King George's EUCC

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	Requires improvement
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at King George's emergency urgent care centre (EUCC) on 30 March 2017. The service is operated by the Partnership Of East London Cooperative Ltd (PELC) and based at King George's Hospital in Goodmayes, Essex.

Patients are assessed upon arrival by a "streaming nurse" who determines the urgency of the presentation and the service best placed to provide care and treatment. Overall, the service is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- We looked at the personnel records of five clinical streaming staff but could not find confirmation that staff had completed the provider's prerequisite streaming training. We also noted other gaps in training and that some staff had not had annual appraisals.
- The premises were accessible but due to a lack of space, when patients arrived at reception, privacy and confidentiality were not maintained. The premises were also inappropriate for streaming in that they lacked sufficient space to enable initial patient assessments to be conducted in private.
- Governance arrangements did not always work effectively in that infection risks to patients were not well managed and we saw limited evidence that clinical and internal audit was being used to drive quality improvements.
- There was an open and transparent approach to safety and an effective system in place for recording, and learning from significant events.
- Data indicated that patients' care needs were assessed and delivered in a timely way according to need. The service met most targets which were specific to the urgent care centre.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- We saw that reception staff were kind and compassionate.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The provider was aware of and complied with the requirements of the duty of candour.
- We noted that the provider had recently come through a period of organisational change; resulting in the Medical Director currently also serving as interim Chief Executive. Staff spoke positively about how the interim Chief Executive provided visible leadership and promoted a culture of collective responsibility.

The areas where the provider must make improvement are:

- Ensure that there are appropriate arrangements in place to assess, monitor and improve the quality and safety of the services provided (including two cycle audits and internal audits), so as to drive improvements in patient outcomes.
- Introduce reliable systems to ensure that staff are appropriately trained in line with its protocols and ensure that all staff receive an annual appraisal.
- Develop effective systems and processes to ensure that the dignity and respect of patients is maintained, by ensuring that all stages of the consultation process take place in a confidential setting.

The area where the provider should make an improvement is:

- Consider undertaking refresher infection prevention and control refresher staff training.
- Introduce reliable systems to ensure that staff are appropriately trained in line with its protocols and ensure that all staff receive an annual appraisal.
- Review the layout of its reception and waiting areas, to see where improvements can be made to arrangements for maintaining patients' privacy, confidentiality and dignity.

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?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- The practice had some defined and embedded systems, processes and practices to minimise risks to patient safety.
- However, infection risks were not well managed in that we noted an instance where a clinical streamer did not immediately wash their hands after an initial patient assessment.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had effective medicines management processes in place.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

The service is rated as requires improvement for providing effective services.

- The service was meeting most urgent care targets which had been agreed with the local CCG.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We did not see evidence that quality improvement activity resulted in improvements in patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, records of staff training were missing from files that were kept by the provider, and not all staff had received annual appraisals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services.

Summary of findings

- Patients spoke positively about the service and told us that they were treated with compassion, dignity and respect; and that they were involved in decisions about their care and treatment.
- However, we noted that the area in which patients were streamed prior to consultations was not confidential or conducive to ensuring that their dignity and respect were maintained.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- The premises were accessible but due to a lack of space, when patients arrived at reception, their privacy and confidentiality could not be assured. The premises were also inappropriate for streaming in that they lacked sufficient space to enable initial patient assessments to be conducted in private.
- In other respects, the service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed that the service responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- Governance arrangements did not always work effectively in that infection risks to patients were not well managed and we also saw limited evidence that clinical and internal audit was being used to drive quality improvements.
- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

- The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards and, with the exception of one negative comment regarding waiting times, feedback was positive about the standard of care received and the overall patient experience. For example, people told us that receptionists treated them with compassion and that clinicians were competent and respectful.

We also spoke with two patients during the inspection who were both highly satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure that there are appropriate arrangements in place to assess, monitor and improve the quality and safety of the services provided (including two cycle audits and internal audits), so as to drive improvements in patient outcomes.
- Introduce reliable systems to ensure that staff are appropriately trained in line with its protocols and ensure that all staff receive an annual appraisal.
- Develop effective systems and processes to ensure that the dignity and respect of patients is maintained, by ensuring that all stages of the consultation process take place in a confidential setting.

Action the service SHOULD take to improve

- Consider undertaking refresher infection prevention and control refresher staff training.
- Introduce reliable systems to ensure that staff are appropriately trained in line with its protocols and ensure that all staff receive an annual appraisal.
- Review the layout of its reception and waiting areas, to see where improvements can be made to arrangements for maintaining patients' privacy, confidentiality and dignity.

King George's EUCC

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a service manager specialist adviser and a practice nurse specialist adviser.

Background to King George's EUCC

The Partnership of East London Cooperatives (PELC) Ltd is commissioned to provide services at King George Emergency Urgent Care Centre (EUCC). This is an urgent care service available to anyone living or working in Ilford and the surrounding areas in the London Borough of Redbridge. The service is co-located on one level, with the Emergency Department of the King George Hospital and is fully accessible to those with limited mobility.

King George's EUCC is a 24/7 NHS walk-in service for patients who consider that their condition is urgent enough that they cannot wait for the next GP appointment. The service initially entails a clinician assessing and then "streaming" or directing a patient for treatment by the most appropriate clinician: for example at the hospital's accident & emergency department or at the EUCC.

On site, the EUCC service is led by a service manager and a lead GP who has oversight of the urgent care centre. The service employs doctors, nurses and streaming nurses. The majority of staff working at the service are either bank staff (those who are retained on a list by the provider and who work across all of their sites) or agency staff.

The urgent care service is open 24 hours a day and on average sees 630 patients per week. Patients may contact the urgent care service in advance of attendance but dedicated appointment times are not offered.

This service had not previously been inspected by the CQC.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We have not previously inspected this location.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. This included information from Redbridge Clinical Commissioning Group (CCG).

We carried out an announced visit on 30 March 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, senior staff at PELC and members of the administration and reception team. During the inspection we also spoke with two patients who used the service,

Detailed findings

- Observed how patients were seen to in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Spoke with patients who used the service.

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?

Please note that when referring to information throughout this report this relates to the most recent information available to the Care Quality Commission at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system for recording significant events.

Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- All serious incidents from the service were reviewed centrally. Learning from these events was shared with staff at the service (including bank and locum staff) by way of a regular bulletin. We saw the bulletin and the information shared, and staff told us that information was readily accessible.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Learning was shared through e-mails, and where possible by ad hoc meetings with staff.

  For example, in 2016 after a GP failed to call an ambulance for a suspected stroke victim, records showed that the interim Chief Executive had subsequently emailed all GPs to remind them of the need for prompt hospital admission in such cases. The interim Chief Executive had also attached National Institute for Health and Care Excellence (NICE) guidance regarding the treatment windows for suspected stroke and the need for prompt medical attention.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Although the service did not have a patient list of its own, the service kept a local register of patients at risk which was updated on a weekly basis. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw that clinicians (including locums) were trained to child safeguarding level 3 and nurse streaming staff to level 2.
- Safety alerts such as such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), were received from head office and disseminated by the service manager.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the 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.

We looked at the systems in place to prevent and protect people from healthcare-associated infections.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- Overall responsibility for infection control was maintained by the hospital where the service was located but the service had access to all relevant documentation. All equipment used by the service was provided on site. Locum GPs were prohibited from bringing in their own equipment.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.
- However, during our inspection we observed a clinical streamer leave their reception desk to assess a patient in the waiting area. In addition to the concern regarding a lack of privacy, we also noted that, upon concluding the assessment, the staff member did not wash their hands until they had opened the door to the reception office and returned to their desk. This posed a cross

infection risk. We also noted that the provider's latest infection prevention and control audit (November 2016) highlighted that some staff had not received IPC training within the previous 12 months.

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- There were systems for managing medicines for use in an emergency in the urgent care centre. Records were maintained of medicines used and signed by staff to maintain an audit trail. The medicines were stored securely in a locked cupboard and medicines which required refrigeration were stored in refrigerators. Access to the medicines was limited to specific staff.
- Patient Group Directions (PGDs) were used by nurses to supply or administer medicines without a prescription. PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance.
- The service did not hold stocks of Controlled Drugs (medicines that require extra checks and special storage because of their potential misuse).

We reviewed eight personnel files and found that some checks had been undertaken. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, proof of identification was not on file for two staff members and we also noted the job descriptions were not immediately available. We were told that proof of identification was kept on file by the agency which had supplied the staff.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The hospital hosting the service had an up to date fire risk assessment and had also carried out regular fire drills. There were designated fire marshals within the service. There was also a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The hospital hosting the service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (a bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The service had access to a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The service had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE via the NICE website and the provider's intranet and used this information to deliver best practice care and treatment that met patients' needs (for example regarding the assessment and initial management of fever in under five year olds). We also saw email evidence that staff were encouraged to apply to join NICE clinical committees.

All patients presenting to the urgent care centre were booked in at reception. Reception staff had a process for prioritising patient with high risk symptoms, such as chest pain, shortness of breath or severe blood loss.

Patients were then assessed initially by a qualified nurse who undertook prioritisation assessment to 'stream' the patient into the appropriate treatment queue and prioritised urgency.

Management, monitoring and improving outcomes for people

Providers are required to report monthly to the clinical commissioning group on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

Performance figures reported to the CCG showed the following:

- The target for median arrival to treatment was 60 minutes and maximum arrival to treatment was 360 minutes. These targets had not been breached in the six months immediately prior to the inspection.
- The service had a target that all patients would have an episode of care reported to the GP within 48 hours of discharge of the patient. The service had achieved between 96 and 100% for the 12 months prior to inspection.
- The service had a target that, after the definitive clinical assessment has begun then the care must be completed within 4 hours in at least 96% of cases seen in the urgent care centre. This target had been met in each of the 12 months prior to the inspection.

We noted that the provider was not reporting on performance regarding the percentage of children attending the urgent care centre and being assessed by a clinician within 15 minutes of arrival and adults being assessed within 20 minutes.

We asked for evidence of a systematic programme of clinical and internal audit for monitoring quality and identifying where action should be taken:

- We were shown the first cycle of a 2016 audit which had been triggered by NICE guidelines and aimed to assess the care of patients under five who had been treated for fever-like systems. However, the audit simply entailed a list of all of the patients who would constitute the sample group and did not for example include audit objective, proposed interventions or a timetable for undertaking a follow up audit.
- We noted that the provider's Clinical Audit Policy stated that various audits should take place on a quarterly basis including, for example, auditing 2% of the clinical notes of sessional GPs. However, the provider was unable to demonstrate that these audits were taking place.
- We were told that the provider undertook weekly audits of a selection of patient assessment sheets but this appeared to be on an ad hoc basis and not based on a formal protocol. We noted that neither the provider's Clinical Audit Policy or its UCC Clinical Policy referenced how staff should undertake the ongoing audit or assessment of clinical streamers' patient assessment sheets, in order to monitor quality and identify areas for improvement.

Effective staffing

We looked for evidence of whether staff had the skills and knowledge to deliver effective care and treatment.

- The service had a written induction programme for all newly appointed staff (covering such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality) and a specific programme for clinical streaming staff (although

Requires improvement

Are services effective?

(for example, treatment is effective)

confirmation of attendance was not in the files of some of the staff files we reviewed). Shortly after our inspection, we were sent details of the induction programme but not of staff attendees.

The service could demonstrate how they provided role-specific training and updating for relevant staff. For example, training for reception staff in red flag symptoms. However, we noted that the system for determining whether staff were qualified to be streamers was unstructured. For example, none of the five clinical streamer personnel records we reviewed contained confirmation that staff had successfully completed the provider's Clinical Streaming Competency Framework.

- We were told that the learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. However, we noted that in five of the eight files reviewed that staff had not received annual appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- The service shared relevant information with other services in a timely way.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred.
- We were told that the electronic record system enabled efficient communication with GP practices although we were told that an anti-virus firewall operated by the hospital had in the past hindered efficient communication between the service and the hospital.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

As an urgent care centre, the service did not have continuity of care to support patients to live healthier lives in the manner of a GP practice. However, we saw the service demonstrate their commitment to patient education and the promotion of health and wellbeing advice.

The service was not commissioned to provide screening to patients such as chlamydia testing or commissioned to care for patients with long term conditions such as asthma or diabetes. Only limited vaccinations were provided at the service. These were provided as needed and not against any public health initiatives for immunisation.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We looked at how staff involved and treated people with compassion, kindness, dignity and respect:

- We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were usually treated with dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments; and we noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. However, we also noted that space restrictions meant that when patients presented at reception, their confidentiality could not be assured. We were told that the provider had been in discussion with its NHS landlord regarding making improvements to the layout; and how patients' privacy and confidentiality could be maintained.
- The nurse streamer who assessed patients on arrival was sited in an area of the service which was not confidential. Discussions relating to the presenting medical condition could be overheard by other patients. The reception area also lacked sufficient space to enable initial patient assessments to be conducted in private.

All but one of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. The one negative comment was about waiting times. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two patients who were similarly positive.

Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

When we asked a receptionist how they ensured that anxious patients were treated with care and concern, they stressed the importance of empathy and of treating each patient with compassion.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpreting services were available if required for patients who did not have English as a first language.
- The service had access to a hearing loop for patients or family members with hearing impairment.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. We found the service was responsive to patients' needs in most areas and had systems to maintain the level of service provided. The service understood the needs of the local population.

For example, the provider was also commissioned to provide an out of hours service from the same hospital location. When we spoke with a commissioner, they indicated that the urgent care centre was an essential service helping to ease pressure on hospital accident & emergency departments; and deliver rapid, appropriate care to patients at their time of need.

The premises were accessible but inappropriate for streaming in that they lacked sufficient space to enable initial patient assessments to be conducted in private. Space restrictions also meant that when patients presented at reception, their privacy and confidentiality could not be assured.

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.

- Consultations were not restricted to a specific timeframe so clinicians were able to see patients for their concerns as long as necessary.
- There were ramps leading to the entrance to the service. All areas to the service were accessible to patients with poor mobility.
- The waiting area for the urgent care centre was large enough to accommodate patients with wheelchairs and pushchairs; and also allowed for access to consultation rooms. There was enough seating for the number of patients who attended on the day of the inspection.
- Toilets were available for patients attending the service, including accessible facilities with baby changing equipment.
- Beverages and light snacks were also available.

Access to the service

The urgent care service was open 24 hours a day seven days per week. Patients could not book an appointment but could attend the centre and wait to see a nurse or GP. The opening hours of the service meant that patients who had not been able to see their GP during opening hours could attend for assessment and treatment at any time. The service was accessible to those who commuted to the area as well as residents.

When patients arrived at the centre there was clear signage which directed patients to the reception area. Patient details (such as name, date of birth and address) and a brief reason for attending the centre were recorded on the computer system by one of the reception team. A receptionist would also complete a brief set of safety questions to determine 'red flags' which might mean the patient needed to be seen by a clinician immediately. Patients were generally seen on a first come first served basis, but there was flexibility in the system so that more serious cases could be prioritised as they arrived. The receptionists informed patients about anticipated waiting times.

Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for urgent care centres and out of hours services in England.
- There was a designated responsible person who handled all complaints in the service.
- We saw that information was available to help patients understand the complaints system in the waiting areas.

We noted that 53 complaints had been received in the previous 12 months. We looked at a selection and found that these had been satisfactorily investigated. We also saw evidence of how learning from complaints had been used to improve the service. For example, in 2016, the Parliamentary and Health Service Ombudsman upheld a patient complaint about care received because the brevity of the consultation notes meant that the Ombudsman was unable to conclude whether there were failings in the clinician's consultation or decision making. Records showed that following this decision, the interim chief

Good

Are services responsive to people's needs?

(for example, to feedback?)

executive had sent a "lessons learned" email to all clinical and non clinical staff (including bank and locum clinical staff) highlighting the learning from the complaint and the importance of following best practice when record keeping.

Records also showed that the provider had recently introduced a steering group to ensure that complaints trends were analysed and used to improve the service.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

We noted that the provider had recently come through a period of organisational change; resulting in the Medical Director also currently serving as interim Chief Executive. The interim Chief Executive told us that their immediate aim was to provide visible leadership and organisational stability for the provider's urgent care centre, GP Out Of Hours and NHS 111 services.

- The service had a mission statement and staff knew and understood the values.
- The service had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Our discussions with staff indicated the vision and values were embedded within the culture of the service.

Governance arrangements

The service had an overarching governance framework which aimed to support the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was an open culture in which safety concerns raised by staff and people who used services were highly valued as integral to learning and improvement.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff.
- The provider had a good understanding of their performance against National Quality Requirements.
- Performance was shared with staff via staff bulletin and local CCGs as part of contract monitoring arrangements.

However, we also noted that governance arrangements did not always operate effectively in that there was limited evidence of quality improvement activity and we did not see evidence that clinical streaming staff had successfully completed the pre requisite streaming training. We also noted that risks were not always dealt with in a timely way in that the above issues had been logged in the provider's January 2017 Clinical Governance Risk Register but we did not see evidence of how these risks were being managed or mitigated against.

Leadership and culture

The interim Chief Executive told us that their immediate aim was to provide organisational stability and visible leadership. Staff told us that there were clear lines of responsibility and that they were aware of their responsibilities. Records confirmed that there were clear lines of communication and that management information was routinely shared.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. The service had systems to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure and staff felt supported by management.

- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

Seeking and acting on feedback from patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- Patients were provided with an opportunity to provide feedback, and if necessary complain.

Are services well-led?

Requires improvement

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

- Staff told us that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.
- Staff told us that they were proud of the service being delivered and that they felt engaged in decisions relevant to how the service might be delivered in the future. Staff also told us that the team worked effectively together.
- Staff were proud of the organisation as a place to work and spoke highly of the culture.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. For example, following our March 2017 inspection of the provider's GP out of hours service (which had identified gaps in medical equipment calibration records), we noted that the provider had acted promptly to improve record keeping for its urgent care centre service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Dignity and respect **How the regulation was not being met:** The registered person did not ensure that the dignity, privacy and confidentiality of the patient was maintained at all stages of the consultation process. This was in breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance **How the regulation was not being met:** The provider did not do all that was reasonably practicable to ensure good governance, by failing to have in place appropriate arrangements to assess, monitor and improve the quality and safety of the services provided.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing **How the regulation was not being met:** The provider did not do all that was reasonably practicable to ensure that suitably competent and skilled persons were employed by the service; by failing to demonstrate that clinical streaming staff had successfully completed the provider's competency framework, and that all staff employed for more than 12 months had received an annual appraisal. This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.