

Dudley Urgent Care Centre

Inspection 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 location

Good 

Are services safe?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection 20 and 21 March 2019 – Good Overall but Requires Improvement for Safe)

The key questions are rated as:

Are services safe? – Good

We previously carried out an announced comprehensive inspection at Dudley Urgent Care Centre on 20 and 21 March 2019. The overall rating for the service was good. The service was rated as requires improvement for providing safe services. The full comprehensive report on 20 and 21 March 2019 can be found by selecting the 'all reports' link for Dudley Urgent Care on our website at www.cqc.org.uk.

We are mindful of the impact of Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the Covid-19 pandemic when considering what type of inspection was necessary and proportionate, this was therefore a desk-based review.

On 24 September 2020 we carried out a desk-based review to confirm that the provider had carried out its plan to meet the legal requirement in relation to the breach of regulation we identified at our previous inspection on 20 and 21 March 2020. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

We found that improvements had been made and the provider was no longer in breach of the regulation and we have amended the rating accordingly. The provider is now rated as Good for the provision of safe services. We previously rated the provider as Good for providing effective, caring, responsive and well-led services.

During this desk-based review we looked at a range of documents submitted by the provider to demonstrate how they had met the requirement notice. The documents we looked at included those relating to:

- A revised streaming model.
- Assessment performance data.
- A revised mandatory training programme.
- A revised programme of audits.

During this desk-based review we looked at the following question:

Are services safe?

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

- Systems and processes were in place to keep people safe. The provider had introduced an assessment model to streamline patients in line with nationally recognised standards.
- The provider had undertaken additional recruitment to support the streaming service.
- The provider had reviewed the layout of the waiting area to provide segregation for children.
- The provider had strengthened its training and induction programme for all staff.
- The provider had a programme of clinical audit in place to monitor and improve quality.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector.

Background to Dudley Urgent Care Centre

Dudley Urgent Care Centre (UCC) is situated in Russells Hall Hospital which is based in the Dudley area of the West Midlands. Dudley UCC is part of a subsidiary of Malling Health UK Limited (MHUK), a clinically led group of 15 sites spread across the UK that includes GP practices, walk-in centres and urgent care centres.

The service provides urgent care and out-of-hour GP services for its member practices as well as a streaming (redirecting patients to appropriate care) service situated at the entrance to the emergency department. The service is designed to see and treat patients who do not require emergency care and reduce the pressure on the emergency department. Data provided by the service indicated that between April 2018 and March 2019 approximately 112,000 patients accessed through the integrated front door of the emergency treatment centre, over 62,000 of these patients were streamed to be seen within urgent care and 11,000 patients were seen for a consultation in the Out of Hours service.

The Urgent Care Centre offers non-emergency care for walk-in patients with minor illnesses and injuries that need urgent attention. These services are available to patients 24 hours a day, seven days a week. Patients can attend the Urgent Care Centre directly which is accessed through the Emergency Treatment Centre. Patients can

also be referred to the Urgent Care Centre by the NHS 111 service. NHS 111 is a telephone-based service where callers are assessed, given advice and directed to a local service that most appropriately meets their needs.

The service has approximately 70 staff with 30 staff directly employed by the organisation. GPs work for the service on a self-employed basis. The area management team consists of a Director of Operations, a Clinical Chair and a Dudley Operations Manager that have extended roles that include other services within Malling Health based in the West Midlands and surrounding area. The local management team consists of a lead GP and a lead nurse who are supported by an assistant manager, two administrative and data leads, 13 receptionists and six drivers. The clinical team consists of male and female GPs, advanced nurse practitioners, nurses and health care assistants.

Dudley UCC is commissioned to provide a service for Dudley patients who have been referred into the 'excluded patients scheme'. These patients have been excluded from their previous GP practice and attend the centre where they can access GP services. The service also provides training opportunities in the out-of-hour's period for GP registrars, pre-registration nurses and undergraduate pharmacy students.

Are services safe?

When we inspected the provider in March 2019, we found that this service was not providing care in accordance with the relevant regulations. Specifically, we found:

- The streaming model was not in line with nationally recognised standards for patients in emergency settings.
- The designated area for children to sit whilst waiting for an appointment required improvement to segregate children from the adult waiting area.

We rated the service as good for providing safe services.

Safety systems and processes

- At the inspection in March 2019 we found that the streaming model was not in line with nationally recognised standards for patients in emergency settings. Clinical observations were not taken within 15 minutes unless the patient was red flagged (in need of urgent treatment), with exceptions for children under one year and patients aged 80 and over who were automatically red flagged. At this inspection the service provided evidence that they had implemented a new assessment model to ensure that all patients attending the service were clinically assessed within 15 minutes of arrival. This streaming model was now in line with nationally recognised standards. All children were assessed within 15 minutes and red flagged to avoid them being in the waiting room for any length of time. In addition, reception staff had received training in identifying deteriorating patients and the provider had employed healthcare support workers to continuously check patients in the waiting area. The provider could evidence in August 2020 that 85% of patients were clinically assessed within 15 minutes of arrival.
- The layout of the waiting area had been improved and the provider had secured additional waiting room space in the outpatient department to utilise during busy periods. Patients under the ages of 16 were now directed to sit in a different section of the waiting area which was separated by queue dividers.
- All staff received a planned programme of mandatory training for their roles. The provider had implemented a new e-learning training programme to track staff learning and compliance which was reviewed regularly as part of training compliance and governance.
- The provider carried out regular clinical audits to ensure this was in line with best practice. Audit schedules and benchmarking was in place for those staff that audited clinicians. A regional clinical lead was in place and national quality governance meetings were taking place.