

Primary Healthcare Darlington Limited

Dr Piper House

Inspection report

Entrance A,
Dr Piper House,
King St,
Darlington,
DL3 6JL

Tel: 01325 952278

Website: www.primaryhealthcaredarlington.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 22 August 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service had not previously been inspected.

The service offers a range of services including evening and weekend pre-bookable GP, Nurse & Healthcare Assistant appointments. It also provides a Sexual Health service on behalf of County Durham & Darlington Foundation Trust for the population of Darlington.

One of the GP's working in the service 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.

We obtained feedback through comment cards completed by patients prior to the inspection. Twenty-six people provided feedback about the service.

Our key findings were:

Summary of findings

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- Leaders had developed a culture of collaboration and support and were committed to sustainability of general practice.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

The service had offered to run flu clinics to enable all patients the opportunity to be immunised at a time that suited them. There was a strong desire to collaborate with and support local practices. Remuneration of flu clinics would benefit individual practices as they were tasked with the immunisation target.

As an early adopter of extended GP access, the service had been requested to support other areas nationally by NHSE. This 'buddy scheme' was delivered by national webinars.

The service led a provider forum for GP practices in Darlington, this had improved GP engagement and ensured information sharing and discussions about new emerging models of care to sustain general practice.

Dr Piper House

Detailed findings

Background to this inspection

Dr Piper House is a location of Primary Healthcare Darlington Ltd. It is in Darlington centre at King Street, Darlington, Co Durham, DL3 6JL. Primary Healthcare Darlington Ltd is a federation and all of the GP practices in Darlington are shareholders. The service offers a range of services including evening and weekend pre-bookable GP, Nurse & Healthcare Assistant appointments. It provides a service to approximately 107,000 patients. The service is commissioned by the Clinical Commissioning Group as part of the GP Forward view commitment to help to reduce the burden on primary and secondary care services. The service gives support to all the GP Practices in Darlington, providing training, for example; essential training such as basic life support. It also provides a Sexual Health service on behalf of County Durham & Darlington Foundation Trust for the population of Darlington. The Sexual Health service was not inspected as part of this inspection.

The services are delivered from a single point of access, Dr Piper House. Pre-bookable GP, Nurse and Health Care Assistant appointment clinics are provided at the following times:

Monday – Thursday: 6.30pm – 9pm

Friday: 6.30pm – 8.30pm

Saturday: 8am – 2pm

Sunday: 9am – 1pm

The service is for patients who are unable to attend during normal GP surgery hours and for patients who need a review over the weekend. A number of appointments for each clinic are retained for the use of the 111 out of hours service.

Patients requiring an appointment are booked remotely into Primary Healthcare Darlington's clinical system by their own GP practice.

The 111 service book appointments directly into the Primary Healthcare Darlington clinical system for patients triaged by their service.

Patients are advised on booking that they may be seen by a GP, Nurse or HCA not from their own practice.

On arrival at the clinic, patients are asked verbally if they consent to the clinician viewing their GP records and to sharing their medical data input to the Primary Healthcare Darlington clinical system with their own GP practice.

Prescriptions and sick notes can be issued via this service.

Communication from clinic staff to patient's home practice is made via the tasks within the clinical system including any ongoing referral requirements.

The service is staffed by clinical and reception staff from local practices, Primary Healthcare Darlington and local Out Of Hours provider GP's.

The inspection took place on 22 August 2018 and was led by a CQC inspector who was supported by a GP specialist advisor.

We informed Healthwatch, Hartlepool, Stockton and Darlington Clinical Commissioning Group, Public Health England and County Durham & Darlington Foundation Trust that we were inspecting the service; however, we did not receive any information of concern from them. We received information from the provider and checked for any notifications received about the service. We also received 9 non-clinical staff questionnaires prior to the inspection.

During the inspection we interviewed staff, made observations and reviewed documents.

Detailed findings

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?

Our findings

Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis. This included professional registration and revalidation checks for clinical staff.
- The service had purchased a software programme that helped ensure that all staff, including locum staff, had the appropriate skills and training for the role they were employed to do.
- There was an effective system to manage infection prevention and control, the last infection control audit was in August 2018.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order. This included risk assessments for legionella, calibration of equipment and portable appliance testing which had all been completed within the last year.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The service ensured that clinicians had professional indemnity arrangements.
- There was an effective induction system for temporary staff tailored to their role.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Are services safe?

Track record on safety

The service had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- 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 acted to improve safety in the service. This included the sharing of the incident with the patient's own practice.

- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. The service had chosen to purchase software that enabled clinicians to assess needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The service used information about care and treatment to make improvements.
- The service had developed an incontinence pathway to ensure correct management of this condition.
- The service was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions and older people.

- Staff whose role included taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. For example, one of the nurses working in the service was a cervical screening mentor and supported trainees.
- The service 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 service provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The service supported apprenticeship schemes.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The service shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- 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. The service worked with patients to develop personal care plans that were shared with relevant agencies.
- The service ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be

Are services effective?

(for example, treatment is effective)

vulnerable because of their circumstances. They had systems in place to contact the district nursing service after normal hours via tasks on the computer system or by telephone.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service knew which patients may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The service provided an accelerated flu vaccination programme for care home residents and people with learning disabilities to help ensure early protection for these vulnerable patients.
- The service had offered to run flu clinics on behalf of the GP practices to enable all patients the opportunity to be immunised at a time that suited them.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The service supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The service hosted outside agencies to provide services for their patients. These included a teenage support charity and a lesbian, gay, bisexual and transgender support charity.

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.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- The quarterly GP access patient survey results were that 98% were likely or extremely likely to recommend the service. 78% were extremely likely to recommend the service.

Involvement in decisions about care and treatment

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

- 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.
- The service proactively identified carers and supported them.
- Comments on cards received from patients were very positive for questions relating to involvement in decisions about care and treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The service understood the needs of its population and tailored services in response to those needs.
- The service supported patients who were unable to attend their own GP practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services.
- The service provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the service.
- The service provided the Care Home Project which aimed to reduce unplanned admissions to hospital and improve care for patients in care homes. This was a service commissioned by the Clinical Commissioning Group. GP's employed by the service led monthly multi-disciplinary team meetings in care homes where patient's needs were discussed. The discussions and outcomes from the meetings were added to the patients record via the clinical computer system.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Timely access to the service

Patients could access care and treatment from the service within an acceptable timescale for their needs.

Appointments were booked through their own practice.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. We were told that patients would be seen straight away for any investigations that could be done immediately.
- Waiting times, delays and cancellations were minimal and managed appropriately. The service had purchased a management software programme that helped ensure the right staff at the right times.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The comment cards we received from patients were very positive in relation to questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously. They had not received any complaints but told us that they would respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff said they would treat patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service had a system in place to learn lessons from individual concerns and complaints and from analysis of trends.

Are services well-led?

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

Our findings

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. For example, a recent analysis of the service had identified a number of actions such as the development of a business plan and risk management plan.
- The service led a provider forum for GP practices in Darlington, this had improved GP engagement and ensured information sharing and discussions about new emerging models of care to sustain general practice.
- 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 service had a communication board to ensure that all staff could raise concerns or issues.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The service had a realistic strategy to achieve priorities.
- 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 care priorities across the region. The practice planned its services to meet the needs of the population.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.

- In a recent staff survey, we saw results that indicated that 100% of staff were satisfied or very satisfied with management support. The survey highlighted that staff felt empowered and were given ownership by the service leaders.
- The service focused on the needs of patients and had a strong focus on ensuring that the patient population of Darlington had fair access to services.
- The service did not participate in the Quality and Outcomes Framework but the support they provided to local practices was reflected in the practices individual QOF achievement results, for example for diabetic and asthma reviews.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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 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. All staff 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. 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 co-ordinated person-centred care.

Are services well-led?

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The service leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were 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. Service 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 practice to improve quality.
- The service had plans in place and had trained staff for major incidents.
- The service considered and understood the impact on the quality of care of service changes or developments.

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.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Staff were supported to increase their knowledge and skills. For example, one member of staff was currently supported to study for a degree and another to do a clinical leadership course.
- The service aimed to develop new ways of working to sustain general practice and Primary Healthcare Darlington.
- The service represented the interest of general practice to commissioners and external stakeholders.
- 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.
- As an early adopter of extended GP access, the service had been asked to support other areas nationally by NHSE. This 'buddy scheme' was delivered by national webinars.
- The service was keen to collaborate with and support other healthcare services to sustain general practice and improve the patient experience. For example, the district nursing team used the reception at the service to drop off patient samples to be transported to the hospital lab. We were told that this was a valuable service to the district nursing team as it saved transport time.