identify areas of risk to patients and to ensure appropriate control measures were in place.
- Quality assurance protocols were in place and a range of quality checks were carried out at regular intervals.

Information to deliver safe care and treatment

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

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system. This included investigation and test results, health assessment reports and advice and treatment plans.

Are services safe?

- Systems were in place for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

There were no medicines held on the premises except for medicines to deal with a medical emergency. There was no prescribing of medicines.

Track record on safety

The service had a good safety record.

- A system was in place for recording, reporting and investigating serious events.

- Serious events had been investigated and action had been taken to improve the service as a result. The provider published a summary of these as part of their annual report.
- The service had a clear system in place for acting on patient safety alerts and demonstrating the actions taken in response.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Policies and procedures were in place to support the requirements of the Duty of Candour.
- Staff told us the provider encouraged a culture of openness and honesty and that they felt confident to raise concerns.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective service in accordance with the relevant regulations.

Effective assessment and treatment

The provider had systems to keep clinicians up to date with current evidence based practice.

- Patients were referred to their GP or to a secondary care setting for further examination, tests or treatments following their assessment.
- The clinicians maintained clear records about the outcome of assessments and provided informative reports detailing their suggestions for treatment plans.
- Feedback from patients was very positive about the quality of information they received about their condition and discussions about their potential treatment plans.

Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service.

- Clinical meetings were used to discuss best practice guidance and to look at the care and treatment provided to patients.
- Key performance indicators were in place for monitoring care and treatment provided.
- The quality of consultations with patients was monitored through audits of patient records, response letters and referrals.
- Clinical audits were carried out to improve outcomes for patients. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. One audit had been carried out to review the optimisation of treatment for patients with heart failure. Another concerned the assessment and diagnosis of patients referred with palpitations and referral rates to secondary care.

Effective staffing

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

- New staff underwent an induction process and this was formerly documented.
- The manager had a training matrix that identified the training staff had undergone and when training was due. Staff were required to update their training on a regular basis.
- All staff received regular appraisal and performance reviews.
- Up to date records of staff qualifications were maintained. Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- Staff told us they were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Clinicians ensured they had adequate knowledge of the patient's health, medical history, relevant test results and medicines in order to support their proposals for care and treatment pathways.
- 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. The details of tests and consultation were always shared with the patient's registered GP.
- 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 told us they provided information and guidance to patients to support them to manage their condition and maximise their health.

- Where appropriate, staff gave people advice so they could self-care.

Are services effective?

(for example, treatment is effective)

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, advising the referring GP to refer for social prescribing, dietary advice and smoking cessation.
- Staff told us they provided information leaflets to patients to help support them in improving their health.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Feedback from patients in CQC comment cards was that patients felt well informed about the procedures they were to undergo and the outcome of these.

Consent to care and treatment

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

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.
- We made CQC comment cards available for patients to complete prior to the inspection visit. We received 50 completed cards and they were all very positive and indicated that patients were treated with kindness and respect. Patients felt the service offered was 'excellent' and staff were 'caring', 'professional', 'friendly' and treated them with dignity and respect.
- The provider also carried out patient surveys and the feedback we saw about patient experience of the service was positive in these.
- Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received from CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services could be made available for patients who did not have English as a first language.
- CQC comment cards we reviewed indicated that patients felt listened to and had sufficient time during consultations to receive a good level of information and to ask questions about their health. The comment cards included frequent references to patients having been provided with clear explanations and feeling re-assured by the information they were provided with and the manner in which it was delivered.
- Any referrals required to other services were discussed with patients.
- Staff had been provided with training in equality, diversity and inclusion.

Privacy and Dignity

The privacy of patients was respected and promoted.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Signs advised patients that chaperones were available should they want this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing a responsive service in accordance with the relevant regulations.

Responding to and meeting patients' needs

The service took account of patients' needs and preferences and organised and delivered services to meet patients' needs.

- The provider understood the needs of their patients and improved services in response to those needs. For example, they provided what they called an 'SOS' service whereby patients with intermittent symptoms could attend for an assessment and examination at short notice in order to better diagnose their condition. Staff also collected ambulatory monitoring equipment from patient's homes if they had mobility issues.
- The provider used the electronic system to project demand and plan clinics and staffing requirements. Additional clinics were provided in response to any increases in referrals to the service.
- Patients could choose to have a telephone consultation to discuss the outcome of their tests.
- Saturday morning appointments could be provided for working patients.
- The facilities and premises were appropriate for the services delivered and fully accessible.
- Reasonable adjustments had been made so that people could access and use the service on an equal basis to others. For example, an interpreter service was available if required.
- The nature of the service offered and the limitations of this were clear.
- Staff had been provided with training in equality, diversity and inclusion.
- Discussions with staff indicated that the service was person centred and flexible to accommodate people's needs.
- Individualised reports were provided to the patient's GP describing the outcome of assessments and suggesting individualised treatment plans.
- Patients were provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results and diagnosis.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients' feedback was that they were happy with the appointment system and timescales for having obtained an appointment.
- Referrals to other services were made in a timely way.
- The provider closely monitored their performance on access to ensure they met key performance indicators in line with their contract with commissioners. We saw that the number of referrals to the service had increased but the provider maintained their performance indicators by providing an additional clinic at weekends.
- The provider closely monitored performance figures for first appointment, onward referrals and communication back to the patient's registered GP.
- The provider had made attempts to reduce missed appointment by contacting patients prior to their appointment. This was done through text message to mobile phones or by contacting people directly.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedure in place. This contained appropriate timescales for dealing with a complaint.
- The service learned lessons from individual concerns and complaints and acted as a result to improve the quality of care.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing a well-led service in accordance with the relevant regulations.

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 of the service.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff in a range of roles told us that managers were approachable, listened and supported them in their roles and responsibilities.
- There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these.

Vision and strategy

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

- There was a clear vision and set of values.
- Staff were aware of and understood the vision and values of the service and their roles and responsibilities in meeting them.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff told us 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 we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing staff with the development they need. This included appraisal and career development conversations. All staff received regular appraisals.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service promoted equality and diversity and staff had received equality and diversity training.
- Staff told us there were positive relationships across the staff team.

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. These were reviewed regularly and updated when necessary.
- There was a range of processes in place to govern the service. A governance structure was in place and systems were in place to monitor and support staff at all levels.
- Systems were in place for monitoring the quality of the service and making improvements. This included the provider having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from patients and staff.
- Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with good training opportunities linked to their roles and responsibilities and professional development goals.

Managing risks, issues and performance

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

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 and outcomes of referral letters.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- There were arrangements for identifying, recording and managing risks and for implementing mitigating actions.
- There were a range of regular checks and audits in place to monitor the performance of the service.

Appropriate and accurate information

The provider 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 performance were discussed in meetings where all staff had sufficient access to information.
- The provider used performance information which was reported and monitored.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems
- Business contingency plans were in place that included minimising the risk of not being able to access patient data.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The views of patients, staff and external partners were encouraged, heard and acted on to shape services.
- Staff were able to describe to us the systems in place to give feedback. These included regular staff meetings, a feedback portal on the provider's website and an annual staff survey. The results of the staff survey had been published along with an action plan to improve staff experience.
- Patients were actively encouraged to provide feedback on the service they received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved. Feedback from patients had been analysed and published along with an action plan to improve patient experience.
- The provider encouraged patients to provide feedback as part of the NHS Friends and Family Test (FFT). The results of this showed that 97% of the 37 patients who had completed the questionnaire would recommend the service.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.
- The service made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements.
- Staff were encouraged to identify opportunities to improve the service delivered through team meetings, the appraisal process and staff surveys.
- The provider was involved in a Clinical Commissioning Group strategy for engaging stakeholders to discuss and plan ways to improve cardiovascular health and prevent premature deaths across a locality.