

Urgent Care 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 well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Urgent Care Centre on 10, 11, 14 and 30 January 2017. The overall rating for the service was requires improvement. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Urgent Care Centre on our website at www.cqc.org.uk.

This inspection was an unannounced focused inspection carried out on 20 October 2017 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the service is now rated as good.

Our key findings were as follows:

- The service's internal online training system had been redesigned and the sample of training records we looked at showed all clinical staff had recently carried out safeguarding training.
- The staff responsible for recruitment had been integrated into the human resource support team. This

team supported regional and line managers with the administrative tasks associated with recruitment. The sample of recruitment records we looked at showed references had been obtained.

- Most training had been completed. Arrangements were in place to contact GPs to request copies of training certificates where they had completed this externally to the service.
- A large amount of appraisals for non-clinical staff had been carried out over the previous six months; staff had either had a recent appraisal or had a date booked within the following two weeks.

At our previous inspection in January 2017 we said the service should continue to seek ways to improve performance on face-to-face consultations. Performance was below average; the target was for 95% of consultations to take place within set timescales. The provider had achieved between 73% and 100% for the period April to September 2016. Plans were in place to improve, which included employing prescribing pharmacists and setting up a national triage team to cover periods of high demand. At this inspection we found that performance had improved and ranged from 94.3% to 100% of consultations taking place within the relevant timescales.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection in January 2017, we rated the service as requires improvement for providing safe services as the arrangements in respect of the monitoring and recording of safeguarding training and those in relation to recruitment checks were unsatisfactory.

We found arrangements had improved when we undertook a follow up inspection of the service on 20 October 2017. The service's internal online training system had been redesigned to ensure that where clinicians had carried out external training, the certificates could be added to their training records. We looked at a sample of staff records and saw all staff had recently carried out safeguarding training.

The staff responsible for recruitment had been integrated into the human resource support team. This team supported regional and line managers with the administrative tasks associated with recruitment. The sample of recruitment records we looked at showed references had been obtained and logged on the staff file.

Good



Are services effective?

At our previous inspection in January 2017, we rated the service as requires improvement for providing effective services as the arrangements ensuring all staff received appropriate training and appraisals were not satisfactory.

These arrangements had improved when we undertook a follow up inspection on 20 October 2017. A new database had been implemented which enabled managers to monitor staff training. This included a system to notify managers when their staff's training was due, in advance of the expiry date. Most training had been completed. Arrangements were in place to contact GPs to request copies of training certificates where they had completed this externally to the service.

Staff told us that a large amount of appraisals for non-clinical staff had been carried out over the previous six months. We looked at a sample of personnel records for non-clinical staff and saw that staff had either had a recent appraisal or had a date booked within the following two weeks.

Good



Summary of findings

Are services well-led?

At our previous inspection in January 2017, we rated the service as requires improvement for providing well-led services because there was no effective leadership for ensuring the safe arrangements for recruitment and training of staff.

When we carried out a focussed follow-up inspection we found the service had made improvements. The service had implemented a number of improvements to the systems to monitor training and appraisals. The supporting IT systems had been updated to allow managers to receive accurate, up to date information about when staff were due to complete training or due an appraisal.

The systems and processes to ensure safe recruitment had been updated. A service level agreement (SLA) was in place which clarified staff's roles and responsibilities in relation to recruitment. This included the need to obtain character references for new staff. The HR team provided administrative support to managers involved in recruitment to ensure the SLA was followed.

Good



Urgent Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a second CQC inspector.

Background to Urgent Care Centre

The Urgent Care Centre (known as Leechmere Centre) provides out of hours general practitioner cover in the evenings, overnight, at weekends and on bank holidays. The service provides telephone contact and access to general practitioners at local centres and home visits. The service covers 281,500 patients throughout the Sunderland area. Urgent Care Centre is part of a national organisation, Vocare Limited, which provides urgent care services to 10 million patients across the UK.

Patients can access the service from 6.30pm to 8am Monday to Friday and 24 hours throughout Saturday, Sunday and Bank Holidays. Calls to the service are handled by North East Ambulance Service (NEAS) via the 111 telephone number. Urgent Care Centre operates a triage model where all patients receive clinical telephone assessments. This prevents unnecessary journeys for patients and enables appropriate coordination of home visits and appointments according to clinical urgency and demand.

The service does not have any patient facilities; the premises are a base for GPs to carry out triaging of patients. Patients can be seen in person by attending one of Vocare's three urgent care centres throughout Sunderland or by a home visit.

There is a stable clinical staff team who work for Urgent Care Centre regularly. The service employs a number of both male and female GPs from the local community. The clinicians are supported by an administration / call handling team, receptionists, drivers and a management team who are responsible for the day to day running of the service.

Why we carried out this inspection

We undertook a comprehensive inspection of Urgent Care Centre on 10, 11, 14 and 30 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The service was rated as requires improvement. The full comprehensive report following the inspection in January 2017 can be found by selecting the 'all reports' link for Urgent Care Centre on our website at www.cqc.org.uk.

We undertook a follow up unannounced focused inspection of Urgent Care Centre on 20 October 2017. This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out an unannounced focused inspection of Urgent Care Centre on 20 October 2017. We visited the service's headquarters in Newcastle upon Tyne. This involved reviewing evidence that:

- GPs had completed their required training.
- Non-clinical staff had received appraisals.

Detailed findings

- Recruitment processes were safe.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection in January 2017, we rated the service as requires improvement for providing safe services as the arrangements in respect of the monitoring and recording of safeguarding training and those in relation to recruitment checks were unsatisfactory.

We found arrangements had improved when we undertook a follow up inspection of the service on 20 October 2017. The service is now rated as good for providing safe services.

Overview of safety systems and processes

When we inspected the service in January 2017 we identified concerns in relation to the recording and monitoring of safeguarding training for clinicians. Training records did not include any reference to whether training had been completed.

During this inspection we found the system to record and monitor training had been updated. The service's internal

online training system had been redesigned to ensure that where clinicians had carried out external training, the certificates could be added to their training records. We looked at a sample of training records; all of these showed that the clinicians had recently completed safeguarding training.

When we last inspected we saw that some recruitment checks (references) had not been obtained for all staff.

During this inspection we found the systems and processes to ensure safe recruitment had been updated. The staff responsible for recruitment had been integrated into the human resource support team. This team supported regional and line managers with the administrative tasks associated with recruitment. We looked at a sample of recruitment records for staff (both clinical and non-clinical) who had recently been employed by the service. In each case references had been requested, obtained and logged on the staff file.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in January 2017, we rated the service as requires improvement for providing effective services as the arrangements ensuring all staff received appropriate training and appraisals were not satisfactory.

These arrangements had improved when we undertook a follow up inspection on 20 October 2017. The service is now rated as good for providing effective services.

Effective staffing

During this inspection we found the service's internal training system had been modified. A new database had been implemented which enabled managers to monitor staff training. This included a system to notify managers

when their staff's training was due, in advance of the expiry date. We looked at a sample of training records; these showed that most training had been completed. Arrangements were in place to contact GPs to request copies of training certificates where they had completed this externally to the service.

When we inspected in January 2017 we found the some non-clinical staff had not received a recent appraisal.

During this inspection staff told us that a large amount of appraisals for non-clinical staff had been carried out over the previous six months. We looked at a sample of personnel records for non-clinical staff and saw that staff had either had a recent appraisal or had a date booked within the following two weeks.

Are services well-led?

Good 

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

Our findings

At our previous inspection in January 2017, we rated the service as requires improvement for providing well-led services because there was no effective leadership for ensuring the safe arrangements for recruitment and training of staff.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 20 October 2017. The service is now rated as good for being well-led.

Governance arrangements

When we last inspected we found there was a lack of monitoring of appraisals and a lack of oversight to provide assurance that recruitment processes were safe.

During this inspection we found the service had implemented a number of improvements to the systems to monitor training and appraisals. The supporting IT systems had been updated to allow managers to receive accurate, up to date information about when staff were due to complete training or due an appraisal. The sample of records we looked at showed that significant progress had been made; all staff had received an appraisal and the majority of training had been completed.

The systems and processes to ensure safe recruitment had been updated. A service level agreement (SLA) was in place which clarified staff's roles and responsibilities in relation to recruitment. This included the need to obtain character references for new staff. The HR team provided administrative support to managers involved in recruitment to ensure the SLA was followed. We looked at a sample of records and found references had been obtained for all staff.