

Harmoni - Colchester Health Centre

Quality Report

Harmoni Out of Hours
Clacton and District Hospital
Tower Road
Clacton on Sea
CO15 1LH
Tel: 01255 394012

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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

This inspection was carried out at the General Hospital in Clacton, Essex. This site is one of three from which Harmoni provide out-of-hours services for North East Essex, the others being Colchester District General Hospital and Fryatt Hospital in Harwich, Suffolk.

During the week the North East Essex Out of Hours starts to take telephone calls from patients and the 111 service at 18:30hrs. We were concerned that the duty GP did not commence their shift at the base until 19:30hrs. We have asked the provider to make sure that the arrangements they have in place for treating patients between 18:30 and 19:30 have been risk assessed, are robust and appropriate so the any risk to patient safety and well being is minimised and managed. Following the inspection the provider submitted a risk assessment that demonstrated that any foreseeable risk to patients who required treatment between 18:30 and 19:30 was being monitored and managed appropriately. This risk assessment was also submitted and shared by the provider with the North East Essex clinical commissioning group.

Patients told us that they were happy with the care they received and that they were involved in the decisions

about their care. We were told that staff were polite and respectful and we observed this to be the case. During the inspection we looked at the treatment records of patients who used the service. We saw there was a system to ensure that patient information was promptly shared with each patient's own GP to ensure continuity of care.

Staff had access to the appropriate equipment, training and support. The provider carried out the appropriate employment checks on new and temporary staff to ensure that they were able and safe to carry out their roles. Staff told us that they felt supported and that the service was well led. There were regular team meetings to ensure that information was cascaded to all staff team members; this included learning from incidents and changes to practice.

We carried out the inspection as part of our new inspection programme to test our approach going forward. It took place over two days with a team that included a CQC inspector, a CQC bank inspector, a registered nurse, a GP and an expert-by-experience.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found measures were in place to ensure patient safety.

Are services effective?

Patients accessing the out-of-hours service consistently reported that their health care needs were met to a high standard.

Measures were in place to review the delivery and effectiveness of treatments. There was a system in place to ensure information about patients who used the out-of-hours service was shared with their own GP at the earliest opportunity. There was evidence of good collaborative working between health and social care professionals.

Are services caring?

Patients who had used the service told us that they were very well cared for. They said all the staff had been kind, caring and understanding towards them. We also observed this during the inspection of the service.

Are services responsive to people's needs?

The provider was responsive when meeting patient's health needs. Patients can be assured that there are mechanisms in place to respond to and learn lessons when things do not go as well as expected. Complaints about the service were taken seriously and were responded to in a timely manner.

Are services well-led?

Some areas of leadership could be improved at a local level; this was due to the medical lead post being vacant since January 2014.

Summary of findings

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

As part of this inspection we had provided comments cards for people who attended the centre to complete. We received one card which said 'very good'. People who visited the service when we inspected told us that they had received excellent care and attention and were very pleased with how they had been treated.

We had not received any complaints or concerns about the service before our inspection, and we received none during our visit.

Areas for improvement

Action the out-of-hours service **MUST** take to improve

- Train all staff in the protection of vulnerable adults.
- Appoint key senior members of staff expediently.

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

- The provider may wish to note that the personnel files were disorganised and did not contain all necessary information such as records of induction, and up to date training records.

Good practice

The service employed "mystery shoppers" to gain information on the patient experience whilst visiting the service

Harmoni - Colchester Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP, a CQC bank inspector an expert by experience and a registered general nurse.

Background to Harmoni - Colchester Health Centre

Harmoni HS Ltd was founded in September 1996 by two doctors as a GP co-operative in Harrow. In November 2012, Harmoni was taken over by Care UK, one of the largest private providers of health care in the UK. It is a wholly owned subsidiary of Care UK, with the core business being the delivery of out of hours care and NHS 111 services. Harmoni employs more than 1,700 clinical and non-clinical staff members and continues to trade under this name.

This inspection was carried out at the General Hospital in Clacton, Essex. This site is one of three from which Harmoni provide OOH services for North East Essex, the others being Colchester District General Hospital and Fryatt Hospital in Harwich, Suffolk.

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 not been inspected before and that was why we included them.

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 carried out an announced inspection on 26 March 2014. This inspection visits took place at the Clacton Hospital out of hours service.

We spoke with the manager, the clinical lead, the regional medical director, administrative staff and clinicians. We spoke with drivers and those staff who dealt directly with patients, either by telephone or face to face. We looked at a range of records which demonstrated how the service monitored their performance. We also spoke with some

Detailed findings

district nurses who were present at the hospital during the inspection. We also contacted the North East Essex clinical commissioning group, in order to gain their views on the service.

Are services safe?

Summary of findings

We found measures were in place to ensure patient safety.

Our findings

Safe Patient Care

Harmoni is contracted to provide out-of-hours services from 18.30hrs until 08.00hrs Monday to Friday on a weekday, throughout the weekend and on Bank Holidays.

At 19:10 we saw a sick baby being brought into the out-of-hours service. We spoke to one of the parents who told us that they had rang the GP surgery and had been transferred to the 111 service. They were asked some questions concerning the baby's health and were told to take the baby to the Clacton site straight away. The parents were clearly anxious as they said the baby's condition was getting worse. Fortunately on this occasion they were dealt with swiftly by the on-site doctor who had arrived early for their shift.

We asked what would happen if an ill patient arrived at the Clacton base between 18.30hrs and 19.30hrs as there would be no doctor available on site to treat them. We were told that this had never happened. The manager and regional medical director told us that if this were to happen, a nurse from the minor injuries unit, which is located next to the out-of-hours service, would see the patient. Alternatively a visiting doctor from the Colchester site would be asked to attend the Clacton site to see the patient. We have asked the provider to make sure that these arrangements have been risk assessed, are robust and appropriate so the any risk to patient safety and well being is minimised and managed. Following the inspection the provider submitted a risk assessment that demonstrated how these arrangements were monitored and managed by the service to ensure patient safety.

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. We saw evidence that the provider supplied pre-packed medication to allow patients to be given a full course of treatment at the time of their consultation. The amount of medicines stored was closely monitored and controlled and we saw evidence that they were regularly checked. We looked at how controlled drugs were managed. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. The records showed that the controlled drugs were stored, recorded and checked safely.

Infection Control

The waiting areas and treatment rooms at the service were visibly clean. Hand sanitizing liquids were placed strategically and we saw posters were displayed promoting good hand hygiene. Plentiful supplies of aprons, paper couch roll and disposable gloves were available within the treatment rooms.

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 that infection control audits were undertaken monthly by the lead nurse and evidence of any actions required, implemented. One patient who used the service said "Whenever I have visited here it is tidy and always clean. The doctor washed his hands before and after he had examined me".

Safeguarding

There was a policy and procedure for staff to follow if they suspected someone was at risk from abuse. Although training was provided in the protection of vulnerable children, not all staff had been trained in the protection of vulnerable adults. However when we talked to staff about the protection of vulnerable people they were able to tell us about what they would do if they suspected someone was potentially at risk of abuse or harm. They told us that they would report any concerns to the lead agency for safeguarding and had procedures they could refer to. All staff said that if they were concerned, they would always contact a senior member of staff for advice.

Are services effective?

(for example, treatment is effective)

Summary of findings

Patients accessing the out-of-hours service consistently reported that their health care needs were met to a high standard.

Measures were in place to closely monitor the delivery of treatment and care to review the effectiveness of treatments. There was a system in place to ensure information about patients who used the out-of-hours service was shared with their own GP at the earliest opportunity. There was evidence of good collaborative working between other health and social care professionals.

Our findings

Working with others

There was good collaborative working between the provider and health and social care agencies to help ensure patients' needs were met by the most appropriate agency. This meant that patients were given the best opportunity to experience 'joined up' health and social care. During our inspection we observed the prompt and smooth transfer of a patient to hospital. The patient's relative told us that they had been seen "very quickly" and the GP had explained the reasons why the patient should be admitted to hospital clearly and answered their questions fully.

We saw that accurate records regarding treatment and prescribed medication were maintained by the out-of-hours doctor when patients used the service. These records were sent directly to the patient's record held at their own doctor's surgery. This meant that information was available the next working day for the patient's own doctor to review. This demonstrated continuity of patient care.

We also spoke with some district nurses; they told us that if they needed to contact the out-of-hours GP they use the 111 phone line. Whilst there was no dedicated professional phone line for this purpose, there is minimal triage of professional calls. The district nurses reported that they had a good working relationship with the out-of-hours service.

We spoke with North East Essex CCG. They told us that they met regularly with the manager and lead nurse and had a good working relationship with the service.

Call handling

Calls to the service were handled by the NHS 111 service. Life-threatening calls were identified by the call handlers and diverted to the relevant emergency service. All other calls were assessed for urgency by the external service before being transmitted electronically to the out-of-hours service. The calls were then dealt with by an on-call doctor. Patients could be given telephone advice, invited into the care centre or allocated a home visit. When a home visit was necessary, the patient's details would be transferred to a secure computer in the visiting car.

We looked at the system and observed a call in process. The call had been classified as a 'routine patient' and the system at the base was notified at 20.45hrs. The receptionist called the patient and made an appointment for them to attend the base for 21.30hrs. The receptionist was very professional and efficient on the phone and reminded the patient that if there were any changes in their condition to not hesitate to call the 111 service again so that their circumstances could be assessed.

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.

We were also told that all locum doctors are employed through a 'preferred agency'. Locum doctors are subject to the same recruitment interview and checks as a permanent employee of the company.

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 insurance specifically for working in an out-of-hours 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.

Harmoni has a new on-line learning system called Mind Flash this will provide induction training for all staff. For clinicians access will also be provided to BMJ learning and they will be required to complete specific modules within a

Are services effective?

(for example, treatment is effective)

month of being employed. We were given paper copies of Harmoni's Clinical Induction Pack, which describes the induction process in detail and which each doctor is expected to complete currently until Mind Flash is implemented fully. Unfortunately when we reviewed a number of doctors' personnel files we found none contained this document.

Reception staff, base supervisors and drivers told us they received regular supervision sessions, observation of

practice and appraisal. All of these measures helps to ensure that staff are safe and competent in carrying out their specific roles. Again we were unable to see any documented evidence of this in their personnel files. The provider may wish to note that the general standard of personnel files was poor as most of them did not contain key documents such as induction check lists or accurate training records.

Are services caring?

Summary of findings

Patients who had used the service told us that they were very well cared for. They said all the staff had been kind, caring and understanding towards them. We also observed this during the inspection of the service

Our findings

Before the inspection we asked people who used the service to complete comment cards to tell us about the care and treatment they had received. We received one completed card. That told us the service the patient had received was very good.

During the site visit several patients told us that they thought the out-of-hours service was 'Brilliant'. One patient said "I often use this service it's better than my own doctors." Another said "First class service the staff really care about you. I would much rather use this than my own doctor, they understand me more and explain things better here."

The service had a patient dignity policy in place. Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in consulting rooms with an appropriate couch for examinations and curtains to protect privacy and dignity. There were visible signs explaining that patients could ask for a chaperone during examinations if they wanted one. Patients told us that they felt that staff and doctors had effectively protected their privacy and dignity.

Patients told us during the site visit that they felt they had been involved in decisions about their own treatment and that the doctor gave them plenty of time to ask questions. They were satisfied with the level of information they had

been given and said that any next steps in their treatment plan had been explained to them. One patient said "All the staff and the doctors are really pleasant. They listen to what you have to say."

We spoke with a parent who had brought their young child to the service. They told us that at 14.15 hrs. they had phoned their GP surgery for an appointment for their child. They were told that there were no appointments available for that afternoon and were told to ring the out of hours service. They reported that their child had been seen quickly by the out of hours GP who they said was 'great' and had put their mind at ease. They went on to say "This is a much better service here than at my own doctors. All the staff have been really kind and concerned. They know what they are doing it feels safe."

We were told for those patients who arrive at the base who had not been triaged using the 111 protocol, the receptionist would use a set of questions to talk through with patients about their condition. They also would make a visual assessment of the patient's ability and condition such as difficulty in standing, breathing etc. The observations and questions direct the receptionist to assess whether the patient is urgent or routine. We observed one patient walk in to the service and ask to be seen by the doctor. We saw the receptionist use the template questions to assess the patient. The patient was assessed as being urgent and the doctor on duty was informed immediately. This patient was later admitted directly from the service to the hospital.

The GP who assisted with the inspection observed with the patients consent some consultations. They reported that patients were given plenty of time to explain their symptoms and the GP then checked to make sure that they understood the patients concerns. They reported that patient's privacy and dignity was respected and the GP was friendly and courteous.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The provider was responsive when meeting patient's health needs. Patients can be assured that there are mechanisms in place to respond to and learn lessons when things do not go as well as expected. Complaints about the service were taken seriously and were appropriately responded to in a timely manner.

Our findings

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. Staff were able to give examples of when these services had been accessed.

Learning from experiences, concerns and complaints

The provider undertook formal reviews of complaints and there were procedures in place to respond appropriately and to 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 investigated by the appropriate person. The service was responsive and used feedback from complaints and concerns to improve care delivery. For example we saw that some concerns were regarding staff's attitude and behaviour. The provider had responded to this by providing extra training in customer care to all staff. Following this, the services were then visited by a 'mystery shopper' who reported on the effectiveness of this training.

Responsive to Patient Needs

Patients we spoke with told us that they had been dealt with quickly and had not waited very long to be seen. Comments included "The service has been quick and I seen quickly." And "I was seen by the doctor and out in no time, really efficient."

During the inspection a patient who did not have an appointment arrived at the service as a 'walk in' patient at 22:42hrs they were seen by the GP at 22:46hrs. Following their consultation the GP arranged for transfer to hospital for this patient and they left the out- of- hours service at 23:12hrs. We spoke with the patient and a member of their family. They said "The service is excellent, the doctor bent over backwards to help, we were seen really really quickly. The doctor has spoken to the doctor at the hospital and I am going straight to the ward. The staff have even given us directions how to get to the ward. They have all been really good."

Are services well-led?

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

Summary of findings

Some areas of leadership could be improved at a local level; this was due to the medical lead post being vacant since January 2014.

Our findings

Improvement

All levels of staff were involved in quality monitoring within the organisation and there was a willingness to respond to change to improve and enhance the service. The quality of treatment and services are monitored internally by monthly quality assurance meetings and monthly quality reports that are presented to the board. The monitoring reports included infection control, documentation made during consultations, training and the performance of the service against the National Quality Requirements. Following the internal meeting the registered manager and lead nurse reviewed and discussed the quality aspects of the service monthly with the CCG Clinical Quality Contract Manager and the CCG GP Contract Lead.

We saw patient feedback was collected from patient satisfaction questionnaires and also by telephone interviews. The provider was about to use an online survey for patients, which will be available for people to access when they attend the treatment centres.

Each quarter a meeting was held between the base supervisor and their staff. This provided the opportunity to discuss the service and the general performance, feedback on changes to the service and incident, complaint and patient survey analysis. This meeting allows the staff to highlight further issues on a more local level to help efficiency or improve the local working environment or patient conditions.

Staff Involvement

We were told that there were annual staff surveys. Results were collated corporately with local managers being responsible for producing an action plan to address any issues raised to improve staff welfare and experience.

In addition, there are generic email addresses for GPs, nurses and operational staff to directly feedback their concerns or suggestions. These are reviewed by managers and responded to as required.

Staff said that they felt supported and listened to by the management team. One person said "I really enjoy my work; we all get along well together. If we have any concerns we are listened to by our managers and things get sorted out."

Clinical Audit

We found there was a clinical audit and feedback system in place to ensure clinicians were delivering safe and appropriate care to patients. Harmoni have developed their own clinical audit template, based on the Royal Collage of General Practitioners consultation assessment tool. Evidence is gathered from the notes made by the clinician as well as listening to the voice recording from telephone consultations. The provider stated that all feedback from clinical audits was provided either in writing or through face-to-face discussions. There was no documented evidence of this in GP's personnel files we inspected.

The medical lead post had been vacant since January 2014. The regional medical director was overseeing this responsibility until a medical lead was appointed. The clinical lead who was a nurse was supporting the regional director during this time.

There was evidence of action taken following serious untoward incidents (SUI). However we did note that not all investigations were completed within the 45 day timescales, the manager told us that this was usually due to the complexity of the incidents that may involve other care providers. All the SUI investigation reports included any actions taken by the service and these were agreed and finalised by the medical director and regional director prior to completion. The clinical lead and regional medical director confirmed that information from across the company was shared and this included learning from SUI. We were provided with copies of newsletters that were available for all staff which contained information regarding lessons learnt and the actions taken by the provider. We were also told that newsletters were emailed to the local GPs to highlight training dates available as well as sharing the learning outcomes.

Harmoni is approved for GP training and was recently reapproved by the local Deanery for six months. The GP who was on duty during the inspection was a GP trainer and very enthusiastic about training. They said that they

Are services well-led?

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

felt GP trainees were well supported by all the GP trainers who worked for Harmoni. He confirmed that GP trainees were always supernumerary and closely supervised. Information was shared with their trainers appropriately.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation

Regulated activity	Regulation