

# Healthworks Medical Centre

## Quality Report

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

## Ratings

Overall rating for this service		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	

# Key findings

## Contents

### Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

### Detailed findings from this inspection

Our inspection team

3

Background to Healthworks Medical Centre

3

Detailed findings

4

## Letter from the Chief Inspector of General Practice

### **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 Healthworks Medical Centre on 22 February 2018 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.
- The staff involved 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.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Healthworks Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Healthworks Medical Centre

Healthworks Medical Centre is registered with the Care Quality Commission to provide urgent care services. The service provides an extended GP access service from Healthworks Medical Centre, Paradise Lane, Easington Colliery, Peterlee, Co Durham, SR8 3EX, we visited this location as part of the inspection.

The provider of this service is Intrahealth Limited, which is a corporate provider of NHS primary care services. The service is located in the Healthworks building which is a health and community centre. There is a branch of a GP surgery in the building which is run by the same provider. The service shares a reception with the GP surgery. They have their own dedicated consulting and treatment rooms. There is a car park at the rear of the building, level access and three disabled parking bays.

The service directly employs four advanced nurse practitioner prescribers, whole time equivalent, (WTE) 3.3,

an office manager and three receptionists WTE 3.5. There is a practice manager who works between this service and another local practice and on call GPs (employed by Intrahealth Limited in other local GP practices) are available.

The service provides extended GP access appointments via;

- NHS 111 service – which books face to face appointments.
- GP practices in the locality.
- Referrals from the local minor injury unit.
- Telephone enquiries were triaged and booked by NHS 111 (also known as warm transfers).

This service came into operation in April 2017. There was a walk-in service provided at this location prior to this. Patients occasionally attend still expecting to be seen by the walk in service. Rather than turning them away the provider has arrangements in place to deal with their presenting issue and advise them of the correct procedure for the future.

The service is advanced nurse practitioner (who prescribe) led. It is provided from 8am to 8pm Monday to Friday, 8am to 1pm Saturday, Sunday and on all bank holidays.

The service for patients requiring urgent medical care outside of these and the GP surgeries hours is provided by the NHS 111 service.

# Are services safe?

## Our findings

**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.

- The service conducted safety risk assessments. They had safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. The service 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 service worked with other agencies to support patients and protect them from neglect and abuse. We saw examples of where concerns had been raised. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were 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.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### 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. There was an effective system in place for dealing with surges in demand, although the service was rarely fully booked.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

### 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.

### Safe and appropriate 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, controlled drugs and vaccines minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service used templates on the clinical system to give

## Are services safe?

patients leaflets containing medication advice. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

### 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 them 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. For example; a GP practice had booked some appointments for patients on the wrong day. The service contacted the practice and asked them to review their arrangements for the appointment bookings.
- The service learned from external safety events and patient 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?

(for example, treatment is effective)

## Our findings

**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. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, the service were able to refer to the crisis team. The crisis team give urgent help to patients with mental health needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- Although we were told that this rarely happened, arrangements were in place to deal with repeat patients. The service generally provided more appointments than they received bookings for.
- Clear referral processes were in place for when 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

- 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; response times to phone calls: whether telephone and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality.

- There were four targets set by the CCG, two NQR and two Local Quality Requirements (LQR).
- NQR 2 was to provide electronic discharge summaries detailing all consultations to the patients practice by 8am the next day. The target was 95%, the service had achieved between 98 and 100% in the 10 months they had been operating.
- NQR 13 was where service users were unable to communicate in English they would be provided with an interpretation service within 15 minutes of booking. For the 10 months of operation no interpreters had been required for any of the patients seen.
- LQR 1 was where frequent users (who called the service more than four times a month) attended, this was to be highlighted to their GP. In the 10 months of the service operating there had been no instances of this.
- LQR 2 was to gather data in the first year and agree a baseline for percentage of patients referred onward to accident and emergency, percentage of patients admitted after a paramedic phone call and percentage of patients admitted after a home visit. The service had gathered this information.
- There was evidence of quality improvement made by the service to make a positive impact for patients. The clinical lead for the service, one of the advanced nurse practitioners, audited the patients' notes on a monthly basis to ensure referrals and notes were appropriate. The provider's lead nurse also carried out a sample of audits on the patient notes.
- The service was beginning to discuss what other audits could be carried out to improve patient outcomes.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire procedures and health and safety.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.

# Are services effective?

## (for example, treatment is effective)

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- The service provided placements to nursing students.

### 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, for example, there was a link to the district nurse if a home visit was required. 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?

## Our findings

### 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. The service gave patients timely support and information.
- All of the 35 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Comments included, very good service, impressed, service ideal and seen quickly.
- This was in line with the results of the NHS Friends and Family Test. There had been 57 responses since the service opened and all were positive except one where the patient was unhappy with the change of service to an appointment system.
- The staff at the service gave us examples of where they had contacted patients after their consultations to follow up and ensure their needs had been met. We saw positive feedback from a parent whose child had been seen by the service and they felt they received a great service.

#### 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 at all times.
- 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?

(for example, to feedback?)

## Our findings

**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. They took account of patient needs and preferences.

- The provider understood the needs of the population and tailored services in response to those needs. There was a public consultation carried out prior to the introduction of the contract for the service. In direct response to this the contract for the service was for a daytime and evening urgent care service rather than solely an evening service after the GP practices had closed.
- The clinical system in place 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.
- The service made reasonable adjustments when people were vulnerable or found it hard to access the service, the staff received vulnerable patient training.

### 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 was advanced nurse practitioner (who prescribe) led. It was provided from 8am to 8pm Monday to Friday, 8am to 1pm Saturday, Sunday and on all bank holidays.
- The service provided extended GP access appointments via;

- NHS 111 service – which books face to face appointments.
- GP practices in the locality.
- Referrals from the local minor injury unit.
- Telephone enquiries were triaged and booked by NHS 111 (also known as warm transfers).
- The service came into operation from April 2017. There was a walk-in service provided at this location prior to this. Patients occasionally attend still expecting to be seen by the walk in service. Rather than turning them away the provider had arrangements in place to deal with their presenting issue and advised them of the correct procedure for the future.
- Waiting times, delays and cancellations were minimal as the service rarely had all of their appointments fully booked.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services. For example, the provider had a database with details of the clinical lead or social worker for advice if children were felt to be at risk. There were risk assessment tools on the clinical system to assist the advanced nurse practitioners.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### 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 and it was easy to do.
- The complaints policy and procedures were in line with recognised guidance. There had been no complaints since the service was set up.

# Are services well-led?

Good 

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

## Our findings

**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. This included appraisal and career development conversations. Staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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. Staff had received equality and diversity training. Staff felt they were treated equally.
- 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 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 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.
- The provider and the clinical commissioning group (CCG) had some processes to manage current performance of the service. The service was looking to

# Are services well-led?

Good 

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

see how they could develop this further themselves. Performance of employed clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. There were bi-monthly meetings with the contract lead at the local CCG.

- 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.

- Performance information was combined with the views of patients.
- The service had received 100% feedback from nursing student questionnaires, which were provided to them for feedback after their work placement at the service.
- The service used performance information to monitor delivery of care. 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 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.

- Patient feedback was gathered through the friends and family questionnaires.
- Staff told us they were able to give feedback through the staff supervision and meetings process.
- 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 staff team won an award at the provider's annual awards ceremony for being 'Best Team' in the organisation in 2017. This was for embracing change to the services over recent years with a professional attitude. The advanced nurse practitioners had worked together to improve their knowledge and skills to acknowledge gaps in the service, for example, managing paediatrics to prevent unnecessary hospital admissions. The team also extended support to colleagues which included mentoring and training trainee nurses, pharmacists and providing work experience for prospective medical and nursing students.
- The service made use of internal and external reviews of incidents. 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.