

# Houghton Primary Care Centre

## Quality Report

Houghton Primary Care Centre, Brinkburn, Crescent,  
Houghton Le Spring, Tyne And Wear, DH4 5HB  
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Website: [www.vocare.org.uk](http://www.vocare.org.uk)

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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 service

Good



Are services safe?

Good



Are services effective?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of Houghton Primary Care Centre on 10, 20, 21 and 30 January 2017 and 14 February 2017.

We rated the service as requiring improvement, and there were breaches of legal requirements. In particular, we found that staff had not received training related to the Mental Capacity Act (2005) and safeguarding children to the expected level. There was insufficient governance and oversight to provide assurance recruitment processes were safe and that action was taken to address areas of known concern.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the above regulation.

This inspection was an unannounced focused inspection, carried out on 20 October 2017, to check whether the provider had taken steps to comply with the above legal requirements, and made other improvements we said they should since our last inspection.

Overall, the service is now rated as good.

The provider, Vocare Limited, provides urgent care for minor injuries and illnesses to residents in the

Sunderland area from three centres. This report relates to one of these, Houghton Primary Care Centre. However, some data in the report relates to the overall performance across the three locations, where data was not available at location level. You can find the reports for the provider's other locations by searching for Vocare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk), and selecting the 'all reports' link for each location.

Our key findings were as follows:

- The service's internal online training system had been redesigned and the sample of training records we looked at showed all clinical staff had recently carried out safeguarding training.
- The staff responsible for recruitment had been integrated into the human resource support team. This team supported regional and line managers with the administrative tasks associated with recruitment. The sample of recruitment records we looked at showed references had been obtained.
- Staff had completed training on safeguarding children (to the appropriate level) and the Mental Capacity Act. Arrangements were in place to contact GPs to request copies of training certificates where they had completed this externally to the service.

# Summary of findings

- Staff had received an appraisal within the last twelve months.
- The service had started to address cultural issues within the organisation. They recognised this was an ongoing challenge, and there was still further action needed to address staff morale and to promote a supportive culture.
- We found there were some instances where clinical staffing arrangements were lower than expected. There were short periods of time where, although other members of non-clinical staff were available, the clinical staffing level was at one member of staff.

At our previous inspection in January / February 2017, we said the service should review how they assess the needs of patients who attend in person to make an appointment to make sure risks to patients are assessed and well managed. At this inspection we found the service had not addressed this area. They had made no changes to the way they managed the risks to patients who attend in person to make an appointment.

Vocare Limited had produced a patient leaflet, which set out the types of minor illnesses and injuries patients could seek treatment for at the urgent care centres in Sunderland. This directed patients to inform reception if their symptoms changed or got worse whilst they were waiting for an appointment.

The areas where the provider should make improvements are:

- Review how they assess the needs of patients who attend in person to make an appointment to make sure risks to patients are assessed and well managed.
- Continue to make improvements in the way the service reviews, monitors and deploys the number, and mix of staff needed, to meet patients' needs to demonstrate a safe environment is maintained for staff and patients.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

At our previous inspection in January / February 2017, we rated the service as requires improvement for providing safe services, as the arrangements in respect of the monitoring and recording of safeguarding training, and those in relation to recruitment checks, were unsatisfactory.

We found arrangements had improved when we undertook a follow up inspection of the service on 20 October 2017. In particular:

- Staff had received training in the safeguarding of children to a level appropriate to their roles and responsibilities.
- There were safe recruitment procedures, including appropriate checks on conduct in previous employment within health and social care or with children or vulnerable adults.
- We found there were some instances where clinical staffing arrangements were lower than expected. There were short periods of time where, although other members of non-clinical staff were available, the clinical staffing level was at one member of staff.

Good



### Are services effective?

At our previous inspection in January 2017, we rated the service as requires improvement for providing effective services as the arrangements ensuring all staff received appropriate training and appraisals were not satisfactory.

These arrangements had improved when we undertook a follow up inspection on 20 October 2017.

- Staff had received training in child safeguarding and the Mental Capacity Act.
- Arrangements were in place to contact GPs to request copies of training certificates where they had completed this externally to the service.
- Staff had received an appraisal within the last twelve months.

Good



### Are services well-led?

At our previous inspection in January 2017, we rated the service as requires improvement for providing well-led services because there was no effective leadership for ensuring the safe arrangements for recruitment and training of staff.

Good



# Summary of findings

When we carried out a focussed follow-up inspection we found the service had made improvements. The service had implemented a number of improvements to the systems to monitor training and appraisals.

- The supporting IT systems had been updated to allow managers to receive accurate, up to date information about when staff were due to complete refresher training or due an appraisal.
- The systems and processes to ensure safe recruitment had been updated. A service level agreement (SLA) was in place which clarified staff's roles and responsibilities in relation to recruitment. This included the need to obtain character references for new staff. The HR team provided administrative support to managers involved in recruitment to ensure the SLA was followed.
- The service had started to address cultural issues within the organisation. They recognised this was an ongoing challenge and that there was still further action needed to address staff morale, and to promote a supportive culture.

# Summary of findings

## Areas for improvement

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

- Review how they assess the needs of patients who attend in person to make an appointment to make sure risks to patients are assessed and well managed.
- Continue to make improvements in the way the service reviews, monitors and deploys the number, and mix of staff needed, to meet patients' needs to demonstrate a safe environment is maintained for staff and patients.

# Houghton Primary Care Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a second CQC inspector.

## Background to Houghton Primary Care Centre

Vocare Limited provides urgent care for minor injuries and illnesses to residents in the Sunderland area from three centres: These are the Urgent Care Centres at:

- Houghton Primary Care Centre, Brinkburn, Crescent, Houghton Le Spring, Tyne And Wear, DH4 5HB.
- Minor Injuries Unit, Bunny Hill Centre, Hylton Lane, Sunderland, Tyne And Wear, SR5 4BW.
- Minor Injuries Unit, Washington Primary Care Centre, Parkway, Washington, Tyne And Wear, NE38 7QZ.

We visited the headquarters for Vocare Ltd, which is Vocare House, Balliol Business Park, Benton Lane, Newcastle upon Tyne, NE12 8EW. We also visited Houghton Primary Care Centre

These services in the Sunderland area are commissioned by Sunderland Clinical Commissioning Group (CCG). They are managed and operated by the registered provider Vocare Limited, which is also known locally as Northern Doctors Urgent Care Limited.

Vocare is a provider of outsourced clinical healthcare services in collaboration with the NHS.

Vocare employs a clinical services manager and an operational manager who oversee the day to day running of the three urgent care and minor injuries units. They employ a number of GPs, advanced

nurse practitioners, nurse practitioners and junior nurse practitioners. There is also an operational team in place to support delivery of the service during opening hours.

Patients can access the service from open from 10am to 10pm Monday to Friday and 8am to 10pm Saturdays, Sundays and Bank Holidays. Calls to the service are handled by North East Ambulance Service (NEAS) via the 111 telephone number. Urgent Care Centre operates a triage model where all patients receive clinical telephone assessments. This prevents unnecessary journeys for patients and enables appropriate coordination of appointments according to clinical urgency and demand. Patients can also attend the service in person to make an appointment. There is no clinical triage prior to making an appointment through this method, but reception staff do have a generic assessment to help them identify those patients whose needs may be more urgent or those patients presenting with a medical emergency. The reception staff are provided by NHS Property Services as part of the contractual arrangements for the premises.

## Why we carried out this inspection

We undertook an announced comprehensive inspection of Houghton Primary Care Centre on 10, 20, 21 and 30

# Detailed findings

January 2017 and 14 February 2017 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We rated the service as requires improvement overall.

We carried out this unannounced follow up focused inspection on 20 October 2017 to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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?

We carried out an announced on 20 October 2017. During our visit we:

- Spoke with a range of staff (the head of governance, a clinical services manager, the health and safety lead, a salaried GP, a nurse practitioner and two staff from human resources).
- Looked at information the service used to deliver care and manage the service.

# Are services safe?

## Our findings

At our previous inspection in January/February 2017, we rated the service as requiring improvement for providing safe services as we identified concerns in relation to safety training for staff and recruitment processes.

These arrangements had significantly improved when we undertook a follow up inspection in October 2017. The practice is now rated good for providing safe services.

### Overview of safety systems and processes

In January/February 2017, we found the service had systems, processes and practices in place to keep people safe, although improvements could be made. The service had not provided training to level three in the safeguarding of children for nurse practitioners, or checked that GPs had received relevant training in safeguarding vulnerable adults and children to the appropriate level. The service had not always obtained written references for staff before they commenced employment.

During this inspection we found the system to record and monitor training had been updated. The service's internal online training system had been redesigned to ensure that where clinicians had carried out external training, the certificates could be added to their training records. We looked at a sample of training records; all of these showed that the clinicians had recently completed safeguarding training.

We found during this inspection the systems and processes to ensure safe recruitment had been updated. The staff responsible for recruitment had been integrated into the human resource support team. This team supported regional and line managers with the administrative tasks associated with recruitment. We looked at a sample of recruitment records for staff who had recently been employed by the service. In each case references had been requested, obtained and logged on staff's files.

After the last inspection, we received concerns that the service did not have in place appropriate authorisation for the Patient Group Directives (PGDs) they used. (PGDs allow nurses to administer medicines in line with legislation.) We wrote to the service asking for more information and an action plan to show us how they would address this issue. We reviewed the response provided by the service and

checked the PGDs in place at this inspection. We saw the service had worked with the local clinical commissioning group to address this. There were now a set of agreed and appropriately authorised PGDs in place.

### Monitoring risks to patients

In January/February 2017 we found there was no evidence of recent fire evacuation drills at Houghton Primary Care Centre. The service had addressed this. A fire evacuation drill was carried out on 23 May 2017.

### Staffing

In January / February 2017 inspection, we found on a small number of occasions the minimum number of staff the provider had assessed as being required were not present. We told the service they should continue to make improvements in the way the service reviews, monitors and deploys the number and mix of staff needed to meet patients' needs.

In October 2017, we found the service continued to take action to address staffing numbers. However, there were still a small number of occasions where the minimum number of staff the provider had assessed as being required was not present.

We looked at the actual clinical staffing arrangements during the period 1 July 2017 to 22 October 2017. There were short periods of time, where there was one clinical staff member on site (either a GP or a nurse practitioner). This included:

- 16 July 2017 between 2pm and 3pm.
- 1 August 2017 between 5:30pm and 10pm.
- 2 September 2017 between 8:30pm and 10pm.
- 10 October 2017 between 8pm and 10pm.
- 11 October 2017 between 8pm and 10pm.
- 14 October 2017 between 8pm and 10pm.

There were, however, other non-clinical staff members on site, both from the provider and receptionists provided by NHS Property Services. There were no discernible patterns to the lower levels of clinical staff availability. The service told us they continued to manage the risks associated with this by staff working flexibly across the three urgent care centres. For example, if a patient needed to speak with a GP, a phone call could be arranged (if appropriate) or the patient offered an appointment at one of the other locations.

## Are services safe?

### **Arrangements to deal with emergencies and major incidents (Houghton only)**

When we inspected Houghton Primary Care Centre in May 2016 and January 2017, we found there were risks in the way the service managed medicines as the process for

checking expiry dates of medicines available to treat patients in a medical emergency was not effective. In October 2017, we checked a range of medicines and found they were all within their use by date.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection in January/February 2017, we rated the service as requiring improvement for providing effective services. This was because staff had not received training in child safeguarding and the Mental Capacity Act. The arrangements for carrying out staff appraisals were unsatisfactory.

These arrangements had improved when we undertook a follow up inspection on 20 October 2017. The service is now rated as good for providing effective services.

### Effective staffing

During this inspection we found the service's internal training system had been modified. A new database had been implemented which enabled managers to monitor staff training. This included a system to notify managers when their staff's training was due, in advance of the expiry date. We looked at a sample of training records; these showed staff had received training in child safeguarding and the Mental Capacity Act. Arrangements were in place to contact GPs to request copies of training certificates where they had completed this externally to the service.

We looked at a sample of personnel records and saw that staff had received an appraisal within the last twelve months.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection in January/February 2017, we rated the service as requiring improvement for providing well-led services. There was insufficient governance and oversight to provide assurance recruitment processes were safe and that action was taken to address areas of known concern. The staff we spoke with had mixed views as to how open the culture was within the service.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 20 October 2017. The service is now rated as good for being well-led.

### Governance arrangements

During this inspection we found the service had implemented a number of improvements to the systems to monitor training and appraisals. The supporting IT systems had been updated to allow managers to receive accurate, up to date information about staff training and appraisal. The sample of records we looked at showed that significant progress had been made; all staff had received an appraisal and completed relevant training. The systems and processes to ensure safe recruitment had been updated.

### Leadership, openness and transparency

At our previous inspection, we found there were mixed views from staff on the culture within the three minor injuries units. Some staff told us they felt discouraged about raising issues and ideas for improvement. They also felt they did not have time to reflect on ways of working and ways in which they could improve.

Managerial staff told us they had started to address this by creating lead nurse roles within the urgent care centres to provide greater support for staff and improve consistency. However, they recognised this was an ongoing challenge and there was still further action needed to address staff morale and to promote a supportive culture.

During this inspection the governance team provided us with a copy of the staff survey results produced in July

2017. The overall response rate for this survey was 33% (426 responses from a sample of 1302). This covered all Vocare staff and results provided were not specific to the Urgent Care Centres in Sunderland. The results that follow show the percentages for all staff and those in the North East (of which the Sunderland Urgent Care Centres are part). In the North East there was a 28% response rate (74 responses from a sample of 265).

The report made a number of recommendations for improvements. This included key areas to improve relating to :

- staff feeling they belong and work in a team;
- effectiveness of management (both immediate and senior managers);
- communication; and,
- use of feedback from patients/service users.

However, it was too early to see any evidence of improved outcomes at this inspection.

The survey showed, overall :

- 55% of respondents were positive about the support they got from their immediate manager. (With similar performance at 54%, in the North East region.)
- 28% felt Vocare Limited valued their work. (With similar performance at 29%, in the North East.)
- 62% felt immediate managers could be counted on to help with a difficult task at work. (With similar performance at 58%, in the North East.)
- 22% of respondents felt communication between senior management and staff were effective. (With lower levels of satisfaction at 15%, in the North East.)
- 38% of respondents thought they were given feedback about changes made in response to reported errors, near misses and incidents. (With slightly lower levels of satisfaction at 32% in the North East.)
- 25% of respondents felt the support they received from the organisation met their expectations. (With similar performance at 24% in the North East.)