

Care UK – North Central London

Quality Report

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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.

Summary of findings

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Summary of findings

Overall summary

Harmoni – North Central London (NCL) (now Care UK - North Central London) is the provider of out of hours GP services for the boroughs of Camden and Islington. The services include the provision of telephone medical advice to callers, face to face consultations with a doctor at two bases, in the Bloomsbury Building at St Pancras Hospital and at Whittington Hospital. In some cases callers are visited by a doctor at home. The service covers approximately 77 GP practices and provides advice and treatment to a population of over 0.4 million patients.

We carried out the inspection as part of our new inspection programme to test our approach going forward. The inspection team included the lead CQC inspector, a GP, a second CQC inspector, two bank inspectors and an expert-by-experience.

Overall, we found Harmoni – NCL provided care that was safe, effective, caring, responsive and well-led. We saw there were robust systems in place to ensure the safety of patients when they accessed the service. We found learning from untoward incidents. We found learning from untoward incidents had taken place. We saw changes to practice had occurred and these continued to be monitored.

The provider had taken steps to ensure that all staff underwent a robust recruitment, selection and induction process. These systems meant patients could be assured of the doctors' suitability to care for them.

We found the service was effective in meeting patient needs. There was an electronic system to ensure that patient information was promptly shared with each patient's own GP. This meant continuity of care was provided.

Patients we spoke with told us they were happy with the care and treatment they received and felt safe. They told us staff had been kind and caring and we observed patients being treated with respect whilst their dignity and confidentiality was maintained.

There were effective systems in place to assure the quality of the service. This included a specific role of Clinical Navigator who was a clinician, to support the doctors on duty and address problems when they arose.

There was evidence of collaborative working between the provider and other healthcare and social care agencies which ensured patients received the best outcomes in the shortest possible time.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall the service was safe.

Patients were protected from avoidable harm and abuse because suitable policies and procedures were in place.

Are services effective?

Overall the service was effective.

Patient's care and treatment was evidence based and achieved good outcomes. There were effective clinical governance frameworks in place. We found clinical practice was openly monitored and that performance management and professional development systems underpinned this commitment to improving the quality of care and reviewing the effectiveness of treatment.

Are services caring?

Overall the service was caring.

Patients we spoke with told us they were happy with the care and treatment they had received. They told us staff had been kind and caring and we observed patients being treated with respect whilst their dignity and confidentiality was maintained.

Are services responsive to people's needs?

Overall the service was responsive to people's needs.

Patients told us their individual needs were met without avoidable delay. They were called back swiftly and given a choice of centres to visit for their appointments.

We found the provider had a Clinical Navigator, a clinician, to support the doctors on duty and to address any problems as they arose. This helped to ensure the service remained responsive to the needs of the patients.

Are services well-led?

Overall the service was well-led.

There were robust organisational structures in place with clear lines of accountability and responsibility. The provider welcomed challenge and promoted an open and fair culture. Sound clinical governance and corporate systems had been developed to ensure the service was safe and of a good quality.

Summary of findings

What people who use the out-of-hours service say

All of the patients we spoke with during the inspection were very pleased with the service they had received. They felt the doctor had listened to them and they understood the advice they had been given. Patients were very complimentary about the personal interaction they had with all staff. We had not received any complaints or concerns about the service before our inspection, and we received none during our visits.

Five percent of patients were contacted each month to feedback on the service they or their family had received. Most patients who responded found the service to be excellent or good. As part of this inspection we had provided comments cards for people who attended the centres to complete. We received 18 cards and the comments were very positive about the total experience the patients received from this OOH service.

Areas for improvement

Action the out-of-hours service COULD take to improve

During the inspection we noted there were very few health promotion leaflets, in the waiting area, informing patients about how they could improve their health.

We also found the information about the availability of a chaperone, was not particularly obvious.

The management team told us they would rectify these issues.

Good practice

We found there were robust systems in place to ensure all important information was distributed read and understood by the relevant staff. This included clinical updates and learning from complaints and incidents.

We found the Clinical Navigator role was unique. This beneficial role had been developed and evaluated to ensure its supportive role to the smooth running of the service remained valid.

We found the recruitment and selection of clinicians, which included objective scenario questioning, was robust.

We found the service was very responsive to any causes of concern. They shared information with appropriate agencies and provided theoretical and practical training and support where needed.

We found the audit cycles to be continuous; action plans were implemented and reviewed in a timely manner.

Care UK – North Central London

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team included the CQC lead inspector, a GP, a second CQC inspector, two bank inspectors and an expert-by-experience.

Background to Care UK – North Central London

Harmoni – NCL is the provider of out of hours GP services for the boroughs of Camden and Islington. The services include the provision of telephone medical advice to callers, face to face consultations with a doctor at two bases, in the Bloomsbury Building at St Pancras Hospital and at Whittington Hospital. In some cases callers are visited by a doctor at home. The service covers approximately 77 GP practices and provides advice and treatment to a population of over 0.4 million patients.

The Harmoni- North Central London location reports to the Camden Clinical Commissioning group.

Harmoni is a wholly owned subsidiary of Care UK and the core business is the delivery of out of hours care and NHS 111 services.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward.

This provider had been inspected before in March 2013 and they had one outstanding compliance action for Regulation 22 (Health and Social Care Act 2008) which related to their staffing levels, at that time it was judged to be of moderate impact. We needed to review the actions taken and to test whether or not the service was now compliant with this regulation.

How we carried out this inspection

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

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

Before the inspection we reviewed a range of information that we held about the out-of-hours service and asked other organisations to share with us what they knew about it. We reviewed comment cards where patients and their family members shared their views and experiences of the service.

We carried out an announced inspection on 26 February 2014. This inspection visits took place at The Bloomsbury Building, St Pancras Hospital London.

We spoke with the registered manager, the operations director, the clinical director, administrative staff and clinicians. We spoke with drivers and those staff who dealt directly with patients, either by telephone or face to face.

Detailed findings

We looked at a range of records which demonstrated how the service monitored their performance. We saw the arrangements in place for monitoring clinicians when assessing presenting symptoms, giving a diagnosis and developing treatment plans.

We observed how the service handled telephone calls. We spoke with five patients who used the service, other carers and/or family members and reviewed treatment records.

We conducted a tour of the treatment centre and looked at vehicles used to take doctors to consultations in patient's homes.

Are services safe?

Summary of findings

Overall the service was safe.

Patients were protected from avoidable harm and abuse because suitable policies and procedures were in place.

Our findings

Monitoring safety and responding to risk

The provider had incident reporting procedures in place for all Serious Adverse Events (SAE). The reporting of both clinical and non-clinical incidents of any level of severity, including near misses, was part of their risk management strategy. They also had monitoring arrangements for significant events analysis (SEA).

There had been 3 Serious Adverse Events (SAEs) in the last 12 months. We saw that the provider had carried out appropriate investigations and taken appropriate action where required to prevent re-occurrence. Staff told us that the provider had created a learning environment, where lessons were learned and quickly acted upon in a positive and constructive way. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The provider had looked at trend analysis of safety incidents, safeguarding alerts and concerns raised. The provider's policy stated that all incidents were reported using standard forms and risk assessments were undertaken by the relevant manager. This meant an investigation would take place, and appropriate action plans would be put in place and reported to external bodies (such as the clinical commissioning groups, mental health professionals, the local authority safeguarding teams and NHS England) in a timely manner.

We found a robust system for sharing information amongst clinicians and staff. This was an emailed newsletter, where any adverse or untoward incidents were detailed. This included the investigation and any action plans required. In addition this newsletter detailed specific clinical recommendations, lessons learnt, operational updates, education sessions and dates of meetings. This system was audited to ensure the newsletters had been read. We saw an example of the the newsletter which included the

learning points from the taught sessions from the Paediatrician who was asked to update all staff around treating the feverish child, which confirmed what we had been told.

We saw that the treatment centre was accessible to people with restricted mobility such as wheelchair users and that patient accessible areas were mostly in good condition.

We looked at the vehicles used to take doctors to consultations in patients' homes and saw that they were in good condition and regularly maintained. We looked at the equipment carried in the vehicles that could be used by a GP in the event of a medical emergency, such as defibrillators and oxygen and found it to be appropriate, well maintained and checked regularly. We saw written evidence that the equipment was checked regularly.

Staff that we spoke with and records we saw confirmed that all staff had received training in medical emergencies including resuscitation techniques. These systems meant patients could be assured that the service endeavoured to meet their needs safely.

Registered providers must notify CQC about a number of changes, events and incidents affecting their service or the people who use it. Notifications to CQC are a requirement under the Health and Social Care Act 2008 (HSCA). At this inspection we found the provider had systems in place to notify us of incidents affecting the service or the people who used it and had reported these to us appropriately. Senior staff were aware of their legal requirements and were aware of what issues we were to be notified about.

Medicines management

Medicines were prescribed, administered and stored in line with current national guidance. We found there were appropriate arrangements in place to provide medicines when required, for example when community pharmacies were closed. The amount of medicines stored was closely monitored and controlled and we saw evidence that they were regularly checked by the medicines provider; to ensure they had not exceeded the expiry date recommended by the manufacturers to ensure their effectiveness. We saw that drugs used by GPs when consulting patients in their homes were closely controlled and monitored. All cupboards in the treatment centre that contained drugs were secured with padlocks. This showed the provider had systems in place to protect patients from the risks associated with unsecured medicines.

Are services safe?

Infection control

We observed that all areas of the treatment centre were visibly clean. Carpets were visibly clean and there were no discernable odours. Hand sanitizing liquids were placed strategically and we saw posters were displayed promoting good hand hygiene. Plentiful supplies of aprons and disposable gloves were available both within the treatment centre and in the vehicles we looked at.

Spillage kits were available to enable staff to effectively deal with any spillage of body fluids such as blood. Bins used for the disposal of sharps were appropriately located and dated.

Staff told us and records showed that they had received instruction and training in infection control. There was a designated infection control lead. We were provided with the infection control policy. We saw the audits which were undertaken monthly and evidence of any actions required, implemented. We saw the clinical waste contract and the records from these collections. There was a cleaning schedule for the treatment centre that was followed by the cleaning contractors. We were told by staff they could ask the cleaning team at anytime for any extra cleaning.

Safeguarding vulnerable people

We saw that the provider had a safeguarding policy and found that it was readily available to staff on the computer system and all staff were provided with a copy of it in their staff handbook. All staff received instruction and training in

safeguarding vulnerable people. This gave staff clear information on the processes to follow if they needed to report concerns about vulnerable adults and children, such as telephone numbers for the police and local safeguarding teams. There was evidence that appropriate referrals had been made to the local safeguarding teams when necessary. Staff spoke knowledgeably about safeguarding children and vulnerable adults and were able to explain in detail the action they would take had they any concerns. In addition the use of 'special patient notes' identified people who were vulnerable. We also saw evidence of 'Co-ordinate my Care' within the records. This ensured staff were aware of, and were responsive to, the specific needs of these patient groups.

Whistleblowing

When we asked staff to describe the whistleblowing procedures, they all confirmed they would speak with either their line manager, a senior clinician or a member of the senior management team if they had any concerns. The registered manager confirmed that staff had used the organisation's whistleblowing policy in the past. We were told robust procedures had been implemented to ensure that staff could be assured that there were processes to protect them, should they report any concerns relating to the conduct of staff. One staff member told us "This is a great place to work. I could approach any of the senior management if I was concerned or worried about anything."

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective.

Patient's care and treatment was evidence based and achieved good outcomes. There were effective clinical governance frameworks in place. We found clinical practice was openly monitored and that performance management and professional development systems underpinned this commitment to improving the quality of care and reviewing the effectiveness of treatment.

Our findings

Clinical audit and professional development

We found a robust clinical audit and feedback system to clinicians. Harmoni have developed their own audit template, but the process is essentially the same as the Urgent Care tool kit developed by the Royal College of GPs originally developed for use in the out of hours environment but now recommended for all urgent care services. Evidence is gathered from the notes made by the clinician as well as, for phone consultations, listening to the voice recording. We saw evidence of this. Clinicians are performance managed and offered appropriate professional development support where necessary. The clinical lead is the person responsible for this process. We judged the clinical audit system meant patients continued to receive quality assured care.

Recruitment and selection

People were cared for by suitably qualified, skilled and experienced staff because the provider had completed the relevant checks on staff before they started work.

There was a robust recruitment and selection policy, which was kept under regular review to ensure its contents covered all of the standards as set out within the NHS Employers safer recruitment guidelines. This provided assurance that clinicians working for the out-of-hours service were suitably qualified and that all employment checks had been completed and were up to date.

During this inspection we found that all relevant checks had been completed before staff commenced employment, including those with the Disclosure and Barring Service (previously known as Criminal Records Bureau) to help ensure that patients who used the service

were protected and safe. We saw all of the doctors had medical indemnity specifically for working in an Out-of-Hours (OOH) service. The provider had checked that clinicians' registration with the General Medical Council and Nursing and Midwifery Council were up to date and had not expired. These checks were undertaken quarterly alongside checks with the local area teams and the clinical commissioning groups to ensure that any concerns about conduct and performance would come to light and in turn be acted upon.

Harmoni has an on-line learning system that takes the clinician (and other staff as appropriate for their role) through the induction training, but which also covers some safety aspects such as fire safety, health and safety and lifting. For clinicians access is also provided to BMJ learning and clinicians are required to complete specific modules within a month of being taken on. Automation supports the process so that as modules are completed the clinician is provided with a certificate and their training record is updated. The Harmoni Clinical and GP Vocational Training Scheme Lead for London, is usually involved in the induction process that includes slides introducing Harmoni as an organisation and in London. It also covers such issues as infection control, information governance, data protection, handling confidential information special notes and Coordinate my Care. The shift lead also takes responsibility for helping the new user through how to use the systems and some of the early consultations are audited. Staff we spoke with confirmed this process and they told us they all 'felt supported.'

It was evident that since the last inspection in May 2013 the provider had taken clear steps to ensure staffing levels remained constant and met the needs of the service provision. They now used very specific and very few locum GPs who they recruit from the locality. They had more recently appointed more permanent GPs to their staffing group. They told us and we saw records of the Rota-master which evidenced how they determine appropriate skill mix to provide an effective service delivery. This meant patients can be assured their needs would be met in a timely and effective manner because there are sufficient staff available.

Multi-disciplinary working and sharing information with GPs

Harmoni NCL fostered a close working relationship with other healthcare and social care providers, for example the

Are services effective?

(for example, treatment is effective)

Care Crisis Response Team and Emergency Duty Team. We saw there were specific arrangements for patients with 'special notes' and 'Co-ordinating my care' which were shared across agencies. Close collaboration between agencies helped to ensure that patients were given the best opportunity to experience 'joined up' health and social care.

There are National Quality Requirements (NQR's) for out-of-hours providers that capture data and provide a measure to demonstrate that the service is safe, clinically effective and responsive. The service is required to report on these regularly. We saw evidence that Harmoni NCL had been fully compliant with all of the applicable NQR's throughout 2013. (NQR's eight and nine were not applicable as call handling for out-of-hours GP services was handled by the NHS 111 service).

Following a patient consultation all clinicians were responsible for completing patient notes. We saw that these were comprehensive and informative. There were good systems in place to ensure that the records were sent to the patient's own GP by the time the surgery opened the next day.

Responses from patient surveys showed a very high level of satisfaction in the service provided by Harmoni NCL. Patient feedback from the surveys undertaken each month, ranged from 'good to excellent'. We were informed that this monthly 5% was an integral part of measuring the effectiveness of the service going forward..

Are services caring?

Summary of findings

Overall the service was caring.

Patients we spoke with told us they were happy with the care and treatment they had received. They told us staff had been kind and caring and we observed patients being treated with respect whilst their dignity and confidentiality was maintained.

Our findings

Compassion, dignity and empathy

Patients told us the staff were kind and caring. We observed examples of compassionate care: a member of staff supporting a person who was upset and anxious, we also overheard the receptionist speaking with people in a kind and caring manner.

Patients told us they were treated with dignity and respect. Staff introduced themselves to patients and their relatives. We observed staff speaking kindly and patiently. Without exception we saw that staff acted in a kind and sympathetic manner and maintained the patient's dignity and confidentiality at all times. We observed patients' privacy was maintained even though the reception area was open.

The receptionist informed us that a private area was available for patients should they have any issues which they wished to discuss in private before seeing the doctor; so others could not over hear.

Understanding treatment and support

Patients told us that staff had introduced themselves and were polite, asked questions about their needs and understood their personal, cultural and religious needs. We noted that there were very few health promotion/information sheets available. We spoke with the Registered manager who told us these would be replenished as soon as possible.

We spoke with a five patients during this inspection. People we spoke with were very complimentary about the care they were given. Comments included:

"An excellent service from the moment I dialled 111, to speaking to a doctor on the phone, to arriving here."
"Immensely helpful!" "Good great doctor, put our minds at rest." And "I have had to use Harmoni out of hours service a handful of times for myself and two daughters. A great service. Excellent staff. So helpful, clean, respectful and very, very helpful!"

They also told us that they felt safe and confident with the care and treatment they received. We judged patients were treated with kindness dignity and respect, they were cared for.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs.

Patients told us their individual needs were met without avoidable delay. They were called back swiftly and given a choice of centres to visit for their appointments.

We found the provider had a Clinical Navigator, a clinician, to support the doctors on duty and to address any problems as they arose. This helped to ensure the service remained responsive to the needs of the patients.

Our findings

Patients told us they were responded to in a timely way. They said doctors called them back and offered them advice, appointments or a home visit whichever was necessary for them. We found Harmoni NCL had a clinical navigator. This clinician supported the delivery of care across the two locations St Pancras and Whittington Hospital. This meant that administrative staff, clinicians and drivers, were deployed where most needed and this meant delays to care were minimised. As the service maximised the resources available to them when the service was busy. Harmoni NCL had consistently achieved full compliance with all of the applicable NQRs for out-of-hours GP services. These included requirements that related to matching a clinician to patient need and the times taken to start consultation with patients both in the home and at the centre.

Vulnerable patients and capacity/Meeting people's needs

Staff told us they spent time discussing treatment options and plans with patients. They were aware of consent procedures. Should people require additional help or support the team were able to access specialist teams such as the community mental health teams and emergency out of hours community care and local authority safeguarding teams

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. One clinician explained that wherever possible staff would

speak to the person requiring advice and support or the person's representative. If this was not possible doctors make a clinical decision in the best interest of the person who used the service.

We were told the service had a system to receive 'special patient notes' from their own GP, in such instances where patients were vulnerable due to conditions such as palliative care, mental health needs or where there were safeguarding concerns. This meant when a patient with such a condition called the service, staff would be alerted to their medical history. This enabled staff to respond more effectively to the patient's needs. The system also alerted staff when patients used the service on a regular basis. The patient's own GPs were informed of any contact their patient had with the service. This was provided by 8am the next day and meant GPs were aware of any issues which might need following up and ensured continuity of care.

The service had in place clear procedures for ensuring that patients who had difficulties in communicating, for example as a result of their first language not being English were able to access the service and understand throughout their contact with the Harmoni- NCL. Staff were familiar with the telephone translation service available and one staff member told us, "It's used often. It's really quick and efficient."

Engagement with commissioners and other agencies

We found that Harmoni NCL engaged with the local commissioners (Camden & Islington Clinical Commissioning Group - CCG) of care at monthly meetings and at other times where necessary. We spoke with the lead from the CCG and they told us they were re-assured that Harmoni NCL were on an improving trajectory and where sustaining their improvement.

We were shown a recent scrutiny report of the service which had been commissioned by the CCG. This report said that Harmoni NCL was an 'above average' provider of OOH service. This report acknowledged the learning from significant events this service had undertaken. Their engagement with the local communities and how they endeavoured to meet the needs of the local people.

Learning from experiences, concerns and complaints

The provider undertook formal reviews of complaints and there were procedures in place to prevent, respond

Are services responsive to people's needs?

(for example, to feedback?)

appropriately to, and learn from complaints. Staff knew how to support patients to make a complaint or to raise a concern with managers. We saw evidence of all complaints and concerns which had been followed up by the service in the past twelve months. We were told all concerns were treated seriously and were followed up by the appropriate

person. We saw how incidents and the subsequent investigations had been reported. We saw evidence of how they had responded to whistle blowing concerns and how their policies had been followed. We judged the service to be responsive and used any feedback to improve their care delivery.

Are services well-led?

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

Summary of findings

Overall the service was well-led.

There were robust organisational structures in place with clear lines of accountability and responsibility. The provider welcomed challenge and promoted an open and fair culture. Sound clinical governance and corporate systems had been developed to ensure the service was safe and of a good quality.

Our findings

Governance arrangements

CQC were aware that there had been two independent reviews about the service. We found evidence that the service had responded positively to the findings. There were management systems in place to monitor the quality of the service provided.

The service provided reports to the CCG. This included, performance information, clinical and strategic management. There was quality management monthly meetings whose purpose was to uphold the provision of patient care across the provider services. These meetings undertook regular reviews of performance and outcomes identifying and monitoring improvements for performance and support.

There was evidence of regular audits taking place in all areas of the service. This meant the information could be analysed to identify any trends or themes which could impact on the service. It also enabled the service to focus on specific areas for development and measure quality.

There was evidence of regular random patient experience audits taking place, as part of the National Quality Requirements for this type of service.

We noted that patient comment forms were provided at the reception desk. Staff said they encouraged patients to complete these forms following their consultation.

Vision, strategy and risks

The service was monitoring quality and safety issues and these were discussed in staff meetings.

Staff were aware of incident-reporting procedures and knew how to use the online system for reporting incidents and accidents. We saw evidence of the open responsive nature of learning from and thus improving the service when issues had occurred.

Leadership and staff well-being

We were told by staff and we saw evidence of staff being supported by the management team. We were shown the results of the staff satisfaction survey which was undertaken in 2013. We saw the action plan with its detailed improvement points and dates for review. The staff we spoke with were clear about their roles and responsibilities, their line manager and their part of the team, moving forward.

We were informed that there would be a new Professional Development Review which was to be implemented within the next couple of weeks. Staff we spoke with said they could approach any member of the staff team and they felt valued. We were told they were regularly thanked for their 'endeavours in the shift'. Harmoni-NCL supported both clinical and non-clinical staff by providing a range of training opportunities all aimed at delivering high quality, safe care and treatment to patients. We reviewed the training records for staff and saw that training was relevant and up to date. The provider had an on-line system for some aspects of learning as well as providing face –to face taught/shared learning sessions across the two sites. We found the service to be well led because they endeavoured to deliver effective, high quality care in an environment that welcomed challenge in an open and fair way.