

# Harmoni - South West London

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

# Summary of findings

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# Summary of findings

## Overall summary

Care UK – South West London is a GP Out of Hours service covering 127 GP practices for NHS patients in the Merton, Kingston, Richmond and Wandsworth areas. The service is commissioned by the Clinical Commissioning Groups (CCG) for each of the areas. The service has an office in Putney and seven bases for patients to attend booked appointments during evenings and weekends and four cars so GPs can provide home visits where necessary. We inspected the regulated activities of transport, triage and medical advice provided remotely and treatment of disease, disorder and injury during this inspection.

Before our visit we spoke with the CCG, NHS England and Healthwatch. We spoke with four patients, 14 members of staff including GPs, the clinical lead, medical director, training lead and registered manager during the visit. We looked at a range of records including staff recruitment and training, health and safety, infection control, clinical audits, serious untoward incidents, complaints and policy documents. We checked medicines.

We found the service provided a safe service to patients with systems in place to review safety information, incidents and complaints and the provider shared this with staff and used it to improve the services provided. Medicines were appropriately stored, regular checks were

made to ensure medicines were used before their expiry date. Emergency medicines and equipment was available to GPs. Staff recruitment was in line with provider's requirement procedures, staff had access to the training, support and supervision they needed to carry out their role. Arrangements were in place for all staff to have an annual appraisal. The service ensured GPs provided effective care to patients by keeping GPs up to date with changes to good practice guidelines and standards. They worked with other health and social care services to ensure patients received joined up care and treatment and provided a caring service to patients. Staff had access to translators if required, maintained patients privacy and dignity and involved patients and their relatives or representatives in decision making. Patients made positive comments about the care and treatment they received. The service was responsive to patients through the provision of bookable appointments at seven bases across the area and home visits to patients when this was required. The provider responded to complaints and used the process to review and improve services when required. The service was well-led. There was a clear vision and systems for managing risks, audit, training and learning ensured the service provided high quality out of hours care and promoted good outcomes for patients.

# 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 were protected from abuse and avoidable harm because the provider had suitable policies and procedures in place. Systems had been developed to learn from incidents and staff were kept informed through newsletters and meetings. Staff had completed training and were aware of their responsibilities regarding child and adult safeguarding. Safety was monitored with systems in place to respond to risk. There was an infection control lead who carried out regular checks. Staff completed training in infection control and had access to the personal protective equipment they needed. Staff recruitment was in line with requirements; interviews were held and checks, including references and Disclosure and Barring Service checks, were completed before staff started work. Systems were in place to protect patients from the risks associated with medicines because the provider had developed policies and procedures for the safe management, storage and disposal of medicines. The provider had developed policies and procedures for dealing with emergencies; staff were trained in basic life support and had access to emergency medicines and equipment they needed. Suitable arrangements were in place for equipment to be cleaned, checked and tested at the required intervals.

### Are services effective?

We found the provider had systems in place to ensure staff delivered effective treatment and care at Care UK – South West London. Patient's needs were assessed and care and treatment was delivered in line with current legislation. The clinical lead ensured doctors were updated regarding changes to guidance through regular meetings and a staff newsletter. Audits were carried out and changes made to ensure improvements were made when required. Arrangements were in place for all staff to complete the training they needed to carry out their role and the provider had an appraisal system for all staff. Checks were made to ensure clinical staff were suitably qualified to carry out their role. The service had made links with health and social care services to ensure patients received joined up care and treatment.

### Are services caring?

The services provided by Care UK – South West London were caring. Staff involved and treated patients with kindness dignity and respect. The provider had policies for staff to follow regarding maintaining patient's dignity and privacy and confidentiality.

# Summary of findings

Patients said the doctors listened to them and treated them respectfully. We saw staff spoke with patients appropriately. Patients were involved in decisions about their care and consent was obtained appropriately.

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

The services at Care UK – South West London were responsive to patient's needs. The service was provided at seven bases across the four CCG areas for patients to attend appointments and home visits were carried out when required. The bases were accessible to patients. Doctors had access to interpreters and translation services to ensure patients understood what they were being told. The provider had developed an appropriate complaints policy and records showed complaints were responded to with actions taken to prevent reoccurrence and learning points were shared across the organisation.

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

We found the services provided at Care UK – South West London were well-led. The provider had clear vision and strategy to deliver out of hours services to the local population. There were clear reporting lines. An on call procedure gave staff access to management and support when necessary. Staff were aware of the steps they needed to take to report incidents, issues and concerns. Patient surveys were carried out to seek the views of people who used the service and actions were taken to make required improvements. The provider carried out staff surveys and responded to comments. An appropriate complaints procedure was in place and complaints were reviewed. Staff recruitment was in line with requirements. Arrangements were in place for staff to receive the training they needed from induction when they started to the required annual updates. All staff received an annual appraisal. Systems were in place to identify and respond to risk.

# Summary of findings

## What people who use the service say

We received mixed feedback from the four patients we spoke with during our visit. Some patients said they had

received quick response and agreed to attend an appointment and had been seen at the time they were supposed to. While other patients had experienced delays in response and waited for their appointment.

## Areas for improvement

### Action the service **COULD** take to improve

- Administrative staff were not aware who the safeguarding lead for the service was
- There was no system to check staff read the newsletter with learning from serious untoward incidents

# Harmoni - South West London

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector who was accompanied by a second CQC inspector and two specialist advisers, one a GP and the other a practice manager.

## Background to Harmoni - South West London

Care UK – South West London provides a GP Out of Hours Service in the form of advice, information and treatment for NHS patients who become unwell during out-of-hours periods when their own GP surgery is closed. The service is provided to patients whose healthcare is commissioned by Merton, Kingston, Richmond and Wandsworth Clinical Commissioning Groups (CCG). The service covers 127 GP practices and over 59700 patients. The provider is registered with the CQC as a doctors consultation and treatment service, a mobile doctors service and remote clinical advice service to carry out the regulated activities: transport, triage and medical advice provided remotely and treatment of disease, disorder or injury.

The NHS 111 service (the number patients contact when they need medical treatment or advice when their GP is closed) is operated by Care UK (Urgent Care) and managed from another location; call handling and triage are completed at that location.

Harmoni HS Ltd was founded in September 1996 by two doctors as a GP co-operative in Harrow, from November 2012 Harmoni is a wholly owned subsidiary of Care UK with its main business being Out-of-Hours care and NHS 111 services.

Patients can be seen at seven bases across the four CCG areas:

Balham Health Centre,  
120-124, Bedford Hill,  
London,  
SW12 9HS;

Brocklebank Health Centre,  
249, Garrett Lane,  
London,  
SW18 4DU;

St Georges (Urgent Care Centre/Primary Care Centre) in the accident and emergency unit at St Georges Hospital,  
Blackshaw Road,  
Tooting,  
SW17 0QT;

Queen Marys Polyclinic, Minor Injuries Unit,  
Roehampton Lane,  
Roehampton,  
SW15 5PN

Kingston Hospital (out of hours Primary Care Centre)

# Detailed findings

Galsworthy Road,  
Kingston,  
Surrey,  
KT2 7QB;  
Cross Deep Surgery,  
4, Cross Deep,  
Twickenham, London,  
TW1 4 QP and at  
Cricket Green  
75-79, Miles Road,  
Mitcham,  
Surrey,  
CR4 3DA

We visited the administrative office and Cricket Green base during this inspection.

This was the first inspection of Care UK – South West London since it registered with CQC on 25 February 2012.

## Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new process under Wave 1.

## 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 our inspection we analysed data from our Intelligent Monitoring system. This did not highlight any significant areas of risk across the five key question areas. We met with NHS England, the Clinical Commissioning Group and Healthwatch Merton and reviewed the information they gave to us. We looked at the provider's website to see the locations and types of services provided.

We carried out an announced visit on 18 June 2014. The inspection team spent three hours at the office and four hours at the base at Cricket Green. We spoke with four patients and 14 members of staff including GPs, the registered manager and key people within the organisation including the clinical director and medical lead. We saw how patients were being cared for, reviewed a range of records including those for staff recruitment and training, health and safety, infection control, clinical audits, serious untoward incident reports, complaints and a wide range of policies and procedures.

We left comment cards for patients using the service at the base in Cricket Green although we did not receive any completed cards. We looked at a range of records including clinical audits, serious untoward incidents, health and safety checks, infection control audits, staff recruitment and training records, meeting minutes, complaints and policy documents. We looked at the office environment, one of the cars and one base and checked the storage of records, medicines and equipment.



# Are services safe?

## Summary of findings

Patients were protected from abuse and avoidable harm because the provider had suitable policies and procedures in place. Systems had been developed to learn from incidents and staff were kept informed through newsletters and meetings. Staff had completed training and were aware of their responsibilities regarding child and adult safeguarding. Safety was monitored with systems in place to respond to risk. There was an infection control lead who carried out regular checks. Staff completed training in infection control and had access to the personal protective equipment they needed. Staff recruitment was in line with requirements; interviews were held and checks, including references and Disclosure and Barring Service checks, were completed before staff started work. Systems were in place to protect patients from the risks associated with medicines because the provider had developed policies and procedures for the safe management, storage and disposal of medicines. The provider had developed policies and procedures for dealing with emergencies; staff were trained in basic life support and had access to emergency medicines and equipment they needed. Suitable arrangements were in place for equipment to be cleaned, checked and tested at the required intervals.

## Our findings

### Safe patient care

The Statement of Purpose stated that the provider was committed to achieving high standards of safety. There were systems in place to support this and protect patients; recruitment checks were carried out to ensure staff were safe to practice, up to date guidance was followed and the risk assessment process in place ensured the environment and equipment were safe.

The provider had a system for safety alerts to be reviewed by clinical leads and managers and shared with staff when relevant. We saw that GPs were informed of the important alert 25 April 2014 regarding a high risk of cardiac side effects from Domperidone (used to reduce nausea and vomiting). National Institute for Health and Care Excellence (NICE) guidelines were reviewed by the medical leads and changes were reported to staff through staff meetings and newsletters. An example of this was draft guidelines on the use of statins (used to reduce cholesterol to help prevent heart disease).

### Learning from incidents

The provider had a system in place for reporting, recording, analysing, monitoring and learning from serious untoward incidents. The provider's policy referred to there being a 'blame free' culture, recognising that 'things will go wrong' and the need for learning to be shared across the organisation to reduce the risk of similar events occurring elsewhere. Serious incidents were all recorded on an electronic system. Information about serious incidents was shared with commissioners at monthly meetings and included in monthly performance reports. Appropriate systems were in place for the CQC to be notified of events as required. Two notifications had been received by the CQC in the last twelve months. Records showed incidents were reviewed, points for learning were shared with GPs in the newsletter and training sessions had been arranged. The GPs we spoke with were aware of the incidents and the lessons learned.

### Reliable safety systems and processes including safeguarding

The provider had a safeguarding policy which covered adults and children. The policy was updated in May 2013. It defined the types of abuse, staff responsibilities, the process for reporting abuse and the system to monitor abuse. A safeguarding lead was available to give clinical

# Are services safe?

staff information, advice and support regarding child and adult safeguarding concerns. In addition to this, the provider had an on call system which meant the registered manager or regional medical director would be able to give support and guidance to clinical staff if required. Staff we spoke with confirmed that they were clear about their responsibilities and actions they needed to take to protect children and vulnerable adults. While some office staff were not clear about who the safeguarding lead was we did not see evidence this was impacting on patients.

Records showed GP's working in the service had completed child protection training to Level 3 in line with guidance, although one GP we spoke with told us they had only been trained to Level 2. The clinical lead told us that as an interim measure additional e-learning had been completed and they would not be on the rota to work until they had completed the training. The manager confirmed that they had reviewed records and this had been an isolated exception. The electronic training records identified staff who were due to complete refresher training with an email sent to individual staff to remind them to book onto this important training. We saw refresher sessions were planned, with dates running from May to December 2014.

The provider took part in multi-agency meetings for safeguarding across all four CCG areas. For example we saw minutes of an out of hours multi-agency safeguarding meeting held in December 2013 and April 2014; safeguarding issues were discussed and actions to be taken were noted. The provider had standard forms for staff to complete if they needed to make a child safeguarding referral to social services. There was an adult at risk form which could be used to make referrals to social services.

## **Monitoring safety and responding to risk**

There was a system for reception staff at bases to ring patients who did not attend booked appointments. Telephone triage identified patients who required more urgent treatment so they were seen as a priority. If GPs were delayed in their appointments, reception staff would block appointments to allow time for catch up and drivers rang patients to update them if the GP was delayed when carrying out home visits. There were appropriate security systems in place at the base we visited including security cameras being provided in the car park. Staff we spoke with were clear about actions they needed to take to keep themselves and patients safe and were aware of the lone working policies and procedures.

## **Medicines management**

Systems were in place to protect patients from the risks associated with medicines because the provider had developed policies and procedures for the safe management, storage and disposal of medicines. These documents outlined staff responsibilities in relation to the safety and security of medicines; medical leadership; staff training and competences regarding prescribing, administration and storage of medicines. The organisations medicines management policy was reviewed in May 2013 and was due to be reviewed again in April 2015, this covered all bases and areas the service was provided.

Medicines were securely stored at the two bases and one car we inspected. GP's confirmed that the storage arrangements were the same at all of the bases. Medicines were boxed by an external company with systems in place to check the boxes and expiry dates of medicines. They did not store controlled drugs and had suitable systems in place to get these when required.

Prescription pads were stored securely when not in use and audits were completed on prescriptions used.

## **Cleanliness and infection control**

The provider had policies and procedures for infection control and staff completed on line training as part of their induction. There was an infection control lead who carried out routine checks. Audits were completed monthly and the summary charts were displayed for the office and the seven bases. Current achievement was 97%.

Arrangements were in place for the office and the seven bases to be cleaned regularly. There was a clear reporting process if staff found any issues and at each of the bases staff had access to cleaning equipment and spill packs. The office and base we visited were clean. Patients said the place was clean and tidy and did not raise any concerns regarding hygiene.

GPs spoken with confirmed they had access to personal protective equipment they needed. Clinical waste was stored separately and contracts were in place for it to be removed safely. Sharps boxes were provided for the safe disposal of needles.

## **Staffing and recruitment**

The provider had effective recruitment and selection processes with systems in place carry out the required checks on new staff. This included obtaining proof of identity, proof of professional registrations and taking up

# Are services safe?

references. The first stages of the recruitment and selection process was handled by staff at head office and the service were sent the applicants file which included the application form and the proofs of identity and qualifications. We checked five staff files and they contained the required information. The manager conducted interviews for all applicants to assess their suitability. All clinical and administration staff had Disclosure and Barring Service (DBS) checks. The provider updated DBS checks every three years. We were shown the DBS tracker which monitored when staff DBS' checks were about to expire. Staff we spoke with confirmed their recruitment checks had been in line with requirements when they started work.

Suitable systems were in place to increase staffing levels when required.

## Dealing with Emergencies

The service had systems in place to identify risks and deal with emergencies. There was a local on call procedure with a list of GPs, drivers and reception staff who were able to work at short notice being available. Policies were in place for responding to emergencies such as the telephone being cut off and power cuts with action cards for staff to follow in the event of these emergencies.

Records showed staff had completed training in basic life support which was updated regularly. Equipment and medicines were in place for GPs to deal with medical emergencies.

## Equipment

We spoke with two doctors who confirmed that they only used the provider's medical bags. There were systems for these bags to be checked and restocked when they returned to a base and before they were taken out with a weekly clean and restock. The GPs we spoke with confirmed they usually checked the bags before they left the base to ensure they had all the equipment they may need; one GP said they did this after they attended a home visit and had to return to base for some equipment which caused a delay in the patient receiving their required treatment.

We saw records of annual calibration of medical equipment used by the GPs. The provider supplied all equipment the GP would need. We were told that GPs could use their own equipment if they preferred, although there was no system to check this equipment. This was discussed with the manager who said they would check if this was happening and take action if required. The GPs we spoke with used the provider's equipment and said they had access to equipment to enable them to carry out their role.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

We found the provider had systems in place to ensure staff delivered effective treatment and care at Care UK – South West London. Patient's needs were assessed and care and treatment was delivered in line with current legislation. The clinical lead ensured doctors were updated regarding changes to guidance through regular meetings and a staff newsletter. Audits were carried out and changes made to ensure improvements were made when required. Arrangements were in place for all staff to complete the training they needed to carry out their role and the provider had an appraisal system for all staff. Checks were made to ensure clinical staff were suitably qualified to carry out their role. The service had made links with health and social care services to ensure patients received joined up care and treatment.

## Our findings

### **Effective needs assessment, care & treatment in line with standards**

National Institute for Health and Care Excellence (NICE) guidelines were reviewed by the medical leads. The clinical lead ensured GPs were updated on relevant guidance with changes reported to staff through bi-monthly meetings and newsletters. An example of this was draft guidelines on the use of statins (used to reduce cholesterol to help prevent heart disease). GPs spoken with confirmed the systems in place kept them informed.

Patients with some long term conditions were given a passcode for when they used the 111 service which gave them direct access to clinical staff for information and advice, providing effective care and treatment.

### **Management, monitoring and improving outcomes for people**

There were National Quality Requirements (NQR) for out-of-hours providers. These were used to show the service was safe, clinically effective and responsive. Providers were required to report to the Clinical Commissioning Group monthly on their performance against standards which included audits, response times to phone calls, whether telephone and face to face assessments happen within the required timescales, seeking patient feedback and actions taken to improve quality. The reports for April 2014 showed the service was meeting the targets. There was one area on the risk register which was the use of agency staff. An action plan had been developed to recruit more GPs to improve the situation.

The provider had developed a clinical audit template based on the Royal College of General Practitioners urgent care toolkit (this was designed to help providers carry out effective clinical audit in out of hours services). As part of the audit, a one percent sample of clinical notes were reviewed every month (112 in April 2014) to ensure emergencies were identified and passed, patients were asked for their medical history, the diagnosis and if treatment was appropriate and advice regarding when to call back or see own GP. Telephone consultations were listened to, to ensure staff followed the correct processes. Systems were in place to address issues identified through training and support. We saw a sheet for trainee registrars which gave clear prompts for record keeping ensuring they met the requirement.

# Are services effective?

(for example, treatment is effective)

## Effective staffing, equipment and facilities

The provider carried out checks to ensure the GP's were qualified and registered with the General Medical Council. We looked at four staff files and noted confirmation of up to date registration on those files. The provider had an induction programme which all new staff had to undertake. This consisted of various modules which included, going through the organisations policies, introduction to the IT system and medicines prescribing. Staff had to sign and confirm they had completed each module. In addition, there was a local induction with the clinical lead. One of the GP's we spoke with described the induction process as 'comprehensive' while another said they could have received more supervision when they started. This was a number of years ago and the provider had changed the induction process to include more supervision for new doctors.

All staff had access to appropriate and relevant professional development. The provider had a training programme for GPs which included basic life support and safeguarding. Other training was completed on line with a system to identify the time individuals spent on the training and had a 'time out' system so it closed if left idle for too long. Staff could be given protected time to complete training. We were told that they were moving training records to a different system and were still working to ensure all staff records were up to date.

The provider ensured that temporary and agency staff completed annual mandatory training and engaged in other development opportunities. We spoke with one GP who was employed through an agency and they told us that they were required to forward copies of certificates with details of training they had completed.

Administrative and reception staff received an annual appraisal and developed action plans to work through. The provider had a system of appraisal and revalidation for employed GPs. The system included checks being made on self-employed GPs appraisal and revalidation.

There were systems to increase staff numbers when required. The rota system sent reminder texts to staff about their shift which worked well to ensure staff attended work at the required time.

## Working with other services

The provider worked with other organisations to ensure patients had continuity of care. One of the GP's we spoke with told us that there was a system in place to pass information on to the patient's own GP. If they

saw a patient in the out-of-hours service they wrote notes on the system relating to the consultation. This information was sent to the patient's GP as an alert, for them to see the next morning. They worked closely with accident and emergency departments if patients seen at the services needed to be referred there. The manager attended meetings with the local Healthwatch, the palliative care team and urgent care London.

The service used special patient notes for patients receiving end of life care; these were completed by the patient's own GP and shared with the out-of-hours service so doctors had access to up to date information. These notes could be developed further to include patients with learning disabilities and other health needs which may be useful for out-of-hours doctors to know before they see or visit a patient.

## Health, promotion and prevention

We saw patient information leaflets in the waiting room of the base visited and were told these were available in all the bases. GPs spoken with confirmed they discussed health promotion when appropriate, although they were more likely to advise patients to see their GP for information about smoking cessation, maintaining a healthy diet or taking up regular exercise. Patients spoken with confirmed the doctor asked if they smoked.

# Are services caring?

## Summary of findings

The services provided by Care UK – South West London were caring. Staff involved and treated patients with kindness dignity and respect. The provider had policies for staff to follow regarding maintaining patient's dignity and privacy and confidentiality. Patients said the doctors listened to them and treated them respectfully. We saw staff spoke with patients appropriately. Patients were involved in decisions about their care and consent was obtained appropriately.

## Our findings

### **Respect, dignity, compassion and empathy**

Patients told us they were spoken to appropriately and the GPs acknowledged what they said. They felt they were treated with respect, their dignity was maintained and they were well looked after. We observed that staff spoke with patients in a polite way. Consultations took place in private. The reception area was open although there was an area for patients to speak with staff in private. Staff were aware of the importance of maintaining confidentiality.

Patient's we spoke with gave generally positive feedback about their experience. They said getting through to the 111 service on the phone had been quick although this was not the case for all patients. They had been offered an appointment and they were given clear details about how to check in when they arrived at the base. The patients we spoke with had not used the service before so were not able to tell us about their previous experience. The negative comments we received were around the long wait when they attended the appointment and a lack of parking in the local area. This was discussed with staff who confirmed that appointments may change to ensure those who required treatment urgently were seen. Staff said there were usually parking spaces outside the base.

The provider had a chaperone policy (this was when another member of staff is present during a consultation) and staff were available if a patient wanted a chaperone. This information was displayed in the consultation room. Staff we spoke with had completed training and were aware of their role if they went in with a patient as a chaperone.

The manager and staff said they had access to translators or a telephone translation service and could also use an on-line computer translation programme if required, although they said patients generally brought a relative with them who was able to translate if this was needed.

### **Involvement in decisions and consent**

The manager and staff said they had access to translators or a telephone translation service and could also use an on-line computer translation programme if required, although they said patients generally brought a relative with them who was able to translate if this was needed.



# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The services at Care UK – South West London were responsive to patient's needs. The service was provided at seven bases across the four CCG areas for patients to attend appointments and home visits were carried out when required. The bases were accessible to patients. Doctors had access to interpreters and translation services to ensure patients understood what they were being told. The provider had developed an appropriate complaints policy and records showed complaints were responded to with actions taken to prevent reoccurrence and learning points were shared across the organisation.

## Our findings

### Responding to people's needs

To ensure doctors were able to communicate with patients they had access to translation services including interpreters, telephone and an on line translation service if required. Some of the doctors spoke a second language which could be used during consultations for patients who did not speak English.

The doctors had access to suitable technology at the bases and when they were carried out home visits so they could view patient notes and special patient records, giving them up to date information to be able to provide the most appropriate treatment.

Monthly meetings were held with the four CCGs where they monitored how the service was operating and how they were meeting the National Quality Requirements.

There were systems in place to review and increase staffing levels when demand was increased. Plans were in place to increase staff levels over known certain holiday periods when demand had increased in the past.

### Access to the service

There was an appointment system in place at the bases with a variety of opening times after which doctors gave telephone advice or carried out home visits if required. This gave patients a choice of home visit or attending a base. There were systems in place to allow doctors to respond to urgent calls so they were seen as a priority with courtesy calls made to inform other patients of a potential delay to their appointment. Patient's comments were mixed, some saying they experienced quick response and had not waited to see the doctor while others said there had been delays in getting through on the phone and they had waited when they attended their appointment with the doctor. The provider monitored response times to calls and home visits. These were reported to the Clinical Commissioning Groups every month.

### Meeting people's needs

We were told that all bases were accessible for people with mobility issues and those who used a wheelchair. The provider had a health and safety lead for the London area who was trained to carry out their role. Records of checks on the fire alarm system, fire extinguishers and portable

# Are services responsive to people's needs?

## (for example, to feedback?)

electrical appliances for the office were up to date. The manager requested this information from the bases and risk assessments were completed when this information was not received.

The manager said they had attended a patient experience group in one of the CCG areas recently and were due to attend a local carnival as a way of seeking patients feedback on the services provided.

Patient surveys were sent out each month which were analysed. The results for the last six months showed patients were satisfied with the information and treatment they received and felt the clinicians listened and understood their concern and their privacy was maintained.

### Concerns and complaints

The provider had developed a complaints policy and procedure that was made available to patients at the bases and on the provider's website. Patients spoken with had not needed to make a complaint. Staff completed training in handling complaints and were aware of the actions they needed to take if they received a complaint. Records of complaints included actions taken to prevent reoccurrence which included speaking with staff individually, additional staff training and reminders to all staff. There was a section for the investigating manager to complete to identify lessons learnt that could be shared across the organisation. The annual report to the CCGs included information about complaints and actions taken.



# Are services well-led?

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

## Summary of findings

We found the services provided at Care UK – South West London were well-led. The provider had clear vision and strategy to deliver out of hours services to the local population. There were clear reporting lines. An on call procedure gave staff access to management and support when necessary. Staff were aware of the steps they needed to take to report incidents, issues and concerns. Patient surveys were carried out to seek the views of people who used the service and actions were taken to make required improvements. The provider carried out staff surveys and responded to comments. An appropriate complaints procedure was in place and complaints were reviewed. Staff recruitment was in line with requirements. Arrangements were in place for staff to receive the training they needed from induction when they started to the required annual updates. All staff received an annual appraisal. Systems were in place to identify and respond to risk.

## Our findings

### Leadership and culture

There were clear leadership and management arrangements within the organisation and at the location Care UK – South West London. The provider had developed a Statement of Purpose that detailed the service aims and objectives which were to provide a high quality out of hours service and ensure equal access all the local population. The medical director, clinical lead, training manager and registered manager were present during our inspection and demonstrated their responsibilities within the organisation to patients and staff. There was a board of directors who were involved in monitoring performance and setting the direction of the service. Changes were still in progress following the transition to Care UK with work still being completed to ensure staff training and development arrangements and documentation reflected the new arrangements. The provider had a whistleblowing policy that was displayed in the office and available on the provider's intranet for staff. Staff spoken with were aware of the policy and how to report concerns.

### Governance arrangements

Staff spoken with were aware of the reporting structure and said managers were approachable, supportive and responsive to comments and requests. The clinical lead was responsible for audits and ensuring doctors were up to date with medical alerts and updates on clinical guidance. There were leads for health and safety, infection control and safeguarding who were clear about their role and responsibilities. The provider had a Caldicott Guardian who was responsible for ensuring security of patient information.

The provider held quality assurance meetings. We saw the minutes of the meetings held in February 2014 and April 2014 which showed actions taken and noted outstanding actions and work to be completed.

### Systems to monitor and improve quality & improvement (leadership)

Suitable systems were in place to learn from incidents, significant events were analysed and reported as required. Complaints were investigated. The systems included staff being informed of lessons learnt through meetings, newsletters and training. Staff spoken with were aware of recent incidents and the actions they needed to take to prevent similar issues in the future.

# Are services well-led?

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

There were monthly quality assurance meetings which were attended by the manager, medical and clinical leads, when audits, safeguarding and child protection referrals, serious incidents, the risk register and the performance regarding the National Quality Requirements were reviewed. Actions were identified and progress was monitored to ensure they were completed.

## **Patient experience and involvement**

The provider sent random patient satisfaction surveys. Eighteen completed forms had been received and analysed. They showed almost all patients were satisfied with the service and said the service provided was good or excellent. One form indicated the patient was not satisfied with the service. The manager said they used these forms to develop and make improvements if required.

## **Practice seeks and acts on feedback from users, public and staff**

The provider had a system in place for handling complaints and concerns. The complaints policy was in line with guidance and there was a designated person who dealt with complaints within the service. Records of complaints indicated actions taken to prevent recurrence.

The provider carried out a staff survey in 2013. Comments received indicated staff wanted better communication during the transition from Harmoni to Care UK and this was being achieved through the newsletter and meetings. New

GPs were welcomed to the service in the newsletter and at meetings. The manager shared compliments with relevant staff. Successes were celebrated and these were acknowledged in the newsletter and staff meetings.

## **Management lead through learning & improvement**

There were systems to learn from serious untoward incidents. Records seen indicated actions taken which included staff training and sharing across the service and organisation. Staff were updated with learning from serious incidents through newsletters and meetings. We saw the newsletter for February 2014. The newsletter for February 2014 included lessons learnt from two incidents and also gave staff updates on clinical audits. GPs we spoke with confirmed they received the newsletter and attended monthly meetings. Clinical audits were carried out regarding prescribing, call response times and records and calls were listened to ensure services provided were in line with requirements and expectations.

## **Identification and management of risk**

There were health and safety, infection control and safeguarding leads, who were responsible for monitoring and reporting on their area. Risk assessments were completed and kept under review. Staff were informed of various risks, and actions they needed to take to maintain both patients and their own safety.