

# Heart Networks UK Limited

## Inspection report

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Manchester  
M11 3BS  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Overall summary

**This service is rated as Good overall.** (Previous inspection September 2018 – not rated)

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 Heart Networks UK Limited on 16 February 2022. This inspection was part of the CQC inspection programme to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Heart Networks UK Limited are a community-based cardiology service working in partnership with the NHS, to provide a primary care led heart service. Patients are referred by their GP for assessment.

## Our key findings were:

- The provider had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved their processes.
- The provider reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.
- Staff were appropriately trained and experienced to deliver effective care and treatment.
- Staff had access to all standard operating procedures and policies.
- The location of the service provided appropriate facilities for patients, including disabled access.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The provider had a clear vision to provide a safe and high-quality service.
- There were clinical governance systems and processes in place to ensure the quality of service provision.
- Staff involved and treated people with compassion, kindness, dignity and respect. Patient feedback highlighted high levels of satisfaction.
- Patients could access care and treatment from the provider within an appropriate timescale for their needs.
- Information about the provider and how to raise concerns was available.
- There was a strong focus on innovation, continuous learning and improvement at all levels of the organisation.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Heart Networks UK Limited

Heart Networks UK Limited is based in Manchester and registered with the CQC as a provider in December 2017. They are registered for the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

Heart Networks UK Limited is an independent healthcare provider. They are a community-based cardiology service working in partnership with the NHS, to provide a primary care led heart service. Regulated activities are undertaken at two locations; however, this report relates to the following registered location:

Manchester Institute of Health and Performance

299 Alan Turing Way

Manchester

M11 3BS

Heart NetworksUK Limited provides cardiology services to patients which are all NHS funded. Heart Networks UK is a Tier 2 community cardiology clinic commissioned by Manchester Health Care and Commissioning for North, Central and South Manchester localities. All patients are referred through the Integrated Care Gateway from GP Practices in the Manchester localities.

Information for patients can be accessed via their website ([www.heartnetworks.org](http://www.heartnetworks.org)). The provider has a registered manager in place. A registered manager is a person who is registered with the CQC to manage the service. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

There are a team of clinicians who provide clinical sessions. These are consultant cardiologists, GPs with a specialist interest in cardiology, cardiac nurse specialists and a nurse. There is also a business manager, two patient support technicians and supporting administrative staff.

### How we inspected this service

Before the inspection we gathered and reviewed information from the provider, which included patient and staff feedback. During this inspection we spoke with the registered manager and the business manager.

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. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction training. The service 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 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.
- There was an effective system to manage infection prevention and control.
- 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.

## **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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were processes in place for managing referrals, assessments and test results and timeframes for this were monitored.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

## **Information to deliver safe care and treatment**

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

- Individual care records were written and managed in a way that kept patients safe. This information 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 ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## **Safe and appropriate use of medicines**

# Are services safe?

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

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

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **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. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, it had not been highlighted to the management team that there were some faulty electrocardiogram (ECG) monitors. However, processes were put in place which included regular stock and maintenance checks to ensure there was sufficient equipment to provide timely patient care. There had also been an increase of administrative related significant events during the latter part of 2021. This was due to further contracted services which increased patient demand. The employment of three new members of staff who were undertaking induction and training had an impact on the existing administrative team.
- 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 (relevant to their service).**

- Patients' immediate and ongoing needs were fully assessed.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- Clinical meetings were used to discuss best practice guidance and to look at the care and treatment provided to patients.
- Key performance indicators were in place for monitoring care and treatment provided. These included a reduction in non-commissioned procedures, reduction in first outpatient appointments, financial savings, general practice feedback, patient feedback and educational learning for general practice.
- The quality of consultations with patients was monitored through audits of patient records.
- Clinical audits were carried out to improve outcomes for patients. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. The audits we examined indicated that the audits were thorough and if they highlighted any actions to be taken, they were completed in a timely manner.

## **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 were up to date with revalidation.
- The manager had a training matrix that identified the training staff had undergone and when training was due. Staff were required to update their training on a regular basis.
- All staff received regular appraisal and performance reviews.
- Staff told us they were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.

# Are services effective?

- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, medical history, relevant test results and medicines in order to support their proposals for care and treatment pathways.
- 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.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The details of tests and consultations were always shared with the patient's registered GP.
- There were clear and effective arrangements for following up on people who had been referred to other services.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, advising the referring GP to refer for social prescribing, dietary advice and smoking cessation.
- 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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- There were information leaflets for patients to help support them in improving their health.

## **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.

# Are services caring?

**We rated caring as Choose a rating 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 treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- 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 reviewed patient experience feedback which indicated that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Any referrals required to other services were discussed with patients.
- Staff had been provided with training in equality, diversity and inclusion

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

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



# Are services responsive to people's needs?

**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. For example, they provided what they called an 'SOS' service whereby patients with intermittent symptoms could attend for an assessment and examination at short notice in order to better diagnose their condition.
- Staff also collected ambulatory monitoring equipment from patient's homes if they had mobility issues.
- The provider used the electronic system to project demand and plan clinics and staffing requirements.
- Additional clinics were provided in response to any increases in referrals to the service.
- Patients could choose to have a telephone consultation to discuss the outcome of their tests.
- Saturday morning appointments could be provided for working patients.
- The facilities and premises were appropriate for the services delivered and fully accessible.
- Reasonable adjustments had been made so that people could access and use the service on an equal basis to others. For example, an interpreter service was available if required.
- Patients were provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.

## **Timely access to the service**

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

- The service was available to patients on a Tuesday and a Wednesday from 9am to 5pm.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- At the height of the COVID-19 pandemic appointments were telephone consultations however the service had now returned to face to face consultations.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.
- The provider closely monitored their performance on access to ensure they met key performance indicators in line with their contract with commissioners. We saw that the number of referrals to the service had increased but the provider maintained their performance indicators by providing additional clinics when necessary.
- The provider closely monitored performance figures for first appointment, onward referrals and communication back to the patient's registered GP.
- The provider had made attempts to reduce missed appointments by contacting patients prior to their appointment. This was done through text message to mobile phones or by contacting people directly.

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

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

## Are services responsive to people's needs?

- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. There had only been two complaints in the last year and these had been investigated and actioned appropriately.

# 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 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 and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## **Governance arrangements**

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

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- 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.
- 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 processes for managing risks, issues and performance.**

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major 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.**

- 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.
- 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 and complaints. Learning was shared and used to make improvements.

## Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider was involved in a Clinical Commissioning Group strategy for engaging stakeholders to discuss and plan ways to improve cardiovascular health and prevent premature deaths across a locality.