

Heartsure

Inspection report

1 Brunswick Road
Kingston Upon Thames
KT2 6SB
Tel:
www.heartsure.co.uk

Date of inspection visit: 11 October and 08
November 2022
Date of publication: 23/11/2022

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 caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Heartsure on 11 October and 08 November 2022 as part of our inspection programme. The practice is an independent cardiology service located at 1 Brunswick Rd, Kingston upon Thames, London, KT2 6SB.

Mr Tom Hastings 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.

Heartsure is an independent provider of medical services and offers a full range of private cardiology services. This is the first inspection of the service, and this will be a rated inspection.

Six people provided feedback via online reviews about the service. All the feedback we received was very positive, with an average of 5/5 stars, about the staff and services provided by the practice.

This service is registered with CQC under the Health and Social Care Act 2008 for diagnostic and screening procedures and the treatment of disease, disorder or injury.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs in line with national guidance.
- The practice organised and delivered services to meet patients’ needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The service was aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
- The service had systems and processes in place to ensure patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There was a clear leadership structure and staff felt supported by management.
- The practice had systems in place to collect and analyse feedback from patients.
- The practice was aware of their responsibility to respect people’s diversity and human rights. We saw that all staff had completed equality and diversity training.

Overall summary

The areas where the provider **should** make improvements are:

- Continue to expand their quality improvement and clinical audit programme.
- Take action to contemporaneously update staff records regarding staff immunisations and immunity.
- Take action to convert the Legionella risk assessment from a domestic property to commercial healthcare location.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Heartsure

Heartsure is located at 1 Brunswick Rd, Kingston upon Thames, London, KT2 6SB, London in the London Borough of Kingston.

The provider is registered with the Care Quality Commission (CQC) to deliver the regulated activities: treatment of disease, disorder or injury and diagnostic and screening procedures.

Services provided include medical cardiology consultation, diagnostic, rehabilitation and preventative cardiology services.

Patients can be referred to other services for diagnostic imaging and specialist care.

The practice is open Monday to Friday from 7.00am to 9.00pm; on Saturday between 9am-3pm and offers some out of hours care. The provider's website can be accessed at www.heartsure.co.uk

How we inspected this practice

Before the inspection we reviewed a range of information submitted by the practice in response to our provider information request. During our visit we interviewed staff, observed practice and reviewed documents.

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?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments, for example fire safety. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- Although the service did not offer services to children and young people aged under 18 years, they had systems to safeguard children and vulnerable adults from abuse.
- 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.
- The provider had a safe effective system in place for verifying the identity of patients.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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.
- Although the provider did not keep contemporaneous records to manage staff immunisations and certified immunity, we are aware of mitigation regarding this. For example, staff employed at the service were employed within the NHS and had completed appropriate testing and recommended immunisations.

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.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There was a system to manage infection prevention and control. For example, the practice had clear work surfaces in the consulting rooms and we saw they had undertaken regular infection and prevention control audits. However, we found the provider had a Legionella risk assessment in place for a domestic property. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. We reviewed evidence that arrangements are in place to convert this to an appropriate risk assessment for a healthcare location.
- There were appropriate indemnity arrangements in place.
- We reviewed evidence there were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider could demonstrate they had completed risk assessments for items recommended in national guidance which were not kept. For example, a medicine used to treat croup in children.

Information to deliver safe care and treatment

Are services safe?

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 systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 emergency medicines and equipment minimised risks.
- The service does not currently undertake medicine prescribing although staff told us they were planning to implement a prescribing function in the near future.

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Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
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- 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 could demonstrate they kept contemporaneous records regarding this. For example, we saw evidence they had undertaken regular fire drills.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- All staff had received at least annual basic life support training. In addition, one member of staff had completed an advanced life support programme and a second had undertaken a course regarding immediate life support.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. To date, the service has experienced two events of this type. For example, a clerical error contained in a letter sent to a patient. This was noticed, rectified quickly and an apology was issued to the patient concerned.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

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 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.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We reviewed a sample of five patients records and found that all patients had been appropriately treated, reviewed and referred for investigations, as appropriate. We saw that comprehensive treatments plans were in place for each patient whose record we reviewed.
- Clinicians had enough information to make or confirm a diagnosis.
- The service attended multi-disciplinary cardiology meetings at a local NHS trust to discuss patient's diagnosis and treatments, as appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. We saw the service had a comprehensive system in place to follow-up with patients. They ensured that test results were relayed to a patients Cardiology Consultants immediately and follow-up appointments and referrals were arranged in a timely way.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the service had its first clinical audit scheduled for November 2022 regarding the first 200 echocardiograms they had completed. This is to review the quality of care and drive improvement in outcomes for patients.
- The service had firm plans in place to complete formal notes reviews of patient's records.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC); Nursing and Midwifery Council (NMC) and the AHP Register were up to date with revalidation.
- The provider understood the learning needs of staff and provided training as appropriate. Up to date records of skills, qualifications and training were maintained. Staff 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.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, patients have been referred to gastroenterology and respiratory services and for further in-depth cardiology investigations, as and when required.
- 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.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.
- The service monitored the process for seeking consent appropriately.

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 people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, we saw relevant information was appropriately shared with a patient's GP. We saw examples of good practice regarding letters written to patients in vulnerable circumstances, with particular emphasis on, for example, medicines that are being prescribed and this was written in a 'patient-friendly' way.
- 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.
- 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 caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. We saw the provider had responded to the needs of patients in vulnerable circumstances and developed 'patient-friendly' letters to enable easier understanding of relevant medical information.
- The facilities and premises were appropriate for the services delivered.
- The service was liaising with the local council to negotiate parking services for patients to enable easier access for those patients whose mobility was reduced due to cardiovascular ill-health.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, when patients were referred on to private cardiology diagnostic services.

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.

- The service had a complaint policy and procedure in place. The service had not currently received a complaint since its inception. Staff told us, in the event of a patient complaint, they would act to improve the quality of care.
- 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.

Are services well-led?

We rated well-led as Good because:

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.
- 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 developing the service to include/including planning for the future leadership of the service.

Vision and strategy

The service 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. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider had not received any complaints to date.
- 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. We saw that all staff were considered valued members of the team. They were encouraged to undertake professional development.
- 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. Staff felt they were treated equally.
- There were positive relationships between staff.

Governance arrangements

Are services well-led?

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 proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.

Managing risks, issues and performance

There were clear and effective around 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.
- We reviewed decisions to refer patients to other services and found these were appropriate and completed in a timely way.
- 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 and incidents.
- The service had its first clinical audit scheduled for November 2022 regarding the first 200 echocardiograms they had completed. This is to review the quality of care and drive improve in outcomes for patients.
- The provider had plans in place and had trained staff for emergency incidents.

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

Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, we saw the service completed patient feedback exercises and took action with any query raised. Staff told us they felt listened to and had a say in how the service was being developed. Cardiology Consultants from a local NHS trust provided cardiology consultations for patients and made direct feedback and contributions regarding service development.
- Staff could describe to us the systems in place to give feedback. For example, we reviewed minutes of a staff governance meeting and saw that all staff had the opportunity to discuss relevant feedback. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

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.
- The service made use of internal and external reviews of incidents. To date, the service has not received any complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The service could demonstrate several examples of innovation work and systems to support improvement.
- For example, we saw the service had delivered a training day to local schools, 'Your Heart Hospital 2022' "Understanding More About Heart Disease" in partnership with the British Cardiovascular Society. There was a dual purpose for this training day: To educate children and young people regarding good heart health and to encourage young people to consider medicine as a future career.
- The service was working in partnership with the Royal Marsden Hospital, to deliver diagnostic services for patients who were receiving treatments for cancer.
- The service had firm plans in place to become a 'one-stop shop' regarding cardiology services for patients. This included the introduction of an additional cardiology diagnostic test called a stress echocardiogram.
- The service was liaising with the local council to negotiate parking services for patients to enable easier access for those patients whose mobility was reduced due to cardiovascular ill-health.