

# Harmoni - Suffolk

## 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 HS Ltd was founded in September 1996 by two doctors as a GP co-operative in Harrow. As of November 2012, Harmoni 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.

The location inspected was based in the Suffolk local authority area and is registered to provide two of the six regulated activities which are: transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury. The Harmoni – Suffolk out-of-hours base location reports to the NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG).

The central administration and coordinating centre has eight satellite locations which provide services to people in and around the Ipswich area. The main base location is also the call handling and triage centre for National Health Service (NHS) 111 telephone calls across the Suffolk region. We visited the main central base in Ipswich where patients are not seen, and two other locations where patients attended for consultation and treatments. The two other locations visited were at Bury St Edmunds and Ipswich Hospital NHS Trust. Three of the remaining six location do not all open during the week on a regular daily basis and are opened on an ad hoc basis when required to provide a service.

The provider was chosen as part of the new wave inspection programme project and the visit was announced. The team was made up of five specialist advisors and a compliance inspector and the visit was conducted whilst the provider was working operationally.

During our inspection we spoke with six patients who were using the out-of-hours emergency GP service, and approximately 20 members of staff. Staff members included the regional medical director, director of operations / registered manager, doctors, lead nurse and operational staff such as call handlers and drivers.

The provider had satisfactory governance systems in place to protect patients from the risk of abuse and ensure that they received the appropriate safe

emergency care and treatment. Medicines kept on the premises were stored appropriately and securely and staff received the training in the safeguarding of children and adults.

We found that the service had systems in place to ensure that the provider could effectively respond to the needs of the patients accessing the out-of-hours service safely. The provider monitored the call handlers to ensure that information was recorded and used effectively to prioritise patients appropriately according to how urgently they required care. Information regarding the care received by patients was shared with the people's usual GP in a timely manner to ensure continuity of care between the different service providers.

Patients received a caring service. 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. There was opportunity for people to provide feedback as Care Quality Commission questionnaires had been made available in the waiting area prior to our visit. The provider also carried out regular satisfaction surveys to capture people's views. The provider had a strategy in place for capturing the views of the GPs and ethnic minority groups within the area. There was easy access to the locations we visited with car parking availability at both sites.

The service was responsive to patients' needs. Staff had access to the appropriate equipment, training and support. Although there was an expectation that medical staff would provide some of their own equipment. 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.

The organisation was well led. There was a clear governance structure in place and a process for disseminating information to all members of staff. There was a complaints policy and procedure in place as well as a process for escalating incidents to senior managers by the duty coordinators. All complaints and incidents are reviewed through the Clinical Governance Committee. Staff told us that they felt supported and that the service

## Summary of findings

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 any changes to practice across the organisation as well as locally.

The inspection did not highlight any non-compliance with the current Health & Social Care Act (2008) regulations.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The provider had satisfactory governance systems in place to protect patients from the risk of abuse and ensure that they received the appropriate safe emergency care and treatment. Medicines kept on the premises were stored appropriately and securely. Staff had received training in the safeguarding of children and adults. Overall the service provided safe and suitable care to protect people from avoidable harm and abuse. Staff were aware of the policies and procedures in place for reporting concerns and safeguarding of vulnerable adults and children.

### **Are services effective?**

The provider managed the service effectively. Call handlers were trained to ask the appropriate questions to quickly and effectively assess the patients' needs. At the time of our inspection the service was meeting its National Quality Requirements (NQR) and people received care and treatment in a timely manner.

We found that the service had systems in place to ensure that the provider could effectively respond to the needs of the patients accessing the out-of-hours service. The provider monitored the call handlers to ensure that information was recorded and used effectively to prioritise patients appropriately according to how urgently they required care. Information regarding the care received by patients was shared with the patients usual GP in a timely manner to ensure continuity of care between the different service providers.

### **Are services caring?**

The people we spoke with and the feedback cards we reviewed were very positive about the care patients received. People told us that staff were kind, caring and respectful throughout the episode of care that they had received. There was opportunity for people to provide feedback as Care Quality Commission questionnaires had been made available in the waiting area prior to our visit. The provider also carried out regular satisfaction surveys to capture people's views. The provider had a strategy in place for capturing the views of the GPs and ethnic minority groups within the area. There was easy access to the locations we visited with car parking availability at both sites for both patients and staff.

### **Are services responsive to people's needs?**

The provider's services were responsive to people's needs. There were systems in place to ensure that there were adequate staffing levels to answer incoming calls with minimum delays and return calls to people requiring a doctor's follow-up. Staff were aware of the emergency procedures and most were aware of where the resuscitation equipment was kept. The doctors were provided with bags containing medication to ensure that any medicines needing to be given to patients on home visits were able to be administered promptly. Staff had access to the appropriate equipment, training and support. Although there was an expectation that medical staff would provide some of their own equipment. The provider carried out the appropriate employment checks on new and temporary staff to ensure that they were able to carry out their roles.

### **Are services well-led?**

The organisation was well led. There was a clear governance structure in place and a process for disseminating information to all members of staff. There was a complaints policy and procedure in place as well as a process for escalating incidents to senior managers by the duty coordinators. All complaints and incidents were reviewed through the quality assurance and governance committee. Staff told us that they felt supported and that the service was well-led.

# Summary of findings

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There were regular team meetings to ensure that information was cascaded to all staff team members; this included learning from incidents and any changes to practice across the organisation as well as locally. There were systems in place to demonstrate that Harmoni-Suffolk was well led. There was visible leadership and an organisational structure from the board through to administrative staff.

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# Summary of findings

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

We spoke with six patients at our inspection and reviewed 34 comment cards. The majority of comments we received were positive. Comments included comments such as “excellent service staff were pleasant and the waiting time was not too long.” Another patient wrote that “the staff were caring and treated me with respect, the environment was safe and hygienic and I felt listened.” There were nine negative comments which included one person stating that the reception staff were

unprofessional as they carried on a personal conversation and ignored the patients arriving and another person referred to the waiting time which they felt was initially good but then waited a further two hours to be seen and receive care. The provider submitted an analysis of the patient feedback which is analysed on a monthly basis. The results covered From April 2013 to February 2014 which showed that the majority of people viewed the service as excellent, good or satisfactory.

## Areas for improvement

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

- The premises at one location we visited were in need of redecoration, and some of the equipment was old

and appeared to be in a poor condition. While the provider does not own these premises they must take action to improve the environment for patient care and to ensure that the equipment is fit for use.

## Good practice

Our inspection team highlighted the following areas of good practice:

- The provider offered training to local GPs for Safeguarding children and adults and basic life support.
- People's GPs could access the service's computer management system to provide information regarding their vulnerable patients.

- The provider had a communication strategy in place for liaison with GPs and patient participation groups, other agencies such as Healthwatch and ethnic minority groups
- The provider also carried out 'mystery shopper' surveys
- The provider shared learning from incidents with local GPs.

# Harmoni - Suffolk

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection team was led by a Care Quality Commission lead inspector. The team included a GP, a GP practice manager and two nurses and an expert by experience.

### Background to Harmoni - Suffolk

Harmoni-Suffolk Harmoni is a wholly owned subsidiary of Care UK since 2012. The original company was founded in 1996 by two local doctors as a GP cooperative. The service is responsible for providing emergency out-of-hours primary care when GP surgeries are closed. Harmoni covers the surrounding areas of Ipswich Suffolk and has a population of approximately 630,000 residents and has an ethnic minority population of approximately 11%. There are eight locations which are based at Ipswich Hospital, Bury St Edmonds, Eye, Haverill, Mildenhall, Saxmundham, Stowmarket and Sudbury. Only five of these locations are open during the week unless needed but all are open at the week-end.

### 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 2013.

### 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?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service.

We carried out an announced visit on 26 & 27 March 2014 between 1700-0130 and 1000-1330 consecutively.

We inspected the provider as part of our new inspection programme for out-of-hours emergency cover for GP services. We carried out an announced visit on the 26 and 27 March 2014. We spoke with staff and people that used the service and reviewed information such as policies, procedures and the systems the provider had put in place to monitor the quality of the care they provided. We carried out a number of interviews with senior staff such as the registered manager, regional medical director, senior nurse,



## Detailed findings

the doctors and clerical staff. In addition we also observed staff handling calls and spoke with people that used the service. Comment cards were given to the provider prior to the inspection to assess people's views about the care they received and some stakeholders were contacted as part of the inspection process.

We also spoke with patients who used the service. We observed how people were being cared for and reviewed personal care or treatment records of patients.

# Are services safe?

## Summary of findings

The provider had satisfactory governance systems in place to protect patients from the risk of abuse and ensure that they received the appropriate safe emergency care and treatment. Medicines kept on the premises were stored appropriately and securely and staff received the training in the safeguarding of children and adults. Overall the service provided safe and suitable to protect people from avoidable harm and abuse. Staff were aware of the policies and procedures in place for reporting concerns and safeguarding of vulnerable adults and children.

## Our findings

### People's views and accessing the out-of-hours service.

We spoke with six patients at our inspection and reviewed 34 comment cards. The majority of comments we received were positive. Comments included comments such as "excellent service staff were pleasant and the waiting time was not too long." Another patient wrote that "the staff were caring and treated me with respect, the environment was safe and hygienic and I felt listened." There were nine negative comments which included one person stating that the reception staff were unprofessional as they carried on a personal conversation and ignored the patients arriving and another person referred to the waiting time which they felt was initially good but then waited a further two hours to be seen and receive care. The provider submitted an analysis of the patient feedback which is analysed on a monthly basis. The results covered From April 2013 to February 2014 which showed that majority of people viewed the service as excellent, good or satisfactory.

### Safeguarding patients from harm

The provider had policies in place for the safeguarding of children and vulnerable adults and the regional out-of-hours lead nurse was the identified safeguarding lead. Staff we spoke with were aware of the policies and procedures on how to report any concerns. We saw that there was information provided throughout the locations to support staff and raise awareness. The computer system flagged up children that were potentially at risk to alert staff providing care. Staff told us that they were reliant on information provided from local GPs to alert them to any

concerns but felt that they had good communication systems in place. This included GPs accessing the computer management system to provide information regarding their vulnerable patients such as palliative care or people that were housebound.

The majority of staff had received training related to safeguarding children as well as safeguarding of vulnerable adults. The provider submitted a training matrix which confirmed this. The safeguarding of vulnerable adults and safeguarding children training was also available to all the GPs in the boroughs to attend free of charge, as well as basic life support training We saw documented confirmation of attendance by staff to these training events.

### Learning from incidents

The provider had a policy and systems in place to report and investigate all incidents. The policy dated May 2013 provided guidance to staff about the action that should be taken following an incident; the guidance included a flow chart for staff to follow on the reporting of serious untoward incidents. Staff we spoke with confirmed that they were aware of the reporting procedure and the provider had recently trained all staff and had implemented the use of a computer based incidents reporting system in order to ensure information was captured for analysis.

We saw that the provider recorded and reported eight serious untoward incidents (SUI) within the last 12 months. Incidents were risk assessed and investigated using a root cause analysis tool. All SUI's were reported to the appropriate clinical commission group and an update given at three days post incident if required. The regional medical director and the lead nurse told us that incidents were discussed at the local quality assurance and governance meetings (QAGM) and escalated to the regional meeting as necessary. Minutes were submitted and confirmed that incidents and significant events were reviewed. We noted that two medication incidents had been reviewed and it was documented that no trend had been identified. The minutes also highlighted a possible information governance issue Because of this the provider had introduced secure boxes for transporting confidential documents from one location to another.

We were provided with a summary of information relating to five incidents and two full investigation reports of the SUI's which showed the chronology of events and the

# Are services safe?

investigation and actions undertaken by the provider to prevent a recurrence. The full investigations showed that the reports were agreed and signed off by the regional medical director and the regional director prior to being finalised. We were also provided with evidence relating to missing medication and the changes that were put in place to prevent a recurrence which included the double tagging of medication cassettes and staff awareness and reporting training being carried out.

## Infection prevention and control

The base location did not have a clinical area and we found the premises to be modern, clean and tidy. One of the locations which was not owned by the provider was in need of redecoration, although it was considered clean and we saw that there was a weekly cleaning schedule in place. In addition it was also noted that some of the equipment was old and appeared in poor condition. We were not made aware of a replacement programme being in place. All the clinical rooms had sinks, soaps, towels and personal protective equipment such as gloves and aprons available. There was also hand gel available. There was a clear distinction between clinical and domestic waste to ensure that contaminated waste was disposed of appropriately.

The provider carries out monthly infection control audits at all the locations which includes waste management, the environment and hand hygiene. We saw that where issues were noted and an identified action was in place. On the monthly action plan (which was undated) submitted there was only one item that had been signed off as completed. For example at one location we saw that replacement hand hygiene posters were to be in place by 26 March 2014 but the table provided did not confirm that this action had been completed.

## Medicines Management

The provider held medicines on site for patients that were seen out-of-hours and unable to have medication

dispensed at a pharmacy. We saw that the provider had policies in place to instruct staff on the handling and prescribing of medicines. We found that medicines were stored securely in an area accessed only by designated staff. There were checks in place regarding the supply of prescriptions. There was a process in place for checking that all medicines were accounted for.

We found that the appropriate temperature checks for the refrigerators used to store medicines had been carried out and all medication was stored at the correct temperature. Controlled drugs (CDs) which are medicines subject to misuse of drugs legislation were checked. The provider held a list of authorised signatories available for the signing and ordering of CDs and there was an accountable officer in place to ensure appropriate arrangements were in place to secure the safe management and use of controlled drugs. Staff explained the safety mechanisms that were in place if a doctor required access a controlled drug. The doctor was given a single use access code to obtain the medication which is then changed once the code has been used; this is witnessed by the driver and recorded appropriately. All the drivers received training on checking and recording controlled drugs and evidence provided confirmed this.

Medical staff had access to up to date British national formularies (BNF). There was also a process for ensuring that any national guidance provided by the National Institute for Health and Care Excellence (NICE) and Medicines and Healthcare products Regulatory Agency (MHRA) alerts were received by the out-of-hours lead nurse and acted upon by disseminating information to frontline staff. This ensured that the doctors could access up to date information at all times.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

The provider managed the demands of the service effectively. Call handlers were trained to ask the appropriate questions to quickly and effectively assess the patients' needs. At the time of our inspection the service was meeting its National Quality Requirements (NQR) and people received care and treatment in a timely manner.

We found that the service had systems in place to ensure that the provider could effectively respond to the needs of the patients accessing the out-of-hours service safely. The provider monitored the call handlers to ensure that information was recorded and used effectively to prioritise patients appropriately according to how urgently they required care. Information regarding the care received by patients was shared with the people's usual GP in a timely manner to ensure continuity of care between the different service providers.

## Our findings

### National quality reports

All out-of-hours emergency care providers are required to report on their performance against a series of NQRs. The requirement measures the clinical effectiveness of the provider to deal with the calls coming through to them. The targets measure the time taken to answer calls and assess people for the level of urgency to ensure the optimum outcome for the patients using the service. People accessed the Harmoni-Suffolk out-of-hours service via calls that were directed from the national 111 help service. The majority of targets had been met since September 2013 and there were no notable breaches. The provider analysed the national quality requirements (NQR) data on a daily basis to ensure that the service was providing an effective service. The provider also carried out monthly audits on medical consultation notes to ensure that the quality of the notes recorded and advice provided was appropriate. The

results were discussed with the individual staff and confirmed in writing and formed part of the appraisal system. We saw that the expectation was for staff to achieve 97.63% accuracy and where this wasn't the case staff were directed to review the voice recording of the call to carry out a self-assessment and discuss the results with the clinical lead. This ensured that standards of care were effectively monitored and maintained.

### Access to the out-of-hours service via the call handlers.

We were told that the call handlers were monitored and the calls were recorded for training purposes and to audit the efficiency of the staff. We were told by the staff and the shift coordinators that calls were randomly audited and played back to staff to discuss their questioning techniques and their decision making and effectiveness in dealing with the call. We were told that if staff were not meeting the standards required this was discussed and that further training and support would be implemented. We observed a number of call handlers at different times throughout our visit and found that the staff dealt promptly with the calls and assessed people's needs and arranged for people to attend for a consultation or to receive a call back from a clinical member of staff.

### Staffing and recruitment

Personnel records we reviewed contained evidence that the appropriate checks such as criminal records checks, identification, references and interview records had been undertaken prior to employment. The regional medical director told us that all medical staff applications and agency paperwork was reviewed; qualifications and references were checked prior to employment and records we saw confirmed this.

The provider has a new computer training system which has been in place March 2014 and there is a training manager on site to ensure that staff are familiar with using the system. The system records and provides training such as fire awareness, equality and diversity, and safeguarding of vulnerable adults and children.

# Are services caring?

## Summary of findings

The people we spoke with and the feedback cards we reviewed were very positive about the care received. People told us that staff were kind, caring and respectful throughout the episode of care that they had received. There was opportunity for people to provide feedback as Care Quality Commission questionnaires had been made available in the waiting area prior to our visit. The provider also carried out regular satisfaction surveys to capture people's views. The provider had a strategy in place for capturing the views of the GPs and ethnic minority groups within the area. There was easy access to the locations we visited with car parking availability at both sites for both patients and staff. The service provided was delivered by caring staff that were respectful of people's individual needs. Patients we spoke with told us that they had received a good service from Harmoni-Suffolk and were happy about the care they received.

## Our findings

### Patient information

Some patient information was available in the waiting area and throughout the locations we visited. We saw that there was a variety of health promotion information available such as smoking cessation, and flu vaccination. However, none of the locations visited provided information on how people could access the interpreter service. The records we looked at of the doctors consultation demonstrated an assessment of people's needs and a treatment plan and where appropriate medication was either dispensed or prescribed. Patients' GPs were notified in a timely manner of the contact and treatment given.

### Patient survey

The provider had carried out a satisfaction survey in January 2014 which showed that approximately 96% of patients were happy with the care they received and described it as either excellent or good. We spoke with six patients that were treated by Harmoni-Suffolk on the day of our inspection and people told us they were treated with respect and that they felt listened to. People were generally very happy with the care. Some people told us that they had used the service several times and they had been called back by a doctor promptly, although one questionnaire completed stated that they had waited for two hours before a call back had been received. Patients told us that they felt listened to and involved in the decisions about the care and treatment. Staff we spoke with were aware of the need to be polite at all times. We observed and listened to call handlers speaking to people that called the out-of-hours service and found that staff were compassionate and respectful at all times; this was also confirmed in the responses people had made on the comment cards. Our findings supported the findings of the satisfaction survey and the comment cards we reviewed. Twenty five out of the 34 comment cards returned were positive about the people's experiences.

### Respect and dignity

Patients we spoke with told us that they felt that staff were respectful and polite at all times and we observed this to be the case. We were told that the doctors provided adequate information in an appropriate way and that patient dignity was maintained at all times. We saw that staff observed a 'knock and wait' protocol prior to entering the consulting rooms and that there were notices informing people that they could ask for a chaperone. Staff told us that if they were unable to understand a person's needs due to language difficulties people were offered an interpreter to assist but staff were not aware of any information highlighting the availability of the interpreter service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The provider's services were responsive to people's needs. There were systems in place to ensure that there were adequate staffing levels to answer incoming calls with minimum delays and return calls to people requiring a doctor's follow-up. Staff were aware of the emergency procedures and most were aware of where the resuscitation equipment was kept. The doctors were provided with bags containing medication to ensure that any medicines needing to be given to patients on home visits were able to be administered promptly. Staff had access to the appropriate equipment, training and support. Although there was an expectation that medical staff would provide some of their own equipment. 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.

## Our findings

### Patient survey

We reviewed the satisfaction survey completed in January 2014 which was complimentary and positive about the service people had received. The provider also carried out 'mystery shopper' surveys to ensure that staff were polite and respectful to people using the service.

### Call grading and timeliness of patient access

We were told that the majority of the NQRs are met and we were provided with a report showing the performance for the out-of-hours service from March 2013 to date. The report showed that the majority of targets were met but highlighted issues from March to October 2013 relating to the percentage of calls triaged within 20 and 60 minutes. The registered manager told us that the provider had agreed enhanced targets and that prior to October all 111 outcomes for 20mins, 1 hour and 2 hour speak to call backs were mapped as requiring a 20min call back which distorted the reporting. The provider's enhanced targets on some NQRs included speaking to 97% of people within 20 minutes when the agreed NQR target is 95%.

The provider employs some doctors to give advice working from home to enable the out-of-hours service to respond within their enhanced national timescales. The provider

also employed advanced nurse practitioners who worked autonomously and saw patients at most locations, this excluded children under one year of age, pregnant women and patients that have mental health issues and palliative care patients. All the advanced nurse practitioners (ANPs) were qualified in supplementary prescribing to enable pathways of care to be followed seamlessly within the consultation. We were told that the ANP referred to consultants if patients needed to be admitted into hospital and followed the appropriate care pathways.

The registered manager told us that not all the locations operate on a daily basis, seven days a week. Five of the locations opened every day but three are closed Monday-Friday unless there is sufficient demands to see people at a particular location. We were told that the operators monitor the address of service users and if they had several people within the same area needing to be seen then the nearest location would be opened to see people. The registered manager told us that as part of the service level agreement the aim was to ensure that the provider could respond to people needs and be within easy access with no more than a 30 minute journey across the borough.

### Equipment and the premises

Staff told us that they had adequate equipment to enable them to carry out diagnostic examinations and treatment. This included equipment and medicines to ensure that staff were able to provide the appropriate assessment and treatment in people's homes. Although at one location we did note that equipment appeared old and in a poor state of repair. The registered manager told us that the equipment was checked regularly but no record of this was provided. We were told by the regional medical director that doctors and advanced nurse practitioners were expected to provide some essential equipment of their own and this equipment was not routinely checked.

The pharmacist told us that medication was ordered through another provider and that if necessary they are able to get additional stock on the same day. Although the pharmacist told us that this did not happen very often as stock was monitored to ensure that there were adequate supplies

### Vulnerable patients

The provider kept information electronically on vulnerable people this included patients that were receiving palliative care by the GPs being covered to enable a quick response

# Are services responsive to people's needs?

(for example, to feedback?)

by the provider if required. The service also had close links with mental health teams who could provide additional

specialist support as well as access to the emergency duty social work teams. Information relating to vulnerable patients is stored electronically and is automatically highlighted if the person calls the service.



# Are services well-led?

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

## Summary of findings

The organisation was well led. There was a clear governance structure in place and a process for disseminating information to all members of staff. There was a complaints policy and procedure in place as well as a process for escalating incidents to senior managers by the duty coordinators. All complaints and incidents are reviewed through the quality assurance and governance committee. 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 any changes to practice across the organisation as well as locally. There were systems in place to demonstrate that Harmoni-Suffolk was well led. There was visible leadership and an organisational structure from senior management at board level through to administrative staff.

## Our findings

### Leadership and culture

We saw from the Care Quality Commission comment cards and the patient satisfaction survey that the service had received very positive feedback. We noted that there was not any information posted on the NHS choice website and the information that had been received from Healthwatch was a mixture of positive and negative feedback about the service. The provider has a strategy in place to gain service user feedback and carried out a friends and family survey in June 2013 which showed overall the percentage of people that were very happy with the service was 46%. This was repeated in October 2013 and showed an increase to 53% with a response rate of 33%. Evidence has been provided of a variety of listening events carried out by the provider to engage and gain the views of people from the local community areas held in January and March 2014. These events were held in partnership with Healthwatch Suffolk and West Suffolk clinical commissioning group. The lead for the project told us that the aim was to provide people with information about the out-of-hours and NHS 111 service and how to access care; we were told that they also held 'drop in' events across the borough and provided details of 2 events held in the year. Meeting minutes were provided for two events held in February for the Suffolk

urgent care patient experience forum. The minutes confirmed that views regarding the satisfaction questionnaire and its content were discussed as well as the availability of information in other languages.

We spoke with a variety of staff across the three sites visited and we were told that they felt it was an open culture and senior managers were supportive. Staff told us they felt part of a team and that they were provided with suitable information about training and opportunities available to them to progress. Staff told us: "there is always someone senior around or contactable by phone to get advice or guidance from". Appraisals were carried out annually and there was a training programme in place which included e-learning as well as face to face training.

### Management of staff

There was an induction programme in place for all staff. Call handlers were given training on customer care and how to ask the appropriate questions. Staff had access to range of policies and procedures which were up to date. We looked at a range of policies such as safeguarding children, vulnerable adults, recruitment, complaints and medicine management as well as a range of standard operating procedures. The provider had a system in place for re checking with the disclosure and barring service every three years for both employed and self-employed staff; however, agency staff employed criminal records checks were completed by the agency and information confirmed by the provider. The policies we looked at appeared comprehensive and covered topics in sufficient detail to ensure staff were able to gain insight into dealing with issues appropriately. For example there was a business continuity plan in place and arrangements could be put in place for another region to cover and take calls if there was a system failure at any time.

The regional medical director and the registered manager told us that there were quality assurance and governance meetings (QAGM) monthly at local and regional level; any issues of concerns were escalated to board level. The QAGM minutes showed that there were standing items such as performance, incidents, complaints and audits discussed; 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 and be multidisciplinary. All the SUIs



# Are services well-led?

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

investigations we reviewed did outline the actions taken and were agreed and finalised by the regional medical director and regional director prior to completion. The registered manager and regional director confirmed that information from across the company was shared and this included learning from SUIs. We were provided with copies of newsletters that were available for all staff which contained information such as a synopsis of events, outcome, lessons learnt and the actions completed by the provider. We were also told that the newsletters were emailed to the local GPs to highlight training dates available as well as sharing the learning outcomes.

The provider had a complaints policy dated May 2013 in place and a log of all complaints received. We reviewed the log and found that all the complaints were acknowledged within the three day timescales as stated in the policy although noted that there were some delays in the dates the response was due to be sent out in approximately 25%. The provider monitored and looked for trends in the

complaints they received. The highest category from April 2013 – March 2014 related to clinical assessment and advice, however, after investigation only a small percentage of the complaints were upheld.

Staff told us that there were regular departmental meetings at which they were kept up to date with changes to the service and how it affected them. The meetings were documented and accessible for staff that were unable to attend. The newsletters were also available within the department which gave information such as training, medicine management and highlighted any changes to policies. For example we saw that the March edition highlighted the privacy and dignity policy following a complaint relating to a bereaved relative. The newsletter identified how staff could access the policy and provided the internet link. The newsletters also highlighted patient care such as mental health and palliative care, patient satisfaction results and case studies relating to incidents. This demonstrated that information was disseminated to staff and provided educational support.