

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Harmoni - West Sussex

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Harmoni HS Ltd
Registered Manager	Mr. Justin Cankalis
Overview of the service	Harmoni provides primary medical out of hours services in West Sussex. The central call centre is located in Worthing, West Sussex where people's needs are triaged by trained call handlers and clinicians. People can receive advice over the phone, have a doctor visit them at home or have an out of hours appointment arranged for them at one of the 12 base centres across the county. The service operates weekday evenings, weekends, bank holidays and other occasions when GP surgeries are closed.
Type of services	Doctors consultation service Doctors treatment service Mobile doctors service Remote clinical advice service
Regulated activities	Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information we asked the provider to send to us and talked with local groups of people in the community or voluntary sector.

What people told us and what we found

All six people we spoke with gave positive feedback about the service and said they received appropriate support. People said that the service was "Very good" and that staff were "Kind and Helpful." One person said, "It's nice to have a back up that you can use."

We found that people received appropriate treatment and support. People's needs were assessed thoroughly and staff made sound clinical decisions in relation to people's care.

The service managed the prescribing and administration of medicines safely. People's needs were thoroughly assessed in person before medicines were prescribed. Medicines given to people were appropriate for their individual health concerns. Controlled drugs were stored securely and stock monitored carefully.

We found that there were enough skilled staff available to support people by phone or in person. Staff rotas were reviewed and amended based on known trends and expected call volumes. People received advice and care within appropriate time frames. People with urgent care needs were responded to without delay. We found that staff had received training and supervision which was updated regularly. Staff had read and understood key Harmoni policies so they knew what was expected of them.

Harmoni had several mechanisms in place to monitor the quality of service. They regularly surveyed patients, reviewed clinical decisions and monitored the timing of care. Improvements were made where needed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with six people who used the service and all were very satisfied with the care and advice they received from Harmoni West Sussex. People said the service was "Really Excellent" and "Worked well." They told us that they were asked many questions about their problem so they could receive the best possible treatment and advice. One person said that thorough questions were asked about their medical history, medications and current symptoms which were "Pertinent to why I phoned." Another person commented that using the service was "Reassuring." People said they were contacted by a nurse or doctor quickly to further evaluate their needs. People who required a home visit or base appointment said this was arranged quickly and they did not have to wait long to see a nurse or doctor.

We listened to ten phone calls to understand how call handlers and clinical staff responded to people. We observed that staff used a combination of scripts and computer software to obtain information about people's concerns. Call handlers repeated people's information back to ensure they had recorded it correctly. People were informed about how long it would take for a nurse or doctor to call them back and were informed to call back or call 999 if their symptoms worsened. People's needs were assessed thoroughly and triaged appropriately.

We saw that the computer system colour coded "urgent" and "routine" calls to ensure that people with the most need were phoned back quickly. Staff could also see how long it had been since the initial call to prioritise people who had been waiting the longest.

We saw that clinical staff phoned people back within the appropriate time frames and collected further information about their situation. We observed staff checking people's names and date of birth to make sure they had the right person on the phone. Where relatives had called on behalf of people, the staff asked to speak with the patient to obtain their consent and make sure they received the most accurate information. This meant that people were involved in discussions about their care and treatment and their consent obtained.

Staff used scripts and clinical computer software to guide their questions and make sure all potential problems or complications were discussed. For example, one person had fainted and the nurse asked them further questions about pre-existing medical conditions, medications, history of fainting and other significant symptoms. Information about the person's history and symptoms helped the staff to better understand what the problem could be. This also helped them to make a judgement about whether a person needed advice over the phone, to see a doctor or to access emergency services. For example, one person had called because of extreme back pain and upon further investigation by the nurse it was determined that this could have been a bad reaction to a recent treatment. Therefore the nurse called 999 for the person and arranged for them to be taken to hospital for urgent care. This meant that people's needs were assessed fully and addressed appropriately.

We listened to one call where a nurse wanted to send a doctor to their home but they were reluctant. The nurse took the time to explain her rationale for this and potential risks if they were not seen by a doctor. The nurse told the person, "I have a duty of care" and urged them to consider. In the end, they agreed to speak with a doctor. People's treatment was explained to them and they had the right to accept or refuse treatment.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Four of the six people we spoke with told us that a Harmoni doctor had prescribed medication for them. People who were given medication told us that the doctor examined them and explored their needs fully before they prescribed medication. They said that the medicines dispensed were appropriate for their particular ailment. For example, two people said they were given antibiotics to treat an infection and both said this was effective in treating them.

We saw that Harmoni had a "Medicines Management Policy" in place which had been recently reviewed in December 2012. This policy explained the role of clinical staff in prescribing and administering medication. It gave detailed information about administration, reporting, prescription of medicines including controlled drugs. We saw that staff were required to read the policy and sign a form to state that they had read and understood it. Clinical staff were also required to complete training in medication which included Harmoni's corporate prescribing practices. We spoke with staff who were able to tell us what was included in this policy. Medicines were prescribed and managed appropriately because staff had a good understanding of their role and responsibilities in relation to medicines.

We found that Harmoni had a specific policy in place for remote prescribing. Clinical staff were informed that medication should not be prescribed without the patient having been seen as there was a significant risk of people receiving inappropriate medication. Doctors met with people in person either in private homes or at base centres to assess people's needs in person and examine them before they prescribed any medication. One staff member we spoke with echoed this policy and stated that remote prescribing was "Not ever done." This ensured that medicines were prescribed and given to people appropriately.

Medicines were kept safely. We found that a supply of controlled drugs was stored at the call centre so doctors doing home visits could supply controlled drugs to people who required them. We were told that controlled drugs were usually used for people on end of life care. We saw that controlled drugs were kept in a locked room and in a locked cupboard attached to a solid wall.

The supply of controlled drugs was monitored very closely and we saw the records that

were maintained. Doctors recorded each time they took controlled drugs out of the cupboard, for whom it was intended and how much was administered. Any unused drugs were brought back and recorded. We saw that the supplies were checked on a weekly basis to ensure that the dispensing records matched the stock that should be there. This was done through counting the medicines in the cupboard and comparing it to the record of what had been dispensed.

Any discrepancies in the records for controlled drugs were investigated fully to determine if there were any missing medicines. The clinical supervisor told us that they had never had medicine go missing but sometimes found mathematical errors made in the record which was rectified immediately. We saw an example where a doctor had recorded the amount of medicine taken and the amount of medicine brought back, but their calculation for the amount of medicine left was incorrect. We saw that this had been corrected with red ink to show that the error had been found and made right. This meant that controlled drugs were dispensed safely and recorded clearly to prevent and monitor misuse of these medicines.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with six people who used the service. All of the six people told us that staff at the call centre had responded to their call in a timely manner. People told us that clinicians called them back within the appropriate time frame. Some people had a doctor visit them at home and said the doctor arrived within an acceptable period of time. One person said that staff "Always ring back swiftly." People who used the service were satisfied with the time in which their concerns were handled.

The manager and staff told us that the Worthing call centre was in the process of being merged with the Surrey call centre in Dorking. As a result, some staff had decided to leave Harmoni. This had led to some recent challenges in covering shifts although staff said they were managing. Staff told us there were usually enough staff on each shift. One staff member said that despite the forthcoming changes, "We're not at crisis level." Another staff member said "We usually manage quite nicely."

We spoke to a rota supervisor who said, "We do well on making sure we have enough people." The rota supervisor explained how they made sure there were enough staff at each shift. We saw that the service tracked the call volume each day and were able to analyse this data to see trends in the previous months or year. They also kept track of infection rates in the region to determine if there would be a high volume of sickness at the same time, such as during flu season. The rota supervisor said, "We use all resources to predict what's going to happen." These measures meant that the service could anticipate ahead of time when they would need more staff.

Staff told us that weekends were their busiest time of the week. Whereas week nights generated 100-200 calls per night, weekends could see 800 or more calls per day. On these days more staff, including doctors and nurses, were put in place. This was reflected in the weekend rotas we viewed and supported by speaking with staff. This meant there were enough staff in place when the call centre was particularly busy.

Staff told us that Harmoni West Sussex often took calls from other regions. When another call centre was unable to answer additional calls, people were re-routed to the next available call centre with capacity to answer. Staff told us that this frequently occurred at the Worthing call centre because they had sufficient staff to help other call centres manage the call volume. This sharing also meant that if the Worthing call centre had an unexpected volume of calls, other regions could support callers where necessary. Even

during busy periods, callers from West Sussex could speak to a staff member at Harmoni promptly.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with six people who used the service. People told us that the service was "Very good" and the staff who helped them were knowledgeable and skilled. They said that staff asked them the right questions to determine what was wrong and how to help them.

One of the clinical supervisors showed us a list of topics covered in mandatory training. This included review of Harmoni policies and procedures, fire safety, health and safety, manual handling, infection control, basic life support and safeguarding children and adults. All new staff had a full corporate training which also included an orientation to their local site, clinical governance and computer software systems. Clinical staff, such as doctors and nurses, received some additional mandatory trainings in prescribing medications and making clinical decisions. We saw that staff also had access to recommended modules in mental health, strokes, meningitis awareness and allergic reactions. Staff had access to varied topics which related to their roles within Harmoni. This was supported by viewing the induction training topics as well as training records.

We spoke with four staff who verified that they had received appropriate training. One member of staff had only been working for a few weeks and said they had recently completed their induction. They felt supported as a new member of staff. Staff told us that some of their mandatory training was available online which gave them flexibility. Staff were happy with the training they had received and felt it prepared them for their role. One member of staff said they were "Always supported" and could have help from a supervisor if they had a problem. Staff also told us they had regular clinical supervision and annual appraisals which gave them further support in their roles.

We found that supervisors monitored staff compliance with mandatory training and if staff failed to complete the training within certain time frame, they were reminded in writing. We saw a sample email written to a staff member who needed to update their training. At the time of our visit, the majority of staff had completed their mandatory training. Records showed that more than 85% of staff had completed their necessary training modules. This meant that staff had refreshed their training to ensure they supported people safely and to a high standard.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager told us that each month a randomly selected number of patients representing 1% of calls from that month were sent a satisfaction survey. The results of these surveys were analysed and any trends were identified. We saw a sample of survey questions and responses from December 2012 which asked questions about the promptness of service, professionalism of staff and appropriateness of advice or treatment. Analysis of this survey feedback found that the vast majority of respondents were satisfied with the support they had received from Harmoni. We were told that this information was reviewed and discussed amongst managers and Commissioners during monthly clinical governance meetings to determine if any action was required.

We found that the service also monitored clinical decision-making to ensure people received appropriate and safe support. We saw that every month 1% of a clinician's work was audited by a supervisor to determine if the clinician followed procedures and made appropriate clinical decisions. Supervisors used a standardised audit tool with 32 questions related to taking patient history, examining physical and mental health, identifying emergency situations, documenting appropriate information, prescribing medication and making sound clinical judgements.

We saw the data from the performance audit for December 2012 and saw that more than 90% of cases audited were found to be compliant with Harmoni's procedures and were appropriate clinician decisions. A clinical supervisor told us that if a clinician's performance was not adequate a letter was sent to inform them how to improve their performance. People received appropriate care and support because the provider checked their own clinical decision making each month.

We were told by staff and one of the clinical supervisors that there was a monthly "listening audit" of calls. A supervisor would listen in on a sample of calls and use a standardised template to judge the quality of the call and the clinical decisions made. If necessary, staff were given immediate feedback on how to improve their call quality. This meant that the quality of customer service was monitored closely and staff were given performance feedback to improve quality for people.

We were told that supervisors monitor call and appointment times against National Quality

Requirements (NQR). For example, calls triaged as urgent should be returned within 20 minutes and routine calls within 60 minutes. A computer database was used to record and track calls. This monitored how long it took for people to receive a response and, where appropriate, be seen by a clinician. This generated data about whether the service was compliant with NQR or not. We saw that individual cases of non-compliance with NQR were investigated daily and recorded. This was supported by speaking with staff. We were told by the manager that this data was also discussed at weekly management meetings to determine if the trends were within normal limits or if they needed to take further action. This meant that promptness of returning calls and scheduling appointments was monitored regularly to ensure that people received support promptly.

We saw that the service had a robust complaints policy in place which was also posted on their website for the public to access. The complaints policy indicated how and by whom complaints would be responded to. We saw that the service kept a record of complaints which showed that they were responded to appropriately. Complaints and concerns were also used to identify any practice or learning issue amongst staff. Where necessary, additional training and support was put in place for staff to prevent future concerns. We were unable to view a record of complaints as these were stored at the Harmoni regional office in Surrey. However, these practices were corroborated by speaking with staff and people who used the service.

We saw that the service had a daily report at the end of each working day. The shift report included information about the volume of calls taken, response times, staffing level issues and any other problems that may have arose during that period. This report was reviewed by the manager each day and they used the information to influence future training or staff rotas. The service kept track of their workload and quality on a daily basis. This meant that they could make small changes quickly to prevent the overall quality of service from slipping.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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