Care Quality Commission

Sheffield City GP Health Centre

Inspection report

Rockingham House
75 Broad Lane
Sheffield
S1 3PD
Tel: 01132312700

Date of inspection visit: 25 April 2023
Date of publication: 26/07/2023

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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Requires Improvement**
Are services responsive to people's needs?	**Requires Improvement**
Are services well-led?	**Inadequate**

Overall summary

This practice is rated as Inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? – Inadequate

We carried out an unannounced comprehensive inspection at Sheffield City GP Health Centre, also known to patients as the Sheffield Walk-In Centre, in response to concerns we received.

At this inspection we found:

- Systems and processes including oversight, governance and monitoring of safe systems were inadequate.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff knew how to identify and report safeguarding concerns.
- Patients mostly received effective care and treatment. However, there were insufficient staff to deal with the full spectrum of possible patient presenting conditions at all times and clinical staff did not receive any formal clinical supervision support.
- Patient feedback was mixed, with some patients being happy with the way they were treated by staff and others reporting staff did not treat them with kindness or respect.
- Patients reported long waits to access care. The service was not meeting the key performance indicators specified by its commissioners consistently between October 2022 and February 2023. They had met the targets in March 2023.
- Staff feedback was mixed, with some staff stating they felt supported by management and able to raise concerns whilst others reported closed cultures where they did not feel they could escalate their concerns through the provider's procedures.

We found breaches of regulation. The provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- Provide a complaints leaflet in reception which is readily available for patients and record all complaints, including verbal complaints.
- Review ways to improve confidentiality at the reception desk when supporting patients who are unable to complete the arrival form themselves.
- Review the waiting area to ensure sufficient seating availability for patients.

Overall summary

I am placing this service in special measures. Services placed in special measures will be inspected again within 6 months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service This will lead to cancelling their registration or to varying the terms of their registration within 6 months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further 6 months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second inspector and a GP specialist adviser.

Background to Sheffield City GP Health Centre

Sheffield City GP Health Centre (also known to patients as the Walk-In Centre) is based in Sheffield city centre. There is disabled access to the building and a lift although most patients are seen in the ground floor clinical rooms. There is no onsite car park although there is nearby parking in the city centre.

The provider is One Medicare Ltd who have a contract with Sheffield Teaching Hospitals Trust to provide an urgent care service. Patients can either walk-in or are referred in by NHS 111. The service is accessible to all patients including those not registered with a GP.

The provider also operates 16 sites across the UK, ranging from registered GP practices, walk-in centres and urgent care centres. The provider's head office and operations centre is based in Leeds, West Yorkshire.

The provider at this location is registered with CQC to deliver the regulated activities of diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury, family planning and surgical procedures. The services from this location are situated within the NHS Sheffield South Yorkshire Integrated Care Board area.

The service is open 7 days a week between the hours of 8am and 10pm. This includes Bank Holiday periods. Staff consist of 2 GPs, 3 advanced nurse practitioners, 1 clinical practitioner, 2 junior practitioners, 3 triage nurses, 1 healthcare assistant, 1 wellbeing practitioner and 1 wellbeing advisor. At the time of our inspection locum clinical staff were regularly used to support the service. The clinical staff are supported by 7 patient navigators and a dedicated urgent care management team.

Inadequate

Are services safe?

We rated the service as inadequate for providing safe services as:

- There were substantial or frequent staff shortages which increased risks to people who used services as there was not always enough staff available to deal with the full spectrum of possible patient presenting conditions, for example, children under the age of 2 years and the service did not have an effective system in place for dealing with surges in demand.
- Staff did not always have all the relevant information they needed to deliver safe care and treatment to patients due to their IT system not allowing all staff (including locum staff) to gain access to a patient's full summary care record and not being able to use the electronic prescription service if they signed on without a smartcard.
- We found concerns in relation to the management of medicines; directives to non-prescribers had not been authorised in line with national guidance and there was no evidence actions had been taken in response to MHRA (medicines) alerts.
- Not all equipment used to treat patients was tested or maintained according to manufacturer's instructions as locum staff were required to use their own equipment and the provider did not have a system to check this equipment.

Safety systems and processes

The service had systems to keep people safeguarded from abuse although some safety systems and processes did not keep people safe.

- 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. Information on how to escalate safeguarding concerns was available in all clinical rooms. However, locum staff were not always able to use their NHS Care Identity Service smartcard on the service's IT system so they did not have access to the national spine functionality which meant they could not always see patients' summary care records or use the electronic prescription service (the national spine provides a national shared summary of patient information so health professionals can share data quickly and effectively, giving access to up to date patient information).
- The service worked with other agencies to support patients and protect them from neglect and abuse. We saw evidence of referrals being made to social services when required and there was a comprehensive tracker of all safeguarding concerns which recorded the actions taken by the service.
- Staff had received safeguarding training relevant to their role and knew how to identify and report concerns. Staff who acted as chaperones told us they had received training for the role and had received a DBS check.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate including a Disclosure and Barring Service (DBS) check on all staff (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).
- There was a system in place to manage infection prevention and control (IPC). We saw the provider had carried out regular IPC audits. However, these did not document the actions that had been taken to address risks identified. The registered manager told us that a defect form was completed and submitted to head office in Leeds. It was not clear what actions had been taken as a result or how actions were being monitored once this form was submitted to ensure action had been taken as the outcome was not recorded on the audit. Managers were unable to tell us how monitoring of defect forms was completed.
- The premises were clinically suitable for the assessment and treatment of patients. There was a refurbishment plan in place, and we saw evidence that some clinical rooms had recently been re-furbished.

Inadequate

Are services safe?

- We were not assured that facilities and equipment were safe. We saw evidence that equipment the service used was portable appliance tested (PAT) and calibrated. However, locum staff were required to use their own equipment. The service did not have a system to check if this equipment was suitable or had been tested or maintained according to manufacturers' instructions. We saw a fixed wire electrical test carried out 4 February 2022 had concluded the electrics were unsatisfactory. This work was completed in April 2023.
- There were systems for safely managing healthcare waste. We had received feedback about the premises not being clean on occasions. We saw cleaning schedules had been completed up to and including 13 March 2023 when they had stopped being recorded. The managers we spoke with during the inspection were not sure why these were no longer documented. It was not clear who had oversight and ensured cleaning was carried out in accordance with the cleaning schedule.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety although these were not always effective.

- There were arrangements for planning and monitoring the number and mix of staff needed although these were not always effective. The provider had completed a workforce mapping exercise to give a predicted model of clinical hours needed. However, staff told us there was not always enough staff available to deal with the full spectrum of possible patient presenting conditions, for example, children under the age of 2 years. The provider had not met their key performance indicator (KPI) for patients being seen within 4 hours which fell below the 95% target consistently between October 2022 and February 2023. Also, the number of patients seen within 60 minutes of booking their appointment had dropped below the 95% target between August 2022 and February 2023, down to 80.95% in December 2022. The managers told us this was due to staffing issues with a number of staff leaving. They told us they were currently in the process of recruiting new staff which would give them an extra 10 clinical sessions per week. Data shared by the provider showed they had achieved the 95% targets in March 2023.
- The service did not have an effective system in place for dealing with surges in demand. The service relied heavily on locum cover and staff told us they felt obliged to stay longer than their shift hours to see patients who presented at the service just before 10pm. This resulted in staff staying until midnight or later on occasions to ensure all patients were seen.
- There was an 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.
- The service employed a security guard to support patients and staff in the waiting area.

Information to deliver safe care and treatment

Staff did not have all 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 not always available to all staff in an accessible way as some clinical staff were required to access the medical IT system without using an NHS Care Identity Service smartcard. When the IT system is accessed in this way, NHS Spine functionality is disabled, and access to the summary care record and the electronic prescription service may not work. The managers told us they had a fix planned for their IT system although no date for this to be completed had been arranged.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, with the patient's own GP. Staff were asked to book patients directly in with their own GP if they required follow up.

Inadequate

Are services safe?

Safe and appropriate use of medicines

The service had some systems in place for appropriate and safe handling of medicines although some areas did not follow national guidance.

- Staff administered or supplied medicines to patients and gave advice on medicines which were not always in line with legal requirements and current national guidance when being carried out by a non-prescriber. We saw staff had been added to Patient Group Directives (PGD's are directives authorised by a prescriber to give named non-prescribers the authority to administer medicines) after the date they had been authorised. The provider forwarded evidence immediately following the inspection that these had been reviewed and updated.
- The systems and arrangements for managing medical gases, emergency medicines and equipment minimised risks.
- The service kept prescription stationery securely and monitored its use.
- The service carried out medicines audit on individual prescribers to ensure prescribing was in line with best practice guidelines for safe prescribing. However, the audits we saw did not always document what actions, if any, had been taken.
- Processes were in place for checking medicines stock and staff kept accurate records of medicines. The service monitored the temperature of the room where medicines were stored. However, there was no plan or protocol in place to inform staff what to do if the room temperature exceeded recommended levels. The service did not stock medicines that required refrigeration.
- The service stocked some antibiotics, emergency contraception and some pain relief medicines. Arrangements for dispensing these medicines were appropriate.

Track record on safety

The service had some safety systems in place. However, these required review to ensure appropriate and timely actions were taken.

- There were some risk assessments in relation to safety issues in place, for example, Legionella, including water temperature and water sample testing.
- The provider conducted safety risk assessments. We saw a fire risk assessment and health and safety risk assessment had been carried out in March 2022. The managers told us that these had recently been undertaken by a company in March 2023 and they were awaiting their report. We saw that the fire alarm system, fire extinguishers and emergency lighting checks were monitored on a maintenance schedule. There was no record of a fire drill being carried out. Staff were unable to recall when the last fire drill had taken place. The provider forwarded a tracker that had been created following the inspection. This confirmed the last fire drill was 8 January 2023. Training records showed staff were required to undertake fire awareness training annually, 16 of the 21 regular staff were up to date.
- Equipment owned by the service had been PAT tested. However, locum staff were required to use their own equipment. The service did not have a system to check if this equipment was suitable or had been tested or maintained according to manufacturers' instructions.
- We saw a fixed wire electrical test carried out 4 February 2022 had concluded the electrics were unsatisfactory. This work was completed in April 2023.
- There was a system for receiving national safety and medicine alerts. These were added to the daily huddle minutes to inform staff and added to the tracker for reference. However, the tracker or the notes we saw did not record who or what action had been taken. Managers we spoke with did not know who was responsible for taking this action.

Lessons learned and improvements made

Inadequate

Are services safe?

The service had a system for recording significant events, although it was not clear from the tracker what actions had been taken when things went wrong.

There was a system for recording significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. We were told these were discussed in the daily huddle meeting. However, it was not clear from the monitoring matrix what actions had been taken or what the learning outcomes were.

Inadequate

Are services effective?

We rated the service as inadequate for effective because:

- The service did not have a system to provide clinical staff with appropriate formal clinical supervision and staff were not given protected time for training and development or for carrying out lead roles.
- Not all staff in lead roles had received specific training for the role. For example, the infection, prevention and control (IPC) lead.'
- There was an insufficient skill mix of staff to deal with the full spectrum of possible patient presenting conditions. For example, children under the age of 2 years. Managers were aware of this following a staff survey in 2022. They told us they had sourced training but this had not been delivered.
- The organisation was not meeting its 4 hour target for patients to be discharged by the service as agreed with the commissioners. They had continually achieved less than the 95% target between October 2022 and February 2023, reaching 83.8% in November 2022. March 2023 data had shown an improvement at 97%.
- The clinical computer system did not allow access to the national spine as not all staff could use their smartcard. This meant details within patients' summary care records and the electronic prescription service may not work. The managers told us they had a fix planned for their IT system although no date for this to be completed had been arranged.

Effective needs assessment, care and treatment

- 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 by audit of individual records audits.
- 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.
- Care and treatment was not delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable as the computer system did not allow access to the national spine when used by staff who could not use their smartcard. This meant access to patients' summary care records and alerts, for example, do not resuscitate instructions, patients whose circumstances may make them vulnerable or safeguarding alerts were not visible to all staff when treating patients.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service carried out audits of individual clinicians note taking and prescribing. We reviewed the audit tracker for prescribing from January 2023:

- An antibiotic prescribing audit showed an achievement of 95%, with 1 episode where antibiotics had been prescribed for a viral infection, however, the tracker did not document what actions the service had taken as a result.
- It was recorded there had been higher levels of prescribing of diazepam (medicine to treat anxiety, muscle spasms and seizures) by a locum. The audit recorded that this was discussed with the clinical lead though it was not clear if this had been discussed with the prescriber.
- The audit tracker documented the service did not meet the 100% target for opioid (medicine to treat persistent or severe pain) prescribing at 63% due to high levels of prescribing of codeine. No actions were recorded on the tracker.
- It was observed from the tracker and from data submitted to the commissioner that the majority of outcomes for audits carried out in previous quarters were discussed with staff at team huddles though it was not clear from the tracker which dates these had been discussed or which staff were in attendance at these meetings.

Effective staffing

Inadequate

Are services effective?

Staff mostly had the skills, knowledge and experience to carry out their roles. However, there were times when there wasn't enough staff available to deal with the full spectrum of possible patient presenting conditions. For example, children under the age of 2 years. Some staff had lead roles, however, not all staff had received specific training for these roles. For example, the IPC lead.

- The provider told us all staff were appropriately qualified for their role, that there was an induction programme for all newly appointed staff and an induction pack was sent to the agency for all locum staff. We were unable to verify this as personnel files were stored at the head office. However, the provider's Head of Workforce Planning and Development provided information following the inspection that appropriate checks had been carried out on the 3 staff members we randomly selected to be checked.
- The provider understood the learning needs of staff although protected time was not provided to staff for training or training for those with lead roles. Up to date records of training were maintained. There was a red, amber and green (RAG) rating system in place to indicate when training was due. There were some gaps in update training for a small number of staff across a number of topics, but the service told us they were in the process of completing this.
- The provider provided staff with some ongoing support including one-to-one meetings and appraisals. However, feedback we received from clinical staff indicated they did not feel they received any formal clinical supervision. We saw no evidence of formal clinical supervision during our inspection. The provider forwarded a rota for clinical supervision immediately following the inspection which stated this would commence in May 2023.

Coordinating care and treatment

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

- Patients received coordinated and person-centred care. Staff communicated promptly with patients' registered GP's so that the GP was aware of the need for further action. Staff would book vulnerable patients directly into an appointment with their own GP practice to ensure continuity of care, where necessary.
- Staff documented all consultations within the patients' clinical records. This information was accessible to patients' own GPs and other services including secondary care.
- 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.

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. For example, the service had established a well-being service. Patients who attended with low mood or anxiety could be referred to the well-being nurse or advisor who would provide appropriate signposting to support services.
- 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. Their approach to the assessment and recording of a patient's mental capacity to make a decision was appropriate.

Requires Improvement

Are services caring?

We rated the service as requires improvement for caring because:

- Some people who used the service had concerns about the way staff treated people. Patient feedback was mixed, with some patients being happy with the way they were treated by staff and others stating staff did not treat them with kindness or respect.
- Negative feedback from patients regarding the seating area in reception and having to sit on the floor as there were not enough chairs.

Kindness, respect and compassion

There was mixed feedback about how staff treated patients with some patients being happy with the way they were treated by staff and others stating staff did not treat them with kindness or respect.

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):

- Interpretation services were available for patients who did not have English as a first language.
- Patients we spoke with during the inspection told us they were happy with their care but told us the long waiting times were an issue. Feedback to CQC and on external patient feedback forums reported some staff to be caring and friendly whilst others reported staff to be rude and unhelpful. We discussed this with the managers who told us they were aware of this feedback. They told us specific training was planned to address this. However, this had not taken place at the time of the inspection.
- Staff communicated with people in a way that they could understand, for example, communication aids.
- Staff helped patients and their carer's 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 patients' privacy and dignity.

- We had received feedback from some patients who said they could hear what was being said at the reception desk. However, the provider had two Perspex screens in place, a stand back sign to approach reception. They had recently implemented the playing of music in the background and had forms they gave to patients to complete on arrival, so they did not need to give their information at the desk. However, for patients whose first language was not English or for those that could not write, this was sometimes difficult so had to be completed by the receptionist at the desk.
- We had received negative feedback from patients regarding the seating area and having to sit on the floor as there were not enough chairs in reception. During the inspection we observed people to be standing or sitting on the floor in the waiting room as there were not enough chairs for them to be seated.
- 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.

Requires Improvement

Are services responsive to people's needs?

We rated the service as requires improvement for providing responsive services because:

- Patients did not have timely access to diagnosis and treatment and the organisation was not meeting its 4 hour target for patients to be discharged by the service as agreed with the commissioners due to not having enough staff. There had been some improvement in March 2023 but changes were not sufficiently embedded to be assured this improvement would continue. There were substantial and frequent staff shortages. Managers told us they had recently taken steps to develop their workforce and were recruiting an additional 10 clinical sessions per week. However, at the time of the inspection this had not made sufficient improvement to impact positively on patients with long waits to be seen and lack of skill mix to deal with the full spectrum of patient complaints.
- The service did not have an effective system in place for dealing with surges in demand with staff staying longer than their working hours to see patients.

Responding to and meeting people's needs

- Patients did not have timely access to diagnosis and treatment and the organisation was not meeting its 4 hour target for patients to be discharged by the service as agreed with the commissioners. Managers told us that they were currently recruiting staff which would give an extra 10 clinical sessions to the service. The organisation had also recently reviewed the hours staff worked and had reduced their shift hours to improve productivity and to appeal to applicants when recruiting.
- The facilities and premises were mostly appropriate for the services delivered. However, we observed a lot of people standing or sitting on the floor in the waiting room as there were not enough chairs for them to be seated.
- The service had implemented a well-being service for patients. Patients who attended with low mood or anxiety would be seen by the wellbeing nurse or advisor who would refer patients to the appropriate pathway to support them. We saw this service had received positive reviews from patients on the provider's feedback forms.

Timely access to the service

Patients were not always able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- On arrival all patients were asked to complete a form with personal details and reason for attendance.
- The service had a clinical triage process in place to prioritise those patients requiring urgent treatment. All patients arriving at the service had a consultation with the clinical triage nurse or advanced nurse practitioner who carried out checks using a recognised triage tool. The timeframe for patients to be triaged was 15 minutes. Managers told us there should be 1 triage nurse and 3 advanced nurse practitioners per shift. We reviewed rotas the provider shared with us between 5 December 2022 and 9 April 2023. We found 8 occasions when this was not achieved, the majority being between 9 and 10pm
- Patients with the most urgent needs had their care and treatment prioritised. At times a healthcare assistant (HCA) carried out basic observations following guidance when patients could not be triaged within the 15 minutes of arrival. Where any observations were outside of recommended guidance these would be highlighted to the triage nurse who would prioritise triaging of the patient. However, at the time of the inspection there was only one HCA (who was not carrying out HCA duties at the time) recruited so there were times when this was not available.
- Patients did not always have timely access to diagnosis and treatment. The service was delivered under a contract with Sheffield Hospitals Trust. The provider had clear key performance indicators (KPIs) to monitor their performance and improve outcomes for people and provided regular reports to the Trust. We reviewed reports from Quarter 3 2022/2023 and saw that:

Requires Improvement

Are services responsive to people's needs?

- 88.32% of people who arrived at the service in October 2022, 83.82% in November and 88.38% in December completed their treatment within 4 hours. This was below the target of 95%.
- 87.65% of people who were booked into the service in October 2022, 85.03% in November and 80.95% in December had their clinical consultation started within 60 minutes of being booked in at the service. This was below the 95% target.
- The provider reported there was 100% achievement for notifying a patient's own GP practice that they had attended the walk in centre within 24 hours of their visit.
- 3.26% of patients left the service without being seen in October 2022, 4.06% in November and 3.90% in December. This was above the target of less than 3%.
- The provider attributed contributing factors of staff sickness, locums cancelling and vacancies not being filled for not meeting the KPI targets. The provider had put some actions in place to improve performance. For example, the theme identified for patients not being seen within 60 minutes of being booked into the service was discussed with each triage nurse to identify what support was required. The main theme was lack of qualified staff to deal with children under the age of 2 years. The provider noted training would be provided for this. At the time of the inspection this had not taken place.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, A&E.

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. However, there was no evidence of how themes and trends were analysed or used to drive improvement.

- Information about how to make a complaint or raise concerns was not easily available to patients in the reception area. If a patient requested to make a complaint the reception staff would give them a friends and family form to complete and would pass the complaint to the registered manager to action. Clinical staff had access to an on-line form they completed and sent to the registered manager. The registered manager told us that not all verbal complaints were recorded if they were resolved immediately so these did not contribute to analysis of themes and trends to make improvements.
- The complaint policy and procedures were in line with recognised guidance. Twenty three complaints were received in the last year. We reviewed 2 of these and found that they were satisfactorily handled and the complainants received a comprehensive letter giving an apology, full explanation and signposting to the Parliamentary and Health Services Ombudsman should they not be happy with the service's response.
- We were told that complaints were discussed at the daily huddle meeting with staff. However, it was not clear how themes and trends were analysed or used to drive improvement.

Inadequate

Are services well-led?

We rated the service as Inadequate for Well-led because:

- The delivery of safe high-quality care was not assured by the leadership, governance or culture of the service as there was a lack of oversight and monitoring of systems and processes and delays in taking action to identified issues.
- The organisation had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. For example, lack of clinical supervision, invalid non-prescriber directives (PGD's), lack of appropriate IT systems, lack of medical equipment testing, capacity and demand issues with regard to access and lack of analysis of trends and themes in relation to complaints and significant events.
- Governance arrangements did not always operate effectively. For example, oversight of infection, prevention and control (IPC) audit actions, cleaning schedules, medicines and safety alerts.
- Clinical staff were not receiving formal clinical supervision support.
- Staff did not receive protected time for training and development because of the lack of recruitment to appropriate roles leading to a need to prioritise the clinical needs presenting to the service. Neither were staff allocated lead roles, e.g. in relation to infection, prevention and control given protected time to carry out the additional duties associated with the role.
- There was minimal evidence of reflective practice from incidents and complaints to identify themes and trends to improve quality of services.
- Staff feedback was mixed, with some saying they felt supported and able to approach management whilst others did not feel they could raise issues for fear of retribution.

Leadership capacity and capability

- The management team were aware of the ongoing challenges faced by the service due to patient demand and several staff leaving. They told us they had recently taken steps to develop their workforce and were recruiting clinical staff to provide an additional 10 clinical sessions per week. However, at the time of the inspection this had not made sufficient improvement to impact positively on patients with long waits to be seen and lack of skill mix to deal with the full spectrum of patient complaints.
- We received a number of concerns in relation to the leadership of the service and their management of staff that people felt had an impact on staff recruitment and retainment. Not all staff reported they could go to management for support without fear of retribution whilst other staff told us they felt supported. We had received feedback from several locum staff who reported not being used again by the service if they raised any concerns.
- Staff did not benefit from regular formal clinical supervision to ensure they were provided with support to carry out their role. We saw a comprehensive plan for clinical supervision created by the new educational lead; however, this had not been agreed by head office or adopted at the time of the inspection.
- There had been some recent leadership changes. The provider had recently appointed a new quality manager and an educational lead into the service. We were also told that the registered manager was due to step down from the role and the provider was in the process of recruiting a new manager.

Vision and strategy

The service had a vision to deliver high quality care and promote good outcomes for patients. Staff told us they felt they provided a good service which relieved the pressure on GP practices.

- There was a clear vision and set of values to provide good outcomes for patients. However, due to staff shortages and lack of skill mix the service was not able to achieve its priorities and had not achieved the key performance indicators for access set out by its commissioners.
- Staff were aware of and understood the vision to provide a high-quality service.

Inadequate

Are services well-led?

- The provider monitored progress against delivery of the strategy. They had used a prediction model to assess the number of staff needed per shift. However, at the time of the inspection this had not made enough of an impact to bring about change and staff still often had to work longer than their working hours to meet demand.

Culture

We received mixed feedback regarding staff satisfaction. Staff said they were proud to work for the service. Some said they felt valued and supported whilst others did not and not all staff felt they could raise concerns within the organisation.

- The provider had identified an internal Freedom to Speak Up Guardian at the provider's head office. However, there was no external Freedom to Speak Up Guardian to support any staff member to raise concerns in confidence outside of the organisation in line with the Freedom to Speak Up Policy for the NHS. Whilst some staff felt supported by management others reported they didn't. It was not evident that the culture was one that encouraged staff to be able to raise concerns without fear of retribution.
- Some staff reported low staff morale, others said they thought this was improving. Management told us they had implemented a wellbeing hub for staff and had recently supported staff with enhanced payments for car parking and cost of living.
- Staff we spoke with were focused on the needs of patients and genuinely wanted to provide a good service to patients. However, some staff told us they felt obliged to stay after their shift had finished or the service had closed to see patients.
- There were processes for providing staff with some of the development they needed. All staff had received an annual appraisal. However, clinical staff did not have access to formal clinical supervision and some staff were carrying out lead roles without the appropriate training, for example, the IPC lead.
- Staff were not given protected time for training, professional development, lead duties or evaluation of their clinical work.

Governance arrangements

Governance arrangements did not always operate effectively.

- There was a lack of oversight of some governance systems and processes. For example, monitoring of cleaning and infection, prevention and control actions to ensure they were completed. There was a lack of oversight of medicine safety with regard to patient group directives and monitoring of who had taken action with regard to medicines and safety alerts.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Leaders had established policies and procedures. These were available to staff on the shared intranet.

Managing risks, issues and performance

Processes for managing risks, issues and performance were ineffective.

- There were some processes to identify current and future risks including risks to patient safety. However, these were not always effective. For example, lack of safety checks of all medical equipment, processes to ensure action had been taken when risks identified on the IPC audit and delays in rectifying systems that did not work like the IT system and fixed wire electrical test.

Inadequate

Are services well-led?

- The provider had some processes to manage current and future performance of the service. Although no formal clinical supervision was in place performance of clinical staff could be demonstrated through audit of their consultations and prescribing. Leaders had oversight of medicine and safety alerts on the tracker but it was not clear who had taken action on them or if actions had been taken. Incidents were recorded on a tracker although it was not recorded what actions had been taken as a result.
- Leaders had a good understanding of service performance against the national and local key performance indicators. Performance was shared with commissioners as part of contract monitoring arrangements.
- 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 although this was not always timely to drive improvement.

- The provider reported performance and operational information to the commissioners. However, it was not clear how this drove improvement when they were not meeting the key performance indicators month on month between October and February 2023. The managers told us there was a plan to improve this with recruitment of new staff.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses although these were not actioned in a timely way. For example, leaders had ascertained that staff required specific training for children under the age of 2 years but this had not happened at the time of the inspection.
- The service held a daily huddle meeting and a monthly staff meeting.
- 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 engaged with patients and staff regarding services.

- Staff feedback had been gained via an annual staff survey and the provider took action. For example, support with car parking charges.
- Patient feedback had been gained by using the national friends and family test and had a ‘you said’ ‘we did’ board in the reception area to feedback to patients actions taken. For example, the service had implemented colouring packs for children whilst they waited to be seen.

Continuous improvement and innovation

- There was limited evidence of learning being shared effectively or used to drive improvements. This was in relation to significant events, audits, patient safety alerts and verbal complaints. Staff were not given protected time for training, learning or development and clinical staff did not have access to formal clinical supervision. The service shared with us some development plans but these had not been agreed with management or implemented at the time of the inspection.
- Staff shared with us a plan to implement a patient engagement group moving forward to gain and exchange views they didn’t get from the feedback forms.