

# The Surgery, Wheatley Hill

## Inspection report

**Ashmore Terrace, Wheatley Hill, Co Durham,  
DH6 3NP**

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Surgery, Wheatley Hill on 17 July 2019 as part of our comprehensive inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.

- The service reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

## Background to The Surgery, Wheatley Hill

The Surgery, Wheatley Hill is registered with the Care Quality Commission to provide urgent care services. The service provides an extended GP access service from the following locations;

- Peterlee Primary Care Service, Peterlee Health Centre, Bede Way, Peterlee, SR8 1AD
- Newton Aycliffe Primary Care Service, Jubilee Medical Practice, Cobblers Hall Surgery, Carers Way, Newton Aycliffe, DL5 4SE
- Seaham Primary Care Service, Marlborough Medical Practice, Seaham Primary Care Centre, St John's Square, Seaham, SR7 7JE
- Sedgefield Primary Care Service, Harbinson House, Front Street, Sedgefield, TS21 3BN
- Spennymoor Primary Care Service, St Andrew's Medical Practice, Sensier House, St Andrew's Lane, Spennymoor, DL16 6QA

We visited Peterlee and Newton Aycliffe Primary Care Service and we visited the administrative base at The Surgery, Wheatley Hill as part of this inspection.

The provider of this service is South Durham Health Community Interest Company, which is a federation of 18 GP practices in the South Durham area.

The extended access service which the federation provides are located in existing GP practices and use their staff and accommodation. The exception to this is Peterlee Health Centre where the service has its own dedicated consulting rooms and waiting area.

The service directly employs three permanent staff, the chief executive, business manager and administrator. Other staff who work in the service are mostly employed by the member services of the provider's federation. The services use locum staff when necessary.

The service provides extended GP access appointments via;

- NHS 111 service – booked face to face.
- GP practices in the locality.
- Telephone triage booked by NHS 111 (also known as warm transfers).

The service is led by advanced nurse practitioners who are non-medical prescribers, with support from a GP on call. The times this is provided are as follows:

- Spennymoor and Sedgefield, 6 to 8pm Monday to Friday and weekends and bank holidays 8am to 1pm;
- Newton Aycliffe is as above with an ad hoc overflow 8am to 6pm;
- Peterlee and Seaham are open 8am to 8pm Monday to Friday and weekends and bank holidays 8am to 1pm.

The service for patients requiring urgent medical care outside of these and the GP Surgery hours is provided by the Out of Hours Service which is accessed via NHS 111

# Are services safe?

**We rated the service as good for providing safe services.**

## Safety systems and processes

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

- At four of the locations from where the services were provided, the practice hosting the service had had a previous CQC inspection where health and safety, fire safety, infection control and premises information were previously inspected. In this case we did not ask to see these records.
- Most of the staff working in the service were employees of a practice which was part of the provider's federation. In these cases we did not ask to see records relating to recruitment, staff training or appraisal as these would have previously formed part of the CQC inspection of that practice.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate for the staff they directly employed and locums who worked in the service. Disclosure and Barring Service (DBS) checks had been undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- We asked to see infection control records for the Peterlee service. The service manager explained that the landlord of the premises they occupied provided them with an annual premises assurance test. This contained details of an infection control audits, annual portable appliance training, fire safety and health and safety records.

## 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. The service manager provided us with a document which set out their approach to rota planning. We saw examples of staffing rotas. There was an effective system in place for dealing with surges in demand. The five service locations could support each other when needed. The business continuity plan had information in it on how to deal with any risks associated with the rota.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

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

## Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks.

## Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

### Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

### Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The service had encountered a data breach when a piece of equipment went missing. This resulted in the introduction of an asset register in the service which tracked equipment which they owned.
- The service had an effective mechanism in place to disseminate patient safety alerts to all members of the team including sessional and agency staff.

# Are services effective?

**We rated the service as good for providing effective services.**

## Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. There was a good document library available to staff with all standard operating procedures, safeguarding information and policies.
- Telephone assessments were carried out using a defined operating model.
- Patients' needs were fully assessed. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clear referral processes were in place if staff were not able to book an appointment on behalf of the patient during their consultation. These were agreed with senior staff and clear explanation was given to the patient.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.

- From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which

includes: audits; whether telephone and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality.

- There were ten targets set by the CCG, six NQR and four Local Quality Requirements (LQR). The provider compiled quarterly service reports for each location.
- The management team told us that for all the targets they were expected to achieve 95% compliance. They showed us data that confirmed that since the service had opened in 2017 they had always met the targets and had usually exceeded them.
- For example, for quarter 3 of 2018/2019, at the Sedgfield location, for NQR 5 (patient satisfaction), 100% of patients would recommend the service to friends and family.
- NQR 07 and NQR 11 (both capacity targets) at the same location for the same period were met. The service could meet all the presenting demand. Patients could see the appropriate clinician who was best equipped to meet their needs.
- LQR 2 (e-discharge communications to be with the patients GP by 8.30am the next day) For the same service for quarters one, two and three of 2018/2019 the service scored between 99.6 and 100% for this target.
- There was evidence that quality improvements made by the service had a positive impact for patients. For example, the service carried out an audit looking at tonsillitis and the difference in clinician's antibiotic prescribing to treat this. The prescribing for this condition was then standardised across the service and a scoring system was used by all clinicians.
- The service carried out an audit of antibiotic prescribing across the five services. They found some differences between sites. As a result of this audit they carried out a further audit on urinary tract infections (UTI). This resulted in a standardised document being produced for clinicians to follow when prescribing medication for this condition.
- There was a rolling programme of audit of case notes to cover all advanced nurse practitioners and GPs who had created a clinical record in the service.

## Effective staffing

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

# Are services effective?

- All staff were appropriately qualified. Records of most of this would be held by the practice who employed the staff which had previously been subject of a CQC inspection.
- In addition, staff had been given training by the provider which was appropriate to their role in the extended access service. This included sepsis, mental health and paediatric training, some of which was requested by staff.
- Staff who were directly employed by the service had received appropriate training, appraisal and support.
- We saw induction information for staff who were newly working in the service or employed on a locum basis.
- The provider carried out regulars meeting with staff, which included quarterly meetings for advanced nurse practitioners.

## Coordinating care and treatment

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

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

practices the service covered, having the same clinical system and notes could easily be shared. The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service.

- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

## Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

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

The provider monitored the process for seeking consent appropriately.

# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- All of the 47 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Comments included, excellent and great service, efficient, thorough and seen quickly.
- The Peterlee and Seaham Primary Care Service used the NHS friends and family test as feedback from patients. For example, 81% of patients surveyed in quarter four of 2018/2019 said they were extremely likely to recommend the service to friends and family.
- The other three Primary Care Services used a variant of this to measure feedback. For questions such as, how would you rate our GP or nurse they scored 100% as being excellent or good and would you recommend the service as 100% as excellent or good.

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

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

- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- 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.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

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



# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## Responding to and meeting people's needs

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

- The commissioners of the service had recently carried out a public consultation to ensure it was tailored to meet patients' needs. This resulted in plans to reduce the opening hours of the service during the week at Seaham and Peterlee and to change the weekend and bank holiday opening hours from 8am to 1pm to 10am to 2pm at Sedgefield, Newton Aycliffe and Spennymoor.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.

## Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service operated at the following times:

- Peterlee Primary Care Service, 8am to 8pm Monday to Friday and weekends and bank holidays 8am to 1pm;

- Newton Aycliffe Primary Care Service, 6 to 8pm Monday to Friday and weekends and bank holidays 8am to 1pm, with an ad hoc overflow 8am to 6pm;
- Seaham Primary Care Service, 8am to 8pm Monday to Friday and weekends and bank holidays 8am to 1pm;
- Sedgefield Primary Care Service, 6 to 8pm Monday to Friday and weekends and bank holidays 8am to 1pm;
- Spennymoor Primary Care Service, 6 to 8pm Monday to Friday and weekends and bank holidays 8am to 1pm.

The service provides extended GP access appointments via:

- NHS 111 service – booked face to face;
- GP practices in the locality;
- Telephone triage booked by NHS 111 (also known as warm transfers).

The service is led by advanced nurse practitioners who are non-medical prescribers, with support from a GP on call.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- The complaints policy and procedures were in line with recognised guidance. There had been five complaints in the last year. We looked at two of the complaints in detail and found that they were satisfactorily handled in a timely way.

# Are services well-led?

**We rated the service as good for leadership.**

## Leadership capacity and capability

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

- The management were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

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

- There was a clear vision and set of values. The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

## Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. They identified and addressed the causes of any workforce inequality.
- There were positive relationships between staff.

## 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.
- There were monthly meetings with operational managers from each service where complaints and incidents were discussed and any follow up actions agreed and monitored.
- There was a quarterly meeting with staff employed in the service to provide an overview of performance and to seek feedback from them on their views and experiences.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

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

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

# Are services well-led?

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

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

## Appropriate and accurate information

The service acted on appropriate and accurate information.

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

## Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- As a result of patient feedback the signage and entrance to Peterlee Primary Care Service had been updated and made easier for disabled access.
- Staff were able to describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement within the service.
- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- Primary Care Networks (PCN) are an NHS long-term plan to bring together GP practice to work at scale. They are currently being rolled out. This service worked well with other services such as, the GP practices it served, NHS 111 and urgent care services. They told us they had been a front-runner in bringing services together which would make the introduction of the PCN model work easier for staff.

A review of the service by the commissioners concluded that the service had met its objectives. There had been an increase in the use of NHS 111 without an increase in the other out of hours services such as emergency treatment services.