

# Two Harbours Healthcare Limited

## Inspection report

Wyke Regis Health Centre  
Portland Road  
Weymouth  
DT4 9BE  
Tel: 01305831331

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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 to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good.** (At the previous inspection in June 2019 the service was rated as Good.)

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? – Good

We carried out an announced comprehensive inspection at Two Harbours Healthcare Limited in response to concerns identified in inspections of practices within the Primary Care Network (PCN).

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Two Harbours Healthcare Limited services are provided to patients under arrangements made by their own GPs. Therefore, we only inspected the services which are provided by Two Harbours Healthcare Limited.

The chair of the board of directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## Our key findings were:

- The provider provided care in a way that kept patients safe and protected from harm.
- Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided.
- Patients received effective care and treatment that met their needs
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- People using the service received a holistic health assessment.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider **should** make improvements are:

- Review safeguarding training to ensure staff are trained to the appropriate level.
- Review and increase the frequency of appraisal for all staff.
- Continue to embed systems and processes to allow for effective oversight of services, including PCN wide policies and specific operating procedures for pharmacy team members working at external locations.
- Establish systems to ensure staff induction programmes have been reviewed with line managers.
- Review Patient Group Direction processes to ensure these are signed in accordance with guidance.

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector and a second CQC inspector who had access to advice from a specialist advisor.

## Background to Two Harbours Healthcare Limited

Two Harbours Healthcare Ltd is based at Egdon Hall, Lynch Lane Offices, Weymouth DT4 9DN

and is a GP Federation, and local not-for-profit organisation, that works across the community to improve patient care by providing high quality community based clinical services and by linking together local General Practices to help develop and provide those services.

Two Harbours PCN provide a wide range of community services during weekdays, evenings, and weekends, and since the formation of Primary Care Networks (PCNs), have started employing some additional staff roles on behalf of practices to help with their increasing workload such as a first contact physiotherapists and a respiratory specialist nurse.

They have a NHS Standard Contract and contracts with Dorset County Council to enable them to provide primary medical services within their area. The organisation provides a wide range of services.

Two Harbours Healthcare staff provided several services including Weymouth Elderly Care Service – WECS and the Mobile Urgent Care Services – MUCS.

Two Harbours Healthcare Ltd also worked in collaboration with other stakeholders and organisations to administer and provide other services including:

- Improved Access General Practice Services – IAGPS
- Weymouth Urgent Treatment Centre – WUTC
- Integrated Community Primary Care Services – ICPCS
- Leg Club Service currently suspended due to recruitment needs.

### How we inspected this service

We inspected the provider on 15 November 2022. A CQC inspector led the inspection supported by a second inspector and had access to a specialist advisor.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. During our visit we:

- Spoke with the Registered manager
- Spoke with the Chair or the Board of Directors.
- Spoke with staff
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed feedback from people using the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## We rated safe as Good because:

- The provider had clear systems to keep people safe and safeguarded from abuse.
- There were systems to assess, monitor and manage risks to patient safety.
- The provider was open to learning and making improvements should anything go wrong. Duty of candour requirements were understood and underpinned by a policy and procedures.

## 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 appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. From the five staff files we viewed only two staff members had completed and signed an induction checklist. We were not able to be assured employment. However, the provider had recently that the induction process had been completed and all new staff had received appropriate information at the start of their undergone management structure changes, the provider told us that there was to be a review of the induction process.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The provider had a policy to undertake Enhanced Disclosure and Barring Service (DBS) checks 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 were required to complete regular safeguarding training as required in the intercollegiate guidance. The training data reviewed during our inspection showed some clinicians had not completed training to the appropriate standard. The service was aware of this and told us that this training was arranged to be completed in December 2022.
- There was an effective system to manage infection prevention and control. The provider ensured that all locations used by Two Harbours Healthcare staff were registered with CQC. Staff followed infection control processes and documented checks when completed. We saw evidence of this with equipment used to check lung function of patients with or who had a suspected chronic obstructive lung condition.

## 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.
- Staff understood their responsibilities to manage emergencies and to recognise the need of urgent medical attention. Staff knew how to manage patients who had severe infection such as sepsis.
- Staff had access to emergency equipment held by host practices. The provider sought assurance that health and safety risk assessments were completed at each location used for their services.
- When there were changes to services or staff the service assessed and monitored the impact on safety. We saw evidence of this, for example, they took the decision, due to staff shortages, to suspend the provision of the locality leg club until new staff could be recruited. the decision to suspend the provision of the locality leg club service provided by Two Harbours where patients at risk of or with leg ulcers were treated, due to staff vacancies.
- There were appropriate indemnity arrangements in place.

# Are services safe?

## 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.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing vaccines, and emergency medicines and equipment minimised risks.
- The service did not hold supplies of medicines.
- Non-prescribing clinical staff used Patient Specific Directives (PSD) to give medication such as Ventolin an inhaled medication used to open the airways when carrying out lung function testing. A PSD is an instruction to administer a medicine to an individually named patient (or list of patients) each has been individually assessed by that prescriber.
- Patient Group Directives (PGD) were used for the administration of influenza and covid vaccination campaigns. A PGD provides a legal framework that allows some registered health professionals to supply and/or administer specified medicines or vaccinations without a prescription. On the day of inspection, we found that the signature of the authorising individual was dated after the time of the PGD's becoming active which meant that oversight of the staff administering vaccinations safely could not be assured.
- We spoke with Doctors who confirmed they accessed prescribing formularies both online and in hard format for prescribing guidance at all sites. We were told that prescribing patterns were monitored and reported to the clinical director and pharmacy lead.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- We saw evidence of services being monitored and reviewed. For example, the pharmacy team were monitoring medicine supply issues and shortages with local pharmacies and then liaising with the GP's to ensure patients received timely and appropriate treatment.

## 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

# Are services safe?

- 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. For example, the provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## **We rated effective as Good because:**

- We saw there was effective assessment, care and treatment of people using the service.

## **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 (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. In interviews, clinicians shared examples of referrals made and consultation with secondary care specialists as well as other community services such as the community nursing service.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

### **The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The provider reviewed patient feedback of services this feedback was used to support any changes made to service provision.
- Clinicians had access to individual patient records and were able to access and use standardised templates to complete and document all assessments, plans, treatment and follow up of patients where appropriate.
- Specialist nurses who were reviewing patients with complex health needs demonstrated through examples how they fed back to individual GP's to ensure that appropriate follow up arrangements were in place. Clinicians had access to patient computerised records and contacted GP's via notifications within this system to inform them of any treatment changes.

## **Effective staffing**

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

- All staff were appropriately qualified for their role.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training for them to achieve this. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, member of pharmacy team was due to commence a non medical prescribing qualification. This would enable them on completion of training to prescribe medications for patients without the need of an appointment with a GP.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.



# Are services effective?

- Staff undertaking training that required oversight were appointed a clinical supervisor.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors and allied health professionals such as specialist nurses, physicians associates, pharmacist and physiotherapists at ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- Clinical audit was used to support and develop referral pathways. A recent audit had been completed to assess the appropriate use of a FeNO machine, a device to aid in the diagnosis of asthma when a respiratory condition is suspected. The audit demonstrated the correct referral process and appropriate assessments were taking place.
- The service monitored the process for seeking consent appropriately.

## Supporting 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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need 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.

- 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.

# Are services caring?

## **We rated caring as Good because:**

- The service was patient focussed with kind and caring staff.
- Patient feedback was positive about the care, compassion and service received.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The provider sought feedback on the quality of clinical care patients received through surveys and the Patient Representative Groups across the Primary Care Network it covered.
- Feedback from patients was positive about the way staff treat people. Patients told us they were treated in a kind and professional manner. Staff had the knowledge and understanding to meet the needs of patients.
- 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.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- 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, for example, communication aids and easy read materials were available.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

- The provider looked at and discussed the needs of the local population to inform service development.
- Patients had timely access to services.
- The provider acted on feedback to make improvements to services.

## Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. Two Harbours Healthcare Limited staff provided services including, Mobile Urgent Care Services (MUS) a visiting service for housebound patients and those living in care homes who require urgent on the day assessment. Weymouth Elderly Care Service (WECS) also known as the frailty service. Respiratory and diabetic specialist teams, social prescribers and health coaches, care co-ordinators, first contact physiotherapists and a pharmacy team to support local practices.
- During the covid pandemic the leadership team set up a team to support with the delivery of the vaccination programmed to both house bound patients and those able to attend vaccination centres. The pharmacy team supported this project enabling the vaccination programme to be delivered five days a week.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Services were delivered from the practices within the PCN, local centres and in patients' homes to meet the needs of the local population.

## Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- 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.
- A central administration team supported staff with the delivery of services and provided administration support when patients required referral to secondary care or other community services.

## Listening and learning from concerns and complaints

### **The service took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

## We rated well-led as Good because:

- Leaders had a realistic business plan, based on a clear vision and strategy to deliver high quality care that met the needs of the local population.
- Staff told us there was an open culture, in which learning, and development was encouraged.
- Governance systems reviewed performance and actively managed risks, providing assurance that patient safety was a priority. We were shown the plans which included, resuming staff appraisals, increasing staffing levels, and the appointment of a quality improvement lead to further audit activity.
- The provider had an induction programme for all newly appointed staff. However, on review of five staff files we saw that not all staff files had evidence of a fully completed induction programme. We discussed this, at inspection, with the newly appointed manager who assured us that the induction programme would be reviewed.
- 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 showed us processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Leadership capacity and capability:

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The provider had recently undergone a change to the management structure. Whilst we were able to see and understand the priorities and plans this was still needing to be embedded. We saw evidence that the Leg Club a service that supported practices to manage patients with leg ulcers who required wound care had been suspended due to staffing shortage. The provider was in the process of recruitment processes to ensure this service to re-start as promptly as possible.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. However, this had not had time to fully embed.
- The service developed its vision, values and strategy jointly with staff and external partners this included feedback from local surgeries and staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service showed understanding of the need to monitor progress against delivery of the strategy.

## 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.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

# Are services well-led?

- Staff told us they could 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. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- 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, however new staff needed time to settle into their roles.
- Leaders were working towards establishing proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, the management structure had recently changed and was still being developed.
- The pharmacy lead provided oversight of policies and procedures for pharmacists and pharmacy technicians working at sites across the Primary Care Network (PCN). However, whilst there were safe processes in place for monitoring and reviewing systems such as the management of MHRA alerts across the PCN there was no oversight of the clinicians carrying out these tasks.
- The service used performance information which was reported and monitored, and management and staff were held to account. We saw regular minuted meetings were held with the Director of the company, which had standing agenda items including a review of safeguarding and complaints.
- 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 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.

## Managing risks, issues and performance

### **There were clear and effective clarity around 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 service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, a recent audit had identified patients who were at higher risk of

# Are services well-led?

developing respiratory complications through the winter. Patients were offered a review with the respiratory specialist nurse to look at current medications and usage and optimise treatment. The audit showed an improvement to patient health outcomes through the winter months and demonstrated less patients had required repeated oral steroid treatment (Steroids are used to reduce inflammation and in an asthma attack, assist in opening airways).

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

## **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.

## **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.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- There were systems to support improvement and innovation work
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance. We saw evidence of awareness of areas of improvement, the provider was seeking to appoint a quality improvement lead to support the provider with audits.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- 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.