

# Heartbeat Alliance

## Inspection report

Mowbray House Surgery  
Malpas Road  
Northallerton  
DL7 8FW  
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           | Requires Improvement |  |
|--------------------------------------------|----------------------|---------------------------------------------------------------------------------------|
| Are services safe?                         | Requires Improvement |  |
| Are services effective?                    | Requires Improvement |  |
| Are services caring?                       | Good                 |  |
| Are services responsive to people's needs? | Good                 |  |
| Are services well-led?                     | Inadequate           |  |

# Overall summary

We carried out an announced comprehensive inspection of the extended access service run by Heartbeat Primary Care Community Interest Company at various sites across Hambleton, Richmondshire and Whitby from 3 to 6 May 2022. Overall, the provider is rated as requires improvement.

Safe - Requires improvement

Effective – Requires improvement

Caring - Good

Responsive - Good

Well-led – Inadequate

## Why we carried out this inspection

This announced comprehensive inspection was the provider's first inspection. We looked at the key questions of safe, effective, caring, responsive and well-led.

## How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- conducting staff interviews via face to face and video conferencing;
- requesting feedback from staff electronically;
- requesting evidence from the provider;
- reviewing patient records to identify issues and clarify actions taken by the provider; and
- a site visit to the head office and two sites where the service is delivered from.

As part of this inspection we received feedback via face to face interview, video conference interview, discussions with staff working on-site and electronic questionnaire. This feedback came from members of the management team, clinical and non-clinical staff.

## Our findings

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, staff and other organisations.

# Overall summary

**We have rated this provider as requires improvement overall.**

We found that:

- the provider was open and transparent about the challenges of the past year. The service had stepped-up during the pandemic to provide services and contribute to the local health agenda and work in partnership with stakeholders to deliver patient care during this time. For example, setting up COVID-19 'hot hub' sites where patients with suspected COVID-19 could be seen and the delivery of the COVID-19 vaccination programme;
- there were gaps in systems to assess, monitor and manage risks to patient safety. The provider could not demonstrate fully developed safety systems were in place;
- the provider had undertaken some quality improvement activity, including clinical audit to monitor outcomes of care and treatment;
- the provider could not demonstrate effective systems and processes to ensure that staff had the skills, knowledge and experience to carry out their roles;
- staff worked together and with other health and social care professionals to deliver effective care and treatment;
- as an extended access service, the provider was not able to provide continuity of care to support patients to live healthier lives in the way that a GP practice would. Despite this the provider demonstrated their commitment to patient education and promotion of health and well-being advice;
- we observed staff treating patients with kindness, dignity and respect;
- the provider organised, considered and delivered services to meet patients' needs. Patients could access services in a timely way;
- we found that there was a lack of oversight in key areas relating to monitoring and management of risk to patient safety and gaps in governance structures all of which had the ability to compromise the quality of care provided by the service; and
- leaders could not demonstrate they had the capacity and skills to deliver high-quality, sustainable care.

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

- ensure that care and treatment was always delivered in a safe way for patients;
- ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties; and
- establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**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. The team included a GP specialist advisor and a CQC inspection manager.

## Background to Heartbeat Alliance

Heartbeat Primary Care Community Interest Company serves the needs of the population of Hambleton, Richmondshire and Whitby and is responsible for delivering extended access services to patients from all but one of the GP practices. It serves approximately 195,000 patients in the North Yorkshire Clinical Commissioning Group (CCG). The Community Interest Company is owned by all the participating GP practices.

During routine monitoring in December 2021 we were made aware that the Registered Manager was no longer in post. The provider has now submitted the required application for a new Registered Manager.

The focus of this inspection was the delivery of the extended access service only, which has been operational since November 2017. Extended Access was rolled out as a national target for all primary care to improve access to General Practice routine appointments. Heartbeat Primary Care Community Interest Company provides other services such as Primary Care Network support and lead employer for the Additional Roles Reimbursement Scheme and learning events and on-line learning.

The extended access service operates from seven sites; six being host GP practices which the extended access service use and one (Catterick Hub) which the provider is responsible for. Six of the seven locations are individually registered with CQC under the host GP providers' registration. Catterick Hub falls under the registration of Heartbeat Primary Care Community Interest Company.

The extended access service runs from the following sites:

Catterick Hub, The Health Centre, 42 Richmond Road, Catterick Garrison, North Yorkshire, DL9 3JD

Monday/Wednesday/Thursday 6.30pm to 8.00pm

Saturday and Sunday 8.30am to 12.30pm

Mix of GP/ANP/PN/HCA and Phlebotomist appointments – varies week to week

Mayford House Surgery, Boroughbridge Road, Northallerton, North Yorkshire, DL7 8AW

Saturday 8.30am to 12.00pm

Mix of ANP, PN, HCA and Pharmacist – varies week to week

Mowbray House Surgery, Malpas Road, Northallerton, North Yorkshire, DL7 8FW

Tuesday and Thursday 6.30pm to 8.00pm

ANP x 6 appointments per evening

Central Dales Practice, Aysgarth Surgery, Aysgarth, Leyburn, North Yorkshire, DL8 3AA

Friday 6.30pm to 8.00pm

GP x 6 appointments

Great Ayton Surgery, Rosehill, Great Ayton, Middlesbrough, TS9 6BL

Saturday 8.30am to 12.30pm

GP x 16 appointments and PN x 16 appointments

Thirsk Doctors Surgery, The Health Centre, Thirsk, YO7 1LG

Alternate Saturdays 8.30am to 12.30pm

GP x 16 appts, PN x 16 appts and HCA x 24 appts

Lambert Medical Practice, 2 Chapel Street, Thirsk, YO7 1LU

Alternate Saturdays 8.30am to 12.30pm

GP x 16 appts, PN x 16 appts and HCA x 24 appts

We visited two of these locations; Mowbray House Surgery and Catterick Hub. We also visited the head office of Heartbeat Primary Care Community Interest Company.

The extended access service delivers remote and face-to-face consultations dependent on patient choice.

Heartbeat Primary Care Community Interest Company operates from Suite 26, Evolution Business Centre, County Business Park, Darlington Road, Northallerton, DL6 2NQ. There is an organisation Board structure. All work on a part-time basis. Day to day operational oversight for extended access is provided by a Clinical Operations Manager. They directly employ one health care assistant, one advanced nurse practitioner, one practice nurse, one locum advanced nurse practitioner and two locum GP's. The rest of the staff work on a sessional basis for the provider and come from local host GP practices.

Heartbeat Primary Care Community Interest Company – Heartbeat Alliance is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures and treatment of disease, disorder or injury. They have applied to add the regulated activity of family planning.

# Are services safe?

**We rated the provider as requires improvement for providing a safe service. This was because there was a lack of oversight in respect of recruitment, training, equipment and premises, significant events, patient safety and alerts, prescription security, business continuity planning; and the ability to respond to a medical emergency.**

## Safety systems and processes

The service had some systems in place to keep people safe and safeguarded from abuse.

- There was a lead member of staff for safeguarding who was trained to the required level. They attended safeguarding meetings in their substantive role in a GP practice. They told us they would share any information with the provider if needed.
- Policies covering adult and child safeguarding were in place. The provider acknowledged there had been difficulties with staff accessing documents and was working to address this via a new digital solution the provider had purchased and was rolling out to staff.
- The provider had recently obtained a declaration from each of the host GP practices who provided staff to work in extended access to gain assurance that safeguarding training had been completed. Staff directly employed by the provider told us they had completed their safeguarding training. We were unable to confirm this as full records for staff directly employed by the provider and locum staff were not always available.
- Staff we spoke with knew how to identify and report concerns.
- There were systems to identify vulnerable patients on the clinical record system. An audit had recently been carried out by the provider for the period April 2021 to March 2022 to review compliance with their own policy in terms of vulnerable patients, including children who were not brought to appointments in extended access. No issues or concerns were identified. This showed the policy the provider had recently introduced was being followed and the GP practice the patient was assigned to had been notified that the patient had not attended for appointment.
- The provider told us there had been no safeguarding children or adult referrals in the past 12 months.
- The provider could not provide assurance that staff who acted as chaperones had been trained for this role as they did not ask for this information from host GP practices or from their own employed staff.
- We reviewed personnel records of directly employed staff which included three clinical and one non-clinical member of staff. We found there was no clear system in place for the provider to follow for which recruitment checks they required, which resulted in gaps in the records. Records relating to one locum GP were not available and the other locum GPs record was incomplete. The two clinical files we were able to view had gaps in the records. For example, one had a contract that was not signed and the other had an offer letter but no contract; one had proof of identity and a reference, the other had neither. There was no evidence of professional registration checks. Both had a DBS check. No recruitment records were made available to us post inspection despite being told we would receive these. We were provided with the immunisation status of staff in respect of Hepatitis B and COVID-19, but no other vaccinations required for staff in their role.
- The provider had recently asked host GP practices to complete a 'compliance requirements checklist' which covered a range of areas relating to the premises and facilities including fire safety, equipment testing, infection control audits, health and safety and legionella. Except for one host site, which the provider had checked, this information was not available at the time of the inspection and therefore the provider could not demonstrate they had oversight and assurance in relation to the host GP practices the provider provided a service from. We were also not assured that the same checks had been carried out in respect of Catterick Hub.
- We visited two sites, one host GP practice and Catterick Hub and observed the premises to be clean and tidy. The provider had nominated an IPC lead. An environmental IPC audit had last been completed at Catterick Hub in February 2022.

# Are services safe?

- Fire safety was included for staff in their induction and fire awareness training was included as part of the mandatory training schedule. Staff told us they had completed fire training. However, we were unable to confirm this as records for staff directly employed by the provider and locum staff were not always available. The provider confirmed they had not completed a fire evacuation for their staff, when an on-site service was in operation, and had not been part of a fire evacuation exercise with any of the host GP practices.
- The medical equipment we reviewed on the day had been maintained according to manufacturer's instructions. However, the provider did not have an inventory of equipment.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff required for the service. Arrangements were in place for ensuring that this requirement was fulfilled and took account of holidays, sickness and busy periods. We saw evidence that rotas were planned.
- The number and times of consultations were fixed, in line with the provider's contract. There were no walk-in appointments. Consequently, there was no requirement for any system for dealing with surges in demand.
- The provider did not always ensure staff were equipped to deal with medical emergencies. The provider did not have arrangements in place to ensure that staff who worked from the sites carried out emergency equipment checks when they arrived on shift to deliver the extended access service. For example, no checks were made to ensure emergency medicines were in place, oxygen levels were appropriate, and that the defibrillator was working. At Catterick Hub staff did not have access to appropriate medicines/equipment to provide assurance they could respond to an emergency. We were told that staff had raised this as a concern. No risk assessment was in place to support this decision. However, on the day of the site visit some emergency medicines were available and some had been brought in that evening. The oxygen was in another room and belonged to the Out of Hours Service. A defibrillator was available.
- The provider had recently obtained a declaration from each of the host GP practices who provided staff to work in extended access to gain assurance that basic life support and anaphylaxis training had been completed. Staff directly employed by the provider told us they had completed their training. We were unable to confirm this as full records for staff directly employed by the provider and locum staff were not always available.
- Clinicians we spoke with knew how to identify and manage patients with severe infections including sepsis. Receptionists we spoke with were aware of actions to take if they encountered a deteriorating or acutely unwell patient. Staff directly employed by the provider told us they had completed their training. We were unable to confirm this as full records for staff directly employed by the provider and locum staff were not always available.
- The service was in the process of producing a business continuity plan (BCP). We saw a draft of this. However, at this stage there were gaps in the plan, which included staff contact details. In addition, the provider had not tested or practised any of the scenarios in the BCP to assure themselves of its effectiveness.
- The provider held a risk register. We saw that all identified risks had been assessed to define the level of risk by considering the category of probability against the category of impact on the service. All risks had been allocated a RAG (red, amber, green) rating based on this assessment. This was a new system in place, and we were therefore unable to confirm the level of oversight. Not all risks identified during the inspection had been identified by the provider. For example, checks of emergency medicines and equipment.

## Information to deliver safe care and treatment

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

- We reviewed some records of individual patient consultations and found they were written and managed securely and in line with current guidance and relevant legislation.

# Are services safe?

- Clinicians had access to patient information to enable them to deliver safe care and treatment.
- There were systems for sharing information with a patient's GP and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to send a notification to a patient's GP through the clinical system when an urgent two-week wait referral had been undertaken. There was no system in place to ensure these were followed-up.
- The provider had Information Commissioner's Office (ICO) registration in place.

## Appropriate and safe use of medicines

The service had some systems and processes in place for appropriate and safe handling of medicines.

- Clinical staff we spoke with prescribed medicines to patients and gave advice on medicines in line with current national guidance.
- The provider had in recent weeks undertaken an audit of their prescribing. For example, a 'Quality Improvement Project: Broad Spectrum Antibiotic Prescribing April 2022'. We were told they had planned to do this monthly but associated pressures meant this did not happen. The provider told us monitoring of antibiotic prescribing in the extended access service was a priority and would continue with the monthly audits that had just started. The findings of the first audit showed prescribing in line with guidance.
- The provider could not provide assurance that they monitored the prescribing of its clinicians through clinical notes reviews. Independent prescribers were not aware that their prescribing was reviewed.
- The service did not hold or administer any medicines which required refrigeration.
- The service did not dispense any medicines and did not hold any controlled drugs. However, we were shown a stock of blank 'blue' prescriptions stored in a locked cupboard at Catterick Hub. Blue prescriptions are used for issuing certain controlled drugs. We raised this with the provider and was told it was likely these belonged to another provider who used their rooms. We were assured this would be acted on immediately to ensure they were stored and managed in the correct way.
- Most prescriptions were sent electronically to a pharmacy of the patient's choice for dispensing. However, prescription stationery was not always managed in a safe and secure way. At Catterick Hub we found blank prescriptions were not securely stored and the system for recording serial numbers not appropriate.

## Track record on safety

- This was the provider's first inspection.
- The provider had not made necessary changes to the CQC registration to ensure they were registered to deliver the regulated activity of family planning before commencing the women's clinic. The provider voluntarily suspended this service until the appropriate registration was in place after we highlighted this concern.

## Lessons learned and improvements made

The provider could not demonstrate an effective system to report, share, investigate, record and respond to incidents or near misses.

- The provider had a significant event policy in place.
- The provider informed us that the management of significant events had been poor under the previous management arrangements. They had identified the lack of near miss reporting on their risk record and had recently allocated the management of this to a new member of staff.
- Feedback from staff demonstrated they understood their duty to raise concerns but there was differing levels of understanding from staff on how to do this. Not all staff were aware how to access documentation to do this.

# Are services safe?

- The provider told us significant events would be discussed at clinical meetings the provider planned to introduce on a regular basis. The first of these meetings had taken place in April. We saw no evidence of this from the minutes of the first meeting we looked at.
- The leadership team demonstrated their awareness of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The service had recorded two significant events in the past 12 months.

# Are services effective?

**We rated the provider as requires improvement for providing an effective service. This was because we identified concerns relating to quality improvement, including clinical and prescribing audit and the arrangements for ensuring staff had the skills, knowledge and experience to carry out their roles.**

## Effective needs assessment, care and treatment

The provider had some systems in place to keep clinicians up to date with current evidence-based practice.

- Staff we received feedback from had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. This was primarily accessed in other roles they worked in. We were told a new 'app' being made available to staff by the provider would ensure staff had access to relevant documents and guidance.
- Clinical meetings did not routinely take place. The first of what we were told were planned clinical meetings took place in April 2022.
- We spoke with clinicians and reviewed some clinical records. We found from those reviewed that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- The provider had carried out an audit on an extended access session to assess whether the decision not to see patients face to face was appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Reception staff we spoke with knew to contact the duty GP for any patients presenting with high-risk symptoms, such as chest pain or difficulty in breathing.

## Monitoring care and treatment

The provider did not have a comprehensive programme of quality improvement activity to monitor outcomes of care and treatment.

- There was evidence of audits undertaken of clinical consultations which included history, examination and management. Feedback was shared with the individual GPs if concerns were identified but not used as part of wider learning with clinical staff.
- Regular audit of prescribing was not in place and no system in place for the auditing of non-medical prescribers.
- No provision had been put in place to audit the consultations carried out in the women's health clinic where intrauterine devices (a device inserted into the uterus by a doctor or nurse) and contraceptive implant fitting took place. This service was voluntarily suspended by the provider until the appropriate registration was in place after we highlighted this as a concern.

## Effective staffing

The provider could not demonstrate effective systems and processes to ensure that staff had the skills, knowledge and experience to carry out their roles.

- The provider could not demonstrate an effective system to record training of individual staff members at the start of their employment and there were no processes in place to ensure that training was up to date in line with guidance. The provider had identified a schedule of mandatory training which included for example safeguarding, fire safety, children and adults, Mental Capacity Act (MCA), infection prevention and control (IPC), basic life support (BLS) but did not include sepsis or chaperoning.

# Are services effective?

- The provider had recently obtained a declaration from each of the host GP practices who provided staff to work in extended access to gain assurance that training had been completed in line with the providers mandatory training schedule. Directly employed staff told us they had completed such training. However, gaps in personnel records or the absence of personnel records for staff directly employed by the provider and locum staff did not provide assurance that such training had been completed.
- The provider could not demonstrate how they ensured role-specific training was in place and up to date in line with guidance. For example, cervical screening and IUD/implant fitting.
- The provider could not demonstrate a consistent formal induction programme for new staff including locums that prepared them for their role. An induction policy and programme was in place, however this was not always followed. We looked at the records of three employed staff, one had no induction recorded, one had a note stating induction given and the other had an induction record which was largely blank. Staff told us they had an induction of varying degree.
- The provider could not demonstrate an effective system of regular appraisal of staff performance including how training, learning and development needs were identified, planned for and supported. Most staff who worked for the provider were employed on a sessional basis and were mostly staff who otherwise worked and were employed by local GP practices. Evidence of professional appraisal and revalidation for this group of staff was obtained via an annual declaration by the host GP practice. Records showed these declarations had recently been obtained.
- The provider told us a formal appraisal process was not in place, although clinical notes checks were carried out and any issues raised with the staff member. Feedback was only provided to staff if negative issues were found. A locum GP ran the women's clinic (before it was voluntarily suspended due to CQC registration issues). There was no evidence available to show any reviews of competencies had been carried out for this member of staff. The provider had noted this on their risk register stating there wasn't anyone suitable with the skills and knowledge to assess the competency of this individual.
- A small number of clinical and non-clinical staff were employed directly by the provider. The provider could not provide evidence that these staff were supervised appropriately in order to assure themselves on an ongoing basis of their capability to practice or deliver their role. Records and feedback from staff confirmed that these staff members had not received any supervision, competency assessments or prescribing reviews since they commenced employment. Despite this staff told us senior managers were supportive and could be contacted if needed.
- There was evidence available for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Staff working at the service had access to each patient's full clinical record. Staff were able to view correspondence and test results within the record, and order further tests or make referrals when appropriate.
- Information was relayed to patients' own GPs via the clinical system.
- Patients with vulnerability factors were identified via a 'flagging' system on the patient record and could be viewed by staff.
- We saw that details were entered into patients' electronic records at the time of the consultation.
- There were arrangements in place for booking appointments. All appointments were pre-booked by the patient's own GP practice. There were no walk-in patients.

## Helping patients to live healthier lives

As an extended access service, the provider was not able to provide continuity of care to support patients to live healthier lives in the way that a GP practice would. Despite this the provider demonstrated their commitment to patient education and promotion of health and well-being advice. Examples included:

# Are services effective?

- The provider funded the 'Catterick Nepalese Community Project'. This was set up to focus on diabetes along with contributing and associated risk factors well recognised in the global burden of disease e.g. smoking, obesity, high blood pressure, poor diet, lack of exercise creating a high risk for cardiovascular disease. There was known to be a high concentration of Nepali individuals and families in Catterick. The aim was to work with community leaders to understand the needs within the Nepalese community to improve engagement and access to health services, with a vision of improving health outcomes. Heartbeat Alliances Local accredited structured education programme 'Diabetes Today' was culturally adapted for the Local Nepalese community. The first session was delivered as a pilot exercise and learning lessons to a large group of 25 members of the Nepalese community on 7th April 2022. Following on from this the delivery of the first Health Mela in Catterick was planned for February 2022 but due to the rise in cases of COVID-19, this was cancelled. This was now scheduled to take place on the 18 June 2022.
- The provider was working with South Tees NHS Foundation Trust to pilot an Explain Pain Clinic for Hambleton, Richmondshire and Whitby. The purpose of the pilot was to provide education and information to any adult who suffered from pain and would like more information how to manage it.

Staff we spoke with demonstrated a knowledge of local and wider health needs of patient groups who may attend the extended access services. Clinicians told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

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 but there were no systems in place to monitor this process.

- Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- Staff acting as chaperones told us that consent and details of who had been the chaperone was recorded in the patient's clinical notes.
- The provider had recently obtained a declaration from each of the host GP practices who provided staff to work in better access to gain assurance that training had been completed in respect of Mental Capacity Act (MCA) training. However, gaps in records for staff directly employed by the provider and locum staff did not provide assurance that MCA training had been completed. The provider did not have overall oversight of training and therefore we were unable to confirm that all staff had completed MCA training.

# Are services caring?

**We rated the service as good for providing caring services.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- We did not have the opportunity to speak with any patients during our inspection. However, we observed staff treating patients with kindness, dignity and respect.
- Staff we spoke with demonstrated they understood patients' personal, cultural, social and religious needs.
- We saw equality and diversity training formed part of the provider's mandatory training schedule. However, we were not assured that all staff had completed this.
- The provider had not collected patient feedback since before the start of the COVID-19 pandemic. They acknowledged this as an area of development and had in recent weeks designed a new survey they planned to start using.

## **Involvement in decisions about care and treatment**

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

- All appointments were 15 minutes in length with clinical staff to facilitate effective communication.
- Interpretation services were available for patients who did not have English as a first language and staff we spoke with knew how to access these.
- Staff helped patients and their carers find further information and access community and advocacy services.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff we spoke with were aware, and gave examples, of the need to maintain patient confidentiality. For example, ensuring that patient identifiable information was not visible to unauthorised personnel.
- Staff acting as chaperones demonstrated their understanding of their responsibilities in relation to maintaining patient dignity and confidentiality.
- We visited two sites where extended access services were contracted to be delivered from. We observed that there were arrangements to ensure confidentiality at the reception desk.
- Privacy curtains were in use in clinical rooms.
- Staff we spoke with told us that a private room would be made available should a patient be distressed or wanted to discuss sensitive issues.

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## **Responding to and meeting people's needs**

The provider organised and delivered services to meet patients' needs. Patient needs and preferences were considered.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. They regularly reviewed their provision to try and meet the needs of practices referring into extended access. For example, the provider significantly increased the provision of phlebotomy (blood taking) to try and help address the pressures imposed by secondary care requesting blood tests. During the COVID-19 pandemic they created a pathway for out-of-hours patients to be managed in extended access to help meet pressures in that part of the healthcare system.

## **Timely access to the service**

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

- Appointments were available across the seven sites. Standard operating days and hours were Monday to Friday 6.30pm to 8pm, Saturday and Sunday 8.30am to 12pm/12.30pm and Bank Holidays.
- The provider delivered remote and face-to-face consultations dependent on patient choice.
- Waiting times, delays and cancellations were minimal and managed appropriately. Catch up and break times were incorporated into session times.
- Appointments were 15 minutes long.
- Access to the extended access service was via the patient's own GP practice who could book appointments on behalf of patients.

## **Listening and learning from concerns and complaints**

The service had systems in place to respond to complaints and improve the quality of care.

- There was a complaints policy. One complaint had been recorded and managed appropriately.
- Information for patients on how to make a complaint was not available on the providers website or in the form of leaflets/posters for patients.

# Are services well-led?

**We have rated the provider as inadequate for providing a well-led service as systems and processes to demonstrate effective oversight and good governance were not in place.**

## Leadership capacity and capability

Leaders did not always have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were open and transparent about the challenges during the COVID-19 pandemic and the impact this had had in certain areas as they concentrated on the delivery of the vaccination programme.
- There had been changes to the leadership arrangements, the impact of which had not been fully assessed. Leaders did not work on a full-time basis. The provider acknowledged that the provision of support and oversight of leaders and members of staff was lacking in areas with capacity being an issue cited which formed part of the providers action plan.

## Vision and strategy

The provider had a vision, values and a strategy to achieve its priorities. The providers website stated 'We are Heartbeat and our mission is to improve health. We meet everyday health and care needs by supporting the communities we serve with innovation and quality services'.

Not all staff who provided feedback were aware of the providers vision.

## Culture

There were gaps in systems and processes which impacted on the ability for the provider to drive and effectively support a culture of high-quality sustainable care.

- The provider had not undertaken a staff survey. Some staff told us that suggestions they had made for improvement had been listened to and changes made. For example, the introduction of breaks during extended access appointments.
- Staff we spoke with stated they felt respected and they were happy to work in the service. However, some staff reported that clinical leaders only worked on a significantly reduced part-time basis which they felt wasn't helpful in creating a team culture. For staff employed directly by the provider we were told there was little or no contact with other colleagues in the organisation.
- In recent months the provider had introduced a newsletter that was shared with staff. This included a range of information which included introducing new members of staff, information about training opportunities and new developments in services that were either in place or planned.
- Staff told us that in the main if they raised a concern it would be investigated, and a resolution sought.
- Staff told us that they were neither encouraged or discouraged from raising concerns or incidents and there was variation in the way staff told us they would raise a concern. However, all staff told us they would raise a concern and felt they would be supported to do so.
- The provider could not demonstrate the process for providing all staff with the development opportunities they may need or want, including induction, supervision and competency checks.
- The provider had identified equality and diversity training as mandatory but could not demonstrate that all staff had completed this.
- Leaders and managers provided some evidence they had acted on behaviour and performance inconsistent with the vision and values.

# Are services well-led?

- The provider had a whistleblowing policy in place which referenced a Freedom to Speak Up Guardian but did not name them. Not all staff we spoke with knew who the Freedom to Speak Up Guardian was.
- The management team were aware of the requirements of the duty of candour. There was a duty of candour policy in place.

## Governance arrangements

Although there were roles and some systems of accountability to support good governance and management, we found gaps in processes and overall oversight which resulted in the issues identified for improvement

- There were gaps in the oversight of systems and processes to demonstrate effective governance. Oversight of staff competency, induction, training and appraisal, recruitment, significant events, patient safety alerts, access to emergency equipment and medicines, premises and facilities oversight, and an overall lack of clinical/prescribing monitoring and audits.
- There were some policies and procedures in place but some of these had recently been put in place and were not embedded into practice yet. The provider also acknowledged there were insufficient procedures to support some staff in their roles.
- The provider did not have a formal meeting structure in place, including clinical meetings or bulletins to effectively keep staff informed of safety and quality outcomes. For example, significant events/near misses, patient safety alerts, audits, clinical guidance updates.
- There had been some recent organisation and operational changes and oversight of day-to-day management. However, we were not assured that these changes were enough in terms of the capacity to be able to deliver and drive continued improvement.

## Managing risks, issues and performance

We were not assured that there were effective structures, processes and systems in place which included appropriate accountability and oversight to support performance and identify, manage and mitigate current and future risk.

- There were gaps in systems and processes to manage current and future performance.
- There was a limited programme of quality improvement, including clinical audit to drive quality of care and outcomes for patients.

## Appropriate and accurate information

- Arrangements for data security, patient confidentiality and data management systems were appropriate.
- Clinicians had access to patient information to enable them to deliver safe care and treatment.
- The provider had not submitted a notification/application in respect of changes required to their registration before they commenced the delivery of a new service. When we identified this, the provider voluntarily suspended the service immediately.

## Engagement with patients, the public, staff and external partners

- The provider continued to contribute to the local health agenda and work in partnership with stakeholders to deliver patient care.
- The provider engaged with the local Clinical Commissioning Group (CCG) and provided delivery and performance reports as required.

# Are services well-led?

- The service did not obtain feedback from patients for the extended access service through the Friends and Family Test (FFT), complaints or direct feedback during clinical encounters. We were told this had been paused during the COVID-19 pandemic. The provider had created a new feedback tool and had plans to implement this in the future.

## Continuous improvement and innovation

The provider had stepped-up during a difficult period during COVID-19 to provide temporary primary care COVID-19 assessment sites to provide core GP services for COVID-19 diagnosed or suspected patients. The provider had also collaborated to support Primary Care Networks (PCNs) and GP practices to vaccinate registered patients and health and care staff.

There was evidence of the providers commitment to develop new initiatives and enhance primary care services to provide support for local GP practices and patients. For example, a respiratory hub was being developed to provide FeNO (fractional exhaled nitric oxide) testing and spirometry to local practices. FeNO is a test that can be used in asthma diagnosis and management.

The provider had commissioned the use of an integrated IT infrastructure to deliver improvement to the way information was made available to staff. This was in the process of being finalised and rolled out to staff.

Immediately following the inspection, the provider produced an action plan detailing how they were going to address the issues we identified.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity                                                              | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care.</p> <p>In particular, we found that governance systems had failed to establish:</p> <ul style="list-style-type: none"><li>• an effective staff recruitment process;</li><li>• an effective system and process to report, share, investigate, record and respond to incidents and critical incidents/near misses;</li><li>• an effective system and process to receive, review and act on Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS) relevant to the service;</li><li>• the provider was unable to demonstrate the appropriate recording and storage of blank prescriptions;</li><li>• an effective induction process;</li><li>• an effective system to record the training of individual staff members at the start of their employment and have processes in place to ensure that training was up to date and in line with guidance throughout their employment;</li><li>• an effective system of regular appraisal of staff performance including how training, learning and development needs were identified, planned for and supported;</li><li>• an effective business disruption and continuity plan;</li><li>• an effective system to ensure oversight of premises and equipment facilities management undertaken by the host GP practice and the providers site;</li><li>• staff awareness of how they could raise concerns through the Freedom to Speak Out Guardian;</li><li>• a systematic programme of clinical audit, including prescribing audits;</li></ul> |

This section is primarily information for the provider

## Requirement notices

- an effective mechanism for seeking the views of people who used the service;
- the provider had failed to establish a structured and effective communication system to keep staff informed and to discuss safety and quality outcomes, for example, incidents, alerts, audits and clinical guidance updates. There was no formal meeting structure, including staff or clinical meetings; and
- the provider was also unable to demonstrate an awareness of the requirements of the Health and Social Care Act 2008; both in terms of the need for their registered manager to be in post and the need to be registered for regulated activities prior to the delivery of services linked to these.

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not ensured that care and treatment was always delivered in a safe way for patients. In particular:

- the provider was unable to demonstrate they had appropriate arrangements to act if there was a clinical or medical emergency. This included ensuring staff were trained and emergency medication and equipment was checked and available for use;
- the provider was unable to demonstrate they had emergency and contingency plans in place for the safe operation of the sites service were delivered from; and
- the provider was unable to demonstrate the appropriate recording and storage of blank prescriptions.

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had not ensured that staff had received the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.

## Requirement notices

In particular:

- the provider was unable to demonstrate that staff had received an induction which prepared them for their role, including the inclusion of the Care Certificate Standards for Healthcare Assistants;
- the provider was unable to demonstrate that staff were appropriately supervised when they were learning new skills, but not yet competent;
- the provider was unable to demonstrate that staff had undertaken core and role-specific training;
- the provider was unable to demonstrate clinical protocols were in place and aligned to all the roles and responsibilities of its clinical staff, in particular the HCA role; and
- staff had not received a regular appraisal of performance including how training, learning and development needs were identified, planned for and supported.