

Harrow Health C.I.C

Inspection 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.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

Overall summary

This service is rated as good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Harrow Health CIC on 3 December 2019. This was the first CQC inspection of this location.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw two areas of outstanding practice:

- At the time that the service was first commissioned there was no template for the community secondary care access service. The service had been designed by the provider from the bottom up, and was providing advice to local Primary Care Networks. The service was making data available to Network with regards to how they could provide services outside of a hospital setting.
- Incidents and complaints were reviewed at board level to ensure that all relevant learning was implemented. The way learning was cascaded was clear, and systems changes were recorded in full.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a managerial specialist advisor. A clinical fellow also observed the inspection.

Background to Harrow Health C.I.C

Harrow Health CIC is a Community Interest Company taken forward by GPs within the Harrow CCG area. The head office is at Westbury House, 23-25 Bridge Street, Pinner, London, HA5 3HR. For the purposes of the CQC inspection the service provides three key services. They provide community secondary care services for paediatrics, orthopaedics, ophthalmology, rheumatology, gastrointestinal medicine, physiotherapy, neurology, ear, nose and throat (ENT) care, management of attention deficit hyperactivity disorder (ADHD) and treatment of haemorrhoids. These services are managed from the main office and delivered at Pinn Medical Centre, 37 Love Lane, Pinner, London, HA5 3EE. The service also provides one of the three extended access hubs within the Harrow area at Belmont Health Centre, 516 Kenton Lane, Harrow, HA3 7LT. Finally, the service offers Whole Systems Integrated Care (WSIC) including community and home care for vulnerable older patients, specifically the provision of holistic health assessments.

The main site houses the corporate leads for the organisation, including leads for human resources, audit and other clinical governance. There is also a call centre to manage referrals to the community secondary care service. The two other hubs have clinical and reception staff.

The service covers a large urban area, with large populations of both high and low deprivation. The population of Harrow includes a large number of different nationalities and there are substantial populations of patients from ethnic minorities.

The combined service manages approximately 20,000 patients per year across the three services.

The service is registered with the CQC to provide the regulated activities of treatment of disease, disorder or injury, and transport services, triage and medical advice provided remotely.

Are services safe?

We rated the service as good for providing safe services.

The service had the systems and processes that it needed to deliver safe care. The service learned from incidents and had reliable systems and processes to ensure that medicines and equipment were used and managed safely.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health and Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Safeguarding and serious events were standing items on both clinical and governance meetings' agendas and were reviewed at the highest level. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to

manufacturers' instructions. There were systems for safely managing healthcare waste. The service had shared care protocols with other organisations as required.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. We saw that timely care was being delivered for all three of the services being provided.
- There was an effective induction system for temporary staff tailored to their role. Staff told us that training was thorough and they felt that the service was committed to continual professional development.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- The service had oxygen and a defibrillator in place at the sites where patients were seen. Emergency medicines were in place at the extended hours service.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse. There were clear guidelines to determine which patients all three services should see, and there was a clear directory of services if onward referral was required.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service carried out regular audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- The service worked with others in the area (such as GP practices) so that patients' health was monitored in relation to the use of medicines and followed up on appropriately.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including local hospitals, GP out-of-hours, NHS 111 service and GP practices.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Incidents were reviewed at the highest level of the organisation, and information was shared with all staff, including those not directly employed by the service,
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service.

Are services effective?

We rated the service as good for providing effective services.

The service assessed need and delivered care in line with current legislation, standards and evidence-based guidance. There was a programme of quality improvement, including regular audits through which the effectiveness and appropriateness of the care provided was reviewed.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model which included processes for assessing patients' symptoms through a triage algorithm, and ensuring that the patients' conditions were something which the service could manage.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- When staff were not able to make a direct appointment at the service on behalf of the patient (for example, if the referral was for a condition that the service did not manage) clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Staff assessed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the

effectiveness and appropriateness of the care provided. The service had a number of performance targets agreed with the clinical commissioning group and were meeting these targets in all cases. For example:

- The service had a number of 95 % targets for clinical services. This included offering an appointment within 5 working days, timely return of letters to referring GPs and an appointment being offered to see a consultant within six weeks. The service was meeting all of these targets consistently.
- Only the ADHD service was not meeting targets at the time of the inspection, and the service had an action plan in place to address this. The targets had improved and were close to those set by the commissioners of the service.
- The extended access service had previously been a walk-in centre and had only converted to extended access the month before the inspection. The service had 95% targets for the number of patients seen, the speed that discharge summaries were sent and appropriate coding of consultations. The service was above the 95% minimum for all indicators.
- The provider was regularly providing detailed activity reports to the commissioner.
- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service had systems in place to ensure that all clinicians had a proportion of their consultations reviewed on a monthly basis. Staff reported that feedback was helpful and well structured.
- The service shared wider audits with other local organisations as required.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Staff told us that regular one-to-one meetings were in place from their managers, and that they were informed of any performance concerns or where they had worked well.

Are services effective?

- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach through the services quality audit program, for supporting and managing staff when their performance was poor or variable. Measures included direct staff feedback, mentoring and supervision.
- The service had team meetings in place which were minuted for the benefit of staff who could not attend.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with a patient's registered GP's so that the GP was aware of the need for further action. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals for patients with other services.
- The service had details of all services which to refer if they were not able to manage a patient's condition.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service identified patients who may needed extra support such as through alerts on the computer system.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

The service treated patients with kindness, dignity and compassion.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs including training, awareness seminars and bulletins for specific staff groups.

The provider proactively sought feedback from patients through patient and carer experience surveys, and the friends and family survey. The number of patients who said they would recommend the service had increased in each of the four months prior to the inspection.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

The service was providing responsive care. The service provided appointments to see consultants in the secondary care services that it provided within six weeks. This is within the national average, and also inside the waiting times in the local area.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs by providing access to services. The service had been started to improve secondary care access, and they had achieved the aim of access to core services inside six weeks.
- The service had lowered referral rates to hospital by providing secondary care services in the community.
- The provider had regular contract meetings with the commissioner to discuss performance issues and where improvements could be made. The service was actively engaged in contract monitoring activity with commissioners and continually reviewed performance.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service, for example there were alerts about a person being on the end of life pathway. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them.
- Appointments at the extended hours service could be booked directly through local GPs and the 111 service.

- Appointments for secondary care were made through a referral made by local GPs. The service provided appointments within six weeks. This is significantly within the national average, and also inside the waiting times in the local area.
- The service was meeting all of its targets at the time of the inspection, but review processes were in place such that action could be taken if they were not meeting targets.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. There were clear mechanisms in place where significant presentations required the patient to attend hospital.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed a sample of the complaints received by the service and found that all were satisfactorily handled in a timely way. We saw that the electronic database had a record of every step of the process of handling the complaint from receipt through to resolution. Letters of apology detailing the findings of the investigations were clear and sufficiently detailed.
- Complaints were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway if relevant.
- The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. We saw learning from complaints and other patient feedback being shared through, the service's internal bulletin, and through management of staff performance.

Are services well-led?

We rated the service as outstanding for leadership.

The service was meeting standards for providing well-led care. The service had been proactively designed by the service to meet the needs of the patients in the area. There had been no template by which the service could be designed. The service had improved access to patients and reduced hospital admissions. Learning was discussed at the highest levels of the organisation, and the way in which information was cascaded, and where changes had been made was clear.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff at all sites told us that leaders at all levels were visible and approachable, and that they worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- At the time that the service was first commissioned there was no template for the community secondary care access service. The service had been designed by the provider from the bottom up, and was providing advice to local Primary Care Networks. The service was making data available to Network with regards to how they could provide services outside of a hospital setting.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners. The

service provided an annual business plan detailing changes to services and the way they were delivered giving consideration to the views of staff, patients and commissioners.

- The service had regular “partnership” meetings with other local providers, including with GPs, secondary care, Primary Care Networks and patient groups.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider’s vision and values.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Incidents and complaints were reviewed at board level to ensure that all relevant learning was implemented. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including bank staff, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

The providers had plans in place and had trained staff for major incidents.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The provider met with patient groups across the CCGs for which it had responsibility and shared information with them as relevant.
- Staff could describe to us the systems in place to give feedback, including written through feedback forms, staff surveys and verbal feedback through internal

Are services well-led?

meetings and service delivery managers. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The community secondary care service was itself an innovation and the service had processes in place to ensure that it was continually improving. Learning was shared with local organisations and care networks.

- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.