

The Chiltern Hills Heart Clinic Limited

Chiltern Hills Heart Clinic

Inspection report

The Chiltern Hospital
London Road
Great Missenden
Buckinghamshire
Tel: 01494 867616
Website: www.chilternhillsheartclinic.com

Date of inspection visit: 10 March 2016
Date of publication: 27/06/2016

Overall summary

We carried out an announced comprehensive inspection on 10 March 2016 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

Background

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.

Chiltern Hills Heart Clinic (CHHC) is located in an independent hospital in Buckinghamshire. The clinic consists of one consulting room and an adjoining room containing a treadmill. Arrangements are in place with another provider to maintain the clinic premises including cleaning and repair and also provide additional services such as booking patients and diagnostic tests when needed. The clinic provides a private cardiology service of consultations and investigations including echocardiograms (ultrasound scan of the heart), electrocardiogram (ECG), blood pressure and heart monitoring.

The service is provided by one consultant cardiologist and a cardiac physiologist, who undertakes echocardiograms. They are supported by a medical secretary and a practice administrator. The clinic office is open 8.30am to 4.30pm weekdays. The consultant and cardiac physiologist attend at different times during the week. Patient appointments with the consultant are

Summary of findings

available Monday and Saturday mornings and Thursday and Friday afternoons. Appointments with the cardiac physiologist are available on Tuesday mornings and Wednesday evenings.

The service is provided mainly for adult patients, although a small number of young people and children are seen. In 2015 CHHC provided 1224 consultations, of which 334 were new consultations and 900 were follow up consultations. Fourteen patients under the age of 18 years were seen and no patient under the age of 10 years.

The consultant 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.

During the inspection we obtained feedback from 50 patients through interviews and comments cards. All the feedback was very positive.

Our key findings were:

- Risk assessments were undertaken and control measures were in place to protect staff and patients. However, with regards to infection control, there was a lack of arrangements to ensure policies and procedures reflected all the current guidance.
- Staff were trained in safeguarding children and adults at risk. Children were seen in clinic when a children's nurse was on duty. Following the inspection the provider reviewed the service provision to children and made the decision to cease the service to children by end August 2016.

- Arrangements were in place to respond to a medical emergency including availability of equipment and trained staff.
- Referrals to the service were reviewed and care provided after assessment. Care was delivered in partnership with NHS services to meet patients' needs.
- Audits were undertaken to ensure care was delivered effectively.
- Staff received regular mandatory training and participated in appraisals to maintain their skills relevant to their roles.
- Feedback from patients was very positive about their experience of the care they received.
- The service was open Monday to Saturday at varying times to suit patients' preferences. Appointments were normally available within two weeks of referral.
- A wide range of patient information including videos was accessible on the clinic website.
- Appropriate governance arrangements included service audits, patient satisfaction survey and an annual service review, to identify areas for improvement.
- Staff described an open, transparent culture where they felt their contribution was valued.

There were areas where the provider could make improvements and should:

- Ensure staff adhere to 'bare below the elbows' practice to reduce the risk of cross infection.
- Ensure staff who care for children have the recommended level of safeguarding training.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- Risk assessments were undertaken and control measures were in place to protect staff and patients. However, with regards to infection control, there was a lack of arrangements to ensure policies and procedures reflected all the current guidance. For example, 'bare below the elbows' practice was not followed.
- There were systems in place for identifying, investigating and learning from incidents.
- Arrangements were in place to ensure patients were protected from abuse and action taken if concerns were identified. Children were only seen in clinic when a qualified children's nurse was on duty. However, the consultant did not have level 3 safeguarding children training.
- Staff were trained to respond to patients in an emergency and appropriate support and equipment were available when needed.

Are services effective?

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

- Staff provided care after appropriate assessment of patients' needs. Following the inspection the provider reviewed the service provision to children and made the decision to cease the service to children by end August 2016.
- A small number of audits were undertaken to ensure care was delivered effectively.
- The consultant worked with private and NHS services to meet patients' needs.
- Staff had regular mandatory training and appraisals to maintain their skills relevant to their roles.

Are services caring?

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

- Feedback from patients we spoke with and completed comments cards showed they were very positive about all aspects of the service.
- Patients felt they were treated with respect and compassion. Information was clearly explained to enable patients to make decisions about their care and treatment.

Are services responsive to people's needs?

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

- The service was open Monday to Saturday at varying times to suit patients' preferences. Appointments were normally available within one to two weeks of referral.
- A wide range of patient information including videos on procedures featuring the consultant was accessible on the clinic website.
- A complaints process was in place although no complaints had been received. Patients did not express any concerns about the service.

Are services well-led?

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

Summary of findings

- The governance arrangements included risk management processes were in place and appropriate to the service provided.
 - Policies and procedures were followed and accessible to staff
 - Staff described good team work and felt their contribution was valued.
 - Regular service audits, annual patient satisfaction survey and service review were undertaken to identify areas for improvement.
-

Chiltern Hills Heart Clinic

Detailed findings

Background to this inspection

We carried out a visit on 10 March 2016. The inspection team consisted of one inspector and one specialist advisor in cardiology.

Before the inspection we reviewed information we held about the provider and requested specific information as part of the provider information request. We did not receive any information from Healthwatch or the local clinical commissioning group regarding this organisation.

During the inspection we reviewed the service documentation including policies, audit information, survey results and patient records. We spoke with staff and patients, who used the service, reviewed comments cards and looked at the environment and equipment.

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

Reporting, learning and improvement from incidents

Staff were aware of their responsibility to report incidents. One incident was reported in the last 12 months. This related to a delay in receiving pathology results. The incident was investigated and actions taken to improve the reporting process. Medicines and healthcare products regulatory agency (MHRA) safety alerts were received by the clinic staff. These were reviewed and acted on if necessary. However, the alerts rarely applied to equipment or medicines which were stocked by the clinic. A daily meeting took place prior to the first patient appointment which allowed staff the opportunity to discuss issues including incidents or concerns as they arose.

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. When there were unexpected or unintended safety incidents. The service gave affected people reasonable support, truthful information and a verbal and written apology.

Substances, mainly cleaning materials, were stored securely in line with control of substances hazardous to health (COSHH) regulation; relevant COSHH documentation was held to inform staff of the necessary precautions to be taken.

An accident book was in place, although no accidents had been recorded and staff could not recall an accident or injury taking place.

Reliable safety systems and processes (including safeguarding)

All staff were trained to level 1 safeguarding children and safeguarding adults at risk. Clinical staff were trained to level 2 safeguarding children. Contact numbers for the local authority safeguarding teams were displayed in the consulting and office rooms for easy staff access and as a reminder. The consultant demonstrated a good understanding of safeguarding and gave two examples where patients had been referred to the GP and local safeguarding team.

Of the 14 children, between the ages of 10 and 18 years, seen in 2015, seven were referred by GPs and six by

paediatric consultants. The consultant also saw children in his NHS practice but only for investigations. A trained children's nurse with level 3 safeguarding training was present for all the consultations involving children at CHHC. However, the consultant was not trained to level 3 safeguarding children in accordance with the Intercollegiate Document.

Chaperones were provided through an agreement with another organisation. A notice was displayed in the consultation room informing patients of their right to request a chaperone

Appointments for children under the age of 12 years were scheduled when a children's nurse was on duty in the outpatient clinic. The consultant confirmed they only saw children under the age of 12 years who were accompanied by their parents and a children's nurse. The cardiac physiologist did not undertake echocardiograms on children.

Medical emergencies

All staff had training in basic life support and clinical staff had training in immediate life support. Oxygen and an automated external defibrillator (AED) were available in the clinic room. Staff checked the AED daily to ensure it was in working order. Additional resuscitation equipment including masks for adults and children were stored in the corridor outside the clinic room and was managed by staff to ensure it was fit for use. In an emergency the procedure followed would trigger an emergency alarm, where all trained staff would attend. Staff could not recall an emergency involving their patients.

Staffing

The CHHC team consisted of four staff; two clinical staff who also held NHS contracts and two non-clinical staff who were solely employed by CHHC. All staff were required to have 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) checks in place in accordance with the clinic policy. Clinical staff had additional checks including hepatitis B checks carried at their NHS place of employment and copies were kept in the clinic. Medical indemnity insurance and professional registration where needed for staff was up to date.

Are services safe?

The consultant and cardiac physiologist did not overlap any of their sessions at CHHC. However, they worked together in their NHS employment where the consultant reported he supervised the cardiac physiologist.

Monitoring health & safety and responding to risks

The consultant carried out consultations and a limited number of non-invasive diagnostic procedures such as ECG and echocardiogram. Patients who required invasive procedures were referred to alternative clinics where the consultant also held practising privileges.

The practice administrator carried out environmental risk assessments of the areas occupied by the clinic. For example, the treadmill, identified as a high risk, was only used under the supervision of the consultant and patients were given clear instructions before its use.

Staff said the consultant was always available, except when on annual leave. Arrangements were in place if the cardiac physiologist needed immediate assistance; this was provided by one of the consultant cardiologists or the resident medical officer.

All the patient information leaflets produced by CHHC, included the consultant's mobile number for out of hours emergency care.

Infection control

The consulting room and equipment were clean and tidy. As part of their responsibilities for the environment the domestic staff carried out daily cleaning of the clinic. Cleaning schedules were followed and were checked as completed by the domestic supervisor. Legionella testing (Legionella bacterium can contaminate water systems in buildings) was carried out by the as part of the agreement between CHHC and the host organisation.

A hand wash basin and cleansing gel were available in the clinic to encourage good hand hygiene practice. However, we observed staff did not adhere to the 'bare below the elbows' guidance which enabled thorough hand washing, and reduced the risk of spread of infection between staff and patients.

Staff cleaned equipment at the end of the clinic and checked it was ready for use before the consultant began his clinic session. The consultant ensured equipment was suitably cleaned between patients.

The infection control lead carried out monthly infection control audits of the outpatient department environment including CHHC. We saw two audits dated November 2015 and January 2016 which showed some areas for improvement which had been acted on. For example, ensuring sharps bins in the CHHC were closed when not in use. However, the audit did not assess 'bare below the elbows' practice amongst staff.

Premises and equipment

The consulting and office rooms were maintained through an agreement with the host organisation in which the clinic was located. Cleaning and maintenance issues were managed through the host maintenance services team. The equipment in the CHHC was owned by CHHC and they held responsibility for its maintenance.

During the inspection, we observed equipment was labelled as serviced and electrical appliance tested. Staff we spoke with were clear on the procedure to follow if they identified faulty or broken equipment and whom to report it to. Patients were given clear instructions in the use and return of equipment, such as ambulatory ECG monitors. Records were kept to ensure all equipment was logged and serviced in accordance with manufacturers' recommendations.

CHHC staff participated in a fire drill which took place at least three times a year by the host organisation. Weekly fire alarm tests were conducted.

A detailed CHHC continuity and recovery plan, reviewed in February 2016, was in place. It covered loss of access to premises, incapacity of staff. The associated risk assessments included information on alternative premises, contact numbers for suppliers and insurance details.

Safe and effective use of medicines

No medicines were stored in the clinic.

An onsite pharmacy supplied prescription pads to the clinic. These were logged and stored securely in lockable drawers within the consulting room which was always locked when not in use. The consultant followed the local NHS prescribing formulary to ensure patients were able to obtain continuation supplies of medicines from their GP if needed.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The consultant received referrals from GPs and other consultants. He did not treat patients privately who were also under his care in the NHS in line with GMC good medical practice. The consultant reported he worked within his scope of practice. For example, he did not undertake any procedures in his private work that he did not undertake in his usual NHS work. He reviewed all referrals to ensure they were appropriate for the service. For example, children under the age of seven years and older children with complex conditions were referred to a paediatrician. Following the inspection the provider reviewed the service provision to children and made the decision to cease the service to children by end August 2016.

The consultant reviewed all of the echocardiogram scans and reports produced by the cardiac physiologist before providing information to the GP or referrer. This was confirmed by our review of six records which demonstrated referral information was passed to and from the consultant. The consultant was reassured that no concerns had ever been raised by referrers regarding advice or treatment provided by CHHC.

Staff used mainly an electronic system to maintain patient records. All paper records were scanned and uploaded onto the patient's electronic record. A three monthly audit of records was undertaken to ensure all records ready for destruction had been scanned.

An audit of patients referred for cardiac rehabilitation in 2015 was carried out. Of 19 patients who were referred, eight patients (42%) attended the programme which was slightly lower than the national average of 45%, but an improvement on the practice's previous audit results.

Staff training and experience

The consultant undertook mandatory training in the NHS. This was reviewed at revalidation in 2015 and he had an NHS appraisal in February 2016. The consultant reported

he maintained practicing privileges at the hospital in which CHHC was located and a biennial review of practising privileges with the local Medical Advisory Committee took place.

The cardiac physiologist undertook mandatory training in the NHS and was supported to undertake additional echocardiogram training by CHHC.

The medical secretary and practice administrator completed mandatory training which included e-learning on infection control, health and safety and safeguarding. Records showed they were up to date with their training.

All staff in the clinic participated in an annual appraisal system. The practice administrator maintained staff files with records of training and appraisals, except for the consultant who was responsible for his own training record.

Working with other services

The CHHC worked closely with GPs and consultants who referred patients to the consultant. The consultant also worked closely with consultant colleagues to ensure cover arrangements in an emergency.

The consultant occasionally referred patients to the community heart failure or community cardiac rehabilitation service. This was recommended via a report and referral to the patient's GP.

Consent to care and treatment

Staff understood their responsibilities towards children. The service had a consent policy in line with national guidelines. This included provision for older children to make their decisions if they were competent.

The consultant demonstrated a good understanding of the Mental Capacity Act 2005 and gave one example of a long term patient who presented with confusion. The consultant liaised with the patient's GP and safeguarding team to facilitate the ongoing care of this patient.

Patients were made aware of costs of treatment and gave their consent prior to their treatment commencing.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients were very positive about their experience of the care from CHHC. We received the following comments: “Very good”, “5 star service”, “Really pleased.”

We reviewed 47 comments cards received from patients. All the written comments were overwhelmingly positive. No negative comment was recorded. The most common description of the service was ‘Excellent’. Patients said staff were compassionate and respectful. Patient’s privacy and dignity was respected. One patient’s comment encompassed the general feedback: ‘I was nervous about my heart problem. I found him (the consultant) gentle, calm and compassionate. A thorough examination and diagnosis reassured me.’

Patient’s privacy and dignity was respected. Care was provided behind closed doors and conversations could not be overheard. The treadmill was located in an adjoining room to allow an extra degree of privacy for patients undergoing this test.

Involvement in decisions about care and treatment

All the patients we spoke with, told us they had been provided with relevant information, both verbal and written, to make an informed decision about their care and treatment. The appointment allowed patients sufficient time to discuss any concerns they had and ask questions. The comments we received included: ‘Left the appointment- empowered’, ‘He explained procedures, gave lots of information.’

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Services were planned and the facilities appropriate to support the running of the clinic. The clinic office was open weekdays 8.30am to 4.30pm. Patient appointments with the consultant were available Monday and Saturday mornings and Thursday and Friday afternoons. Appointments with the cardiac physiologist were available on Tuesday mornings and Wednesday evenings. The variety of times accommodated patients' different preferences.

Arrangements were in place to ensure if patients needed blood tests or other diagnostic tests, such as x-ray, these was carried out at in the hospital at the same time as their appointment, to avoid patients re-attending.

Tackling inequity and promoting equality

The hospital and clinic were wheelchair accessible. The consultant could access interpreting services if needed, but he could not recall an occasion when this was needed. The majority of patients could speak English. Occasionally overseas patients from India were treated and the consultant had ready access to translation and interpreting services for these patients.

A wide range of written information on the procedures carried out was available in English. Videos on procedures undertaken by the consultant were accessible on the clinic website.

Leaflets and information sheets were available in English, in the consulting room which explained the full range of CHHC services. Information on pricing was also available and patients confirmed they were made aware of charges before treatment.

Access to the service

Arrangements were in place for patients, requiring an appointment with CHHC, to call a central booking line. Appointments for children were scheduled when a children's nurse was on duty. CHHC staff told us patients often complained about the time they had to wait on the phone. However, the feedback we received did not reflect any issues with booking appointments.

Patients attending the CHHC were welcomed into the main hospital reception area and registered on the hospital electronic system. CHHC staff had access to the registration system and were made aware when a CHHC patient had arrived and was waiting in the reception area. The consultant would personally call the patient from the waiting room and accompany them to the consulting room.

Staff conducted an access survey once a month. This involved a survey on a different day each month to assess the availability of the next appointment. During 2015, clinic appointments were available within one week for six months of the year and within two weeks or more for three months, the maximum wait was three weeks in May 2015. The feedback from patients indicated they were satisfied with appointment waiting times.

Concerns & complaints

Information on how to complain was available for patients on the website and leaflets in the clinic. The service had not received any complaints or concerns in the previous two years. Patients said they would have no hesitation to raise concerns if the need arose. Staff were aware of how to respond if patients expressed concerns, however this situation rarely arose.

Are services well-led?

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

Our findings

Governance arrangements

CHHC provided a specific specialist service. Experienced clinical staff worked in NHS roles as well as at CHHC and provided care and treatment within their scope of practice.

CHHC had access to an on line resource that provided template policies and procedures which the practice administrator had adapted to the clinic's requirements. Risk assessments were undertaken and reviewed. An annual service review covered the business performance and key performance measures, for example, patient satisfaction. The service review, dated August 2015, covered 2014 and the current service review was underway.

A small number of audits were undertaken including check on disposal of records, cardiac rehabilitation and review of echocardiogram scans, to review and improve service performance.

Leadership, openness and transparency

Staff said they were happy at CHHC. They described good team work and they felt their contribution was valued. Staff aimed to provide a high quality caring service to patients.

A quarterly practice meeting was held. The small team also had dedicated time at the start of each clinic to discuss day to day issues, this facilitated effective ongoing communication and an open culture.

Learning and improvement

The CHHC annual service review included development of the website. The website now included a wide range of videos featuring the consultant explaining and carrying out procedures at CHHC, such as exercise ECG and ambulatory ECG monitoring.

Provider seeks and acts on feedback from its patients, the public and staff

The service sent a satisfaction survey to patients attending the clinic one week each month. The results were collated into the annual survey report. The 2014 survey had a response rate of 44% (110 completed forms returns). All the feedback on the service was positive 97% of respondents would recommend the service. Suggested improvements related to booking appointments.

Staff worked together to resolve issues. For example, following a recent incident regarding pathology results, all staff had contributed to review the process and implement changes to improve the process.