

Harmoni - West London

Quality Report

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Date of publication: 20/06/2014
Date of inspection visit: 10/03/2014

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 West London is the provider of out-of-hours GP services for the boroughs of Hillingdon, Barnet, Ealing, Harrow, Brent and Hounslow. The service covers approximately 264 GP practices and provides advice and treatment to a population of over 1.345 million patients.

Before the inspection we looked at a wide range of information we held about the service and asked other organisations such as the local Clinical Commissioning Group (CCG) to share with us what they knew about it. We also asked patients prior to our visit to complete some comment cards about their experiences of the service they had received. The head office for the Harmoni West London out-of-hours service is based in Southall, and there are three other 'satellite' bases throughout the locality that provided out-of-hours services. As part of the inspection the team visited the Southall office and one of the out-of-hours satellite bases which was located in the outpatients department at Hillingdon hospital.

There were effective systems in place to ensure the service could be delivered to the widest range of patients with varying levels of need. There was good collaborative

working between the provider and other healthcare and social care agencies which ensured patients received the best outcomes in the shortest possible time. Patients experienced care that was delivered by dedicated and caring staff.

People we spoke with said staff displayed a kind and caring attitude and we observed patients being treated with respect and kindness whilst their dignity and confidentiality was maintained. Patients told us that they were happy with the care and treatment they received and felt safe.

There were robust systems in place to help ensure patient safety through learning from incidents. We saw that the provider had taken steps to ensure that all staff underwent a thorough and rigorous recruitment and induction process to help assure their suitability to care for patients. There was stringent monitoring of all clinician's work which ensured that poor performance was dealt with quickly. Because of this, any risk to patient care and safety was minimised.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Patients received a safe service. There were standard operating procedures and local procedures in place to ensure that any risk to patient's health and wellbeing was minimised and managed appropriately. Each clinician was closely monitored to ensure that as far as possible patients who used the service were kept safe and protected from avoidable harm.

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 closely monitor the delivery of treatment and care to review the effectiveness of treatments. There was a robust 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.

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 compassionate 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 appropriately responded to in a timely manner.

Are services well-led?

There was a clear leadership and management structure and staff that we spoke with were confident who to approach with any concerns they might have. We saw that staff underwent an annual appraisal to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service. There was monitoring of all clinician's practice which ensured that poor performance was dealt with quickly.

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 17 cards and the comments, all were very positive about the total experience the patients received from this OOH service. 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.

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 saw evidence of shared learning throughout the Harmoni London West Out-of Hours services. One example of this was a news sheet called “Reflect London” which is written by the London Medical Lead and distributed to all Clinicians who work in the London services. The news sheet contained a number of emerging themes that had come from investigating serious incidents and lessons learnt from these investigations. It also refers to good practice guidance and forthcoming training events that have been planned. The GPs we spoke with found it extremely informative and useful.

We saw how root cause analysis of incidents was undertaken and how lessons were learnt. We read how

action plans had been implemented and then evaluated for their effectiveness. This meant that there was continued improvement of patient treatment and experience and the service continued on the right trajectory.

The Harmoni West London service has linked with the University of Exeter Medical School to take part in a project regarding patient experiences of out-of-hours services. The study is funded by the Department of Health (DH) and it is expected that it will help shape policy and decision makers at the DH in the planning and delivery of out-of-hours services in the future. The service will benefit from this study as it will use the information gathered by the University to improve the delivery of the service and the patient experience. Resulting in better outcomes for patients.

Harmoni - West London

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and the team included a variety of specialists including a practice manager an experienced nurse who had previously worked for NHS Direct and an Expert by Experience who had experience in talking to patients about their experiences when accessing services.

Background to Harmoni - West London

Harmoni West London is the provider of out-of-hours GP services for the boroughs of Hillingdon, Barnet, Ealing, Harrow, Brent and Hounslow. The services include the provision of telephone medical advice to callers, face to face consultations with a doctor and in some cases patients are visited by a doctor at home. The service covers approximately 264 GP practices and provides advice and treatment to a population of over 1.345 million patients.

In November 2012 the care provider Care UK acquired the Harmoni Group and has taken over the operation of the company. Currently the service is going through change and rebranding and aligning company policy and procedures with that of the new provider.

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 reviewed comment cards where patients and their family members shared their views and experiences of the service. We carried out an announced inspection on 12 March 2014. This inspection visits took place at main Southall office and we also visited the out-of-hours satellite base at Hillingdon General Hospital.

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. 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.

Are services safe?

Summary of findings

Patients received a safe service. There were standard operating procedures and local procedures in place to ensure that any risk to patient's health and wellbeing was minimised and managed appropriately. Each clinician was closely monitored to ensure that as far as possible patients who used the service were kept safe and protected from avoidable harm.

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 four SAE's 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. We were shown the action the provider had taken looking at risk and implementing appropriate action plans. Lessons were learnt and quickly acted upon in a positive and constructive way. 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 were given examples of how learning from incidents was disseminated throughout the company. One example of this was a news sheet called "Reflect London" which is written by the London Medical Lead and distributed to all Clinicians who work in the London services. The news sheet contains a number of themes that have come from investigating serious incidents and lessons learnt from these investigations. Scenarios are used and then followed by lessons learnt from working through the scenario. The scenarios included treating a feverish child, cardiac arrest following a home visit and safeguarding children. The news

sheet also refers to forthcoming training events that have been planned. In addition it looks at 'policy of the month', on this occasion it was the palliative care policy, specifically symptom control and management guidance. The GPs we spoke with found the news sheet extremely informative and useful.

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 provider supplied pre-packed medication to allow patients to be given a full course of treatment at the time of their consultation. Controlled drugs were not kept on site, and there was a local pharmacy arrangement if Palliative Care drugs were needed when the pharmacies were closed. The amount of medicines stored was closely monitored and controlled and we saw evidence that they were regularly checked.

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 the audits which were undertaken monthly and evidence of any actions required, implemented. There was a cleaning schedule in place and staff told us they could ask the hospital cleaning team at any time for any extra cleaning. One patient who used the service wrote "Excellent, the staff are helpful and the environment is tidy and always clean".

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

Are services safe?

vulnerable adults. 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. This helped to protect people from harm and made sure concerns were escalated appropriately to the right agency to investigate.

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.

Patients told us during the visit that they felt safe. One person wrote "I felt safe and protected the staff are lovely and very reassuring".

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 robust 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

National Quality Requirements (NQRs)

There are National Quality Requirements for out-of-hours providers. These are national targets which are reported monthly to the local CCG to demonstrate that the service is safe, clinically effective and delivered in a way that gives the patient a positive experience. One of the NQRs relates to timescales of face-to-face consultations. These can be carried out either at a centre or at the patient's place of residence. Emergency consultations must take place within one hour of the patient contacting the service; urgent cases must be dealt with in two hours and less urgent within six hours. We saw evidence that the service was meeting these requirements.

Working with others

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.

There was good collaborative working between the provider and other health and social care agencies to help ensure patients' needs were met by the most appropriate agency. 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. During our inspection we observed the prompt and smooth transfer of a child to the paediatric team at the hospital. This had been arranged by the out-of-hours GP after they had examined the child and wanted a more specialist opinion. The parents of the child said "We waited three minutes to be seen. This whole process has been seamless. The doctor examined our son thoroughly, has put us all at ease and we understand why they want a second opinion."

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 saw evidence of this, in the staff files we looked at during the 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 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. Checks with the local area teams and the clinical commissioning groups ensured that any concerns about the conduct and performance of a clinician could be shared and acted upon.

Harmoni has an on-line learning system call Mind Flash that takes all staff, including clinician through induction training. For clinicians access is also provided to BMJ learning and clinicians are required to complete specific modules within a month of being employed. All staff were also supported by regular supervision sessions, observation of practice and appraisal. All of these measures helped to ensure that staff were safe and competent in carrying out their specific roles.

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 compassionate towards them. We also observed this at 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 seventeen completed cards. All of these had positive comments about how they had been treated by the staff and the service they had received. People wrote: "Good service, not waited long before I was seen." "This service was outstanding, very quick and helpful." "We have always found the service to be very good always professional and generally a very good service." And "I would rather visit here than my own GP I get better cared for."

Patients told us they felt that they had been involved in decisions about their care and treatment and that the

doctor gave them plenty of time to ask questions and responded and in a way they could understand. They were satisfied with the level of information they had been given and said that any follow up treatment was clearly explained to them.

Patients told us how staff had treated them when they attended the service. One person said "My son was seen very quickly and everyone who dealt with us was kind and reassuring. They understood and we were not rushed." Another patient said "Staff are caring and I have been given explanations about why I feel the way I do." And "Nothing but praise for care and support given by all staff." These positive comments demonstrated that staff were kind, caring and compassionate to the patients who used the service.

The GP who assisted with the inspection observed some patient 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. After completing each consultation the GP explained their diagnosis and 'safety netted' by explaining what the patient should report if not improving.

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.

Responsive to Patient Needs

The service was meeting all of the national quality requirements relating to response times. 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 efficient and I found it very good." And "I was quickly seen by the doctor who was very polite and understanding. The reception staff were brilliant and explained why I may have to wait a bit while an emergency was seen before me. But I was seen very quickly anyway"

Are services well-led?

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

Summary of findings

There was a clear leadership and management structure and staff that we spoke with were confident who to approach with any concerns they might have. We saw that staff underwent an annual appraisal to enable them, amongst other things, to reflect upon their own performance with the aim of learning and improving the service. There was monitoring of all clinician's practice which ensured that poor performance was dealt with quickly.

Our findings

Improvement

All staff were involved in monitoring within the organisation and there was a willingness at all levels to respond to change to improve and enhance the service. The quality of treatment and services is audited internally by monthly quality assurance meetings, monthly quality reports to the board and a robust monitoring programme. This included infection control, documentation of consultations, training and performance against the National Quality Requirements.

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

The provider had linked with the University of Exeter Medical School to take part in a project regarding patient experiences of out-of-hours services. The study is funded by the Department of Health (DH) and it is expected that it will help shape policy and decision makers at the DH in the planning and delivery of out-of-hours services in the future. The service will benefit from this study as it will use the information gathered by the University to improve the delivery of the service and the patient experience. Resulting in better outcomes for patients.

Clinical audit & professional development

We found there was a robust 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. Clinicians are performance managed and offered appropriate professional development and support where necessary from the medical lead and or the medical director. Doctors who received feedback were then monitored to establish whether their practice had changed. We saw that on one occasion a doctor was monitored following concerns raised by patients regarding the doctor's unpleasant attitude towards them during consultations. We were told that support and assistance was given to the doctor over a period of time. Following further monitoring it was decided not to use this doctor any longer at the service as the doctor's unpleasant attitude towards patients had not changed and patients continued to complain about the doctor. We found the clinical audit system meant patients continued to receive quality assured care.

Leadership

During the inspection we spoke with the medical director, the clinical lead, area manager and the registered manager for the Harmoni West London out-of-hours service. They all showed leadership and vision and were passionate about the service they provided. They told us they were "Proud of the service and the people who worked in it."

Staff we spoke with told us they were encouraged by senior management to share ideas and take some ownership of the service they worked in. Staff meetings were held and minutes of these were available.

One person said "I have worked for the service for a long time and I am still totally committed to providing the best I can. I am never afraid to speak with any of the senior managers, I will tell them what I think if it is good and I will also tell them when I think something is wrong."