

# Northwick Park Hospital 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 Northwick Park Urgent Care Centre on 14 September 2016. Overall, the service is rated as Requires Improvement.

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

- Risks to patients who used services were assessed and well managed.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events; however significant events are not formally discussed with all staff.
- There were systems and processes in place to keep patients safe and safeguarded from abuse; however not all staff had undertaken safeguarding training relevant to their role.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment; however, we observed that clinicians did not always maintain patients' dignity and confidentiality.
- Information about services available for patients was limited and was not easily accessible to service users. The service had no hearing loop to help patients with hearing impairments and translation services were not widely advertised for patients.
- The service understood the needs of the changing local population, increased demand on local health services and had planned services to meet those needs.
- Patients' care needs were assessed and delivered in a timely way according to need and in line with current evidence based guidance.
- Appraisals for many clinical staff were overdue and not all staff had undertaken basic life support, infection control, fire safety and information governance training relevant to their role.
- The service had an effective streaming pathway in place; children under two years were triaged by a GP within 15 minutes of arrival and urgent patients were usually seen within 15 minutes of arrival by an emergency nurse practitioner. This pathway also ensured that all patients with life threatening conditions received the most appropriate response.

# Summary of findings

- There was a system in place that enabled staff access to patient records. The information provided to the GPs following contact with patients was appropriate.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. Service specific policies were implemented and were available to all staff; however, we were not assured that all staff were aware of these policies.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure all staff undertake safeguarding, basic life support, infection control, fire safety and information governance training relevant to their role.

- Ensure regular appraisals are undertaken for all members of staff.

In addition, the provider should:

- Review systems in place to ensure there is a clear system in place to monitor the implementation of medicines and safety alerts.
- Ensure service users are always treated with privacy and dignity.
- Consider improving communication with patients who have a hearing impairment and ensure translation services were made available for service users.
- Improve staff knowledge of and involvement in the vision and strategy of the service.
- Consider improving joint working between the management team of the Urgent Care Centre (UCC) and the Emergency Department (ED) and improve communication within the management team.

**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?

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

- Risks to patients who used services were assessed and well managed.
- There was an effective system in place for recording and reporting significant events; however these were not formally discussed with all staff. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.

**Requires improvement**



### Are services effective?

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

- The processes in place for undertaking appraisals for clinical staff were not effective; appraisals for many clinical staff were overdue.
- Some of the service staff had not undertaken training relevant to their role including safeguarding, basic life support, infection control, fire safety, information governance and paediatric training.
- All staff had received an induction however not all staff had received regular performance reviews.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Systems were in place to ensure patients accessing the service received timely care and treatment. There was a streaming pathway in place for patients received the most appropriate response.

**Requires improvement**



# Summary of findings

- The service maintained an understanding of their performance and was meeting their performance standards to ensure patient needs were met in a timely way. They had achieved an average of 95% for their four hour waiting target in the year up to our visit.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Staff had a wide range of skills and knowledge to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Systems were in place for patients to be referred to other health care providers when required.
- There was collaborative working with other specialties within the hospital. Notes were shared with the patients' GP electronically.

## Are services caring?

The service is rated as good for providing caring services.

- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, on the day of inspection, we observed that clinicians did not always maintain patients' dignity and confidentiality.
- Information for patients about the services available was limited and not easily accessible by significant numbers of service users. For example, some of the patients who did not have English as their first language were not offered interpreters and there was no advertising of available interpreting services within the centre.
- The majority of patients had not received information leaflets about the service provided on arrival.
- Feedback from the large majority of patients through our comment cards and through the survey collected by the provider was positive.

Good



## Are services responsive to people's needs?

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.

Good



# Summary of findings

- Services were also put in place to meet the needs of some patient groups; however, not all facilities were available to patients for example, a hearing loop. Translation services available were not widely advertised.
- Information about how to complain was available and evidence we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The service had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- Risks to patients who used services were assessed and well managed.
- There was a leadership structure and staff felt supported by management. Service specific policies were implemented and were available to all staff; however, we were not assured that all staff were aware of these policies. The service held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The service proactively sought feedback from staff and patients.

**Requires improvement**



# Summary of findings

## What people who use the service say

We looked at feedback received from patients about the urgent care service they received. Patient feedback was obtained by the provider on an ongoing basis and included in their contract monitoring reports. Data from the provider for the period of January 2016 to March 2016, completed by 136 patients showed:

- 60% of patients who responded had attended more than once over the previous year.
- 97% of patients were satisfied with their consultation.
- 94% of patients felt they received information on the medications they were prescribed.
- 99% of patients felt they had been advised when to contact their GP.
- 97% of patients reported they had been told who to contact in an emergency.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards. Twenty-four of the comment cards we received were positive about the service experienced. One comment card highlighted issues with delayed test results from the service. Patients

said they felt the service offered a good, professional service and staff were helpful, thorough and caring and treated them with dignity and respect. They also highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with seven patients during the inspection. The patient response was mixed for example, some patients said they felt the service was good and staff were respectful, committed and caring. However, some patients highlighted issues with the lack of information provided with regards to interpreting services, chaperones and some highlighted issues with privacy in the waiting area.

We collated additional data for July 2016 from the Friends and Family test survey, a national test created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed. Data for July 2016 showed that 92% of patients said they would recommend the service to their friends and family.

# Northwick Park Hospital Urgent Care Centre

## 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 practice nurse specialist adviser and an Expert by Experience.

## Background to Northwick Park Hospital Urgent Care Centre

Northwick Park Urgent Care Centre (UCC) is a 24-hour UCC adjacent to the Accident and Emergency (A&E) Department at Northwick Park Hospital in Harrow. The service is regulated by the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. The lead commissioner for the Northwick Park UCC is Harrow Clinical Commissioning Group (CCG). The Lead Provider is London North West Healthcare NHS Trust (LNWHT) which runs Northwick Park Hospital. Greenbrook Healthcare work in partnership with LNWHT and has a subcontract with them to undertake the day to day management of the service as well as providing all GP cover and some of the administrative and reception cover in the service. The nursing team is employed by LNWHT.

The UCC assesses all walk-in patients to the A&E and UCC, refers all major injuries and illnesses to A&E and treats all minor injuries and illnesses. In addition, A&E refer appropriate ambulance transfers to the UCC for treatment.

The UCC is staffed by GPs, Emergency Nurse Practitioners (ENPs) and Emergency Care Practitioners (ECPs) 24 hours a day and has a dedicated reception, administrative and management team. A service manager, administration manager and a team of 10 reception and administrative staff undertake the day to day management and running of the service. There is one employed lead GP and one employed lead nurse for the UCC. The unit is staffed by up to five GPs and six nurse practitioners at any one time depending on the hour of the day. Also employed are seven nurse practitioners, six ENPs including one trainee ENP, three ECPs and three salaried GPs.

The service is open 24 hours a day every day of the year. Patients may call the service in advance of attendance but dedicated appointment times are not offered. Data collected between 1 August 2015 and 31 July 2016 shows the average number of patients streamed (initially assessed for suitability for treatment at the UCC) per week was 2261 and the average number of patients treated in the UCC was 1925 per week. Some of the patients who are streamed and found to be unsuitable for treatment in the UCC are referred to other appropriate services.

The service was opened in April 2012 and has not been previously inspected. The UCC is co-located with the A&E department which was not visited as part of this inspection.

## 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



# Detailed findings

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.

## 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. We carried out an announced visit on 14 September 2016. During our visit we:

- Spoke with a range of staff including the medical director, service manager, lead GP, emergency department consultant, GP, emergency nurse practitioner (ENP) lead, streaming nurse and lead receptionist.
- Spoke with patients who use the service.
- Observed how patients were provided with care and talked with carers and/or family members

- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed service documentation including policies and procedures.
- Carried out recruitment checks on staff employed by the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of 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?

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support; an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events.

We reviewed 125 incident reports provided by the service; We saw that lessons were shared and action was taken to improve safety in the service. The service shared their significant events and any lessons learnt on their weekly online blog, which was accessible to all staff including bank staff. For example, following a significant incident when a young patient was discharged back home while still displaying symptoms, resulting in a readmission for emergency treatment, learning was shared on the blog. We found that significant events were formally discussed at governance meetings with management staff and learning is shared with staff in a number of ways including blogs and newsletters.

National patient safety alerts were disseminated to all staff and shared via their weekly blog; however the service had no central log to monitor the implementation of these alerts.

### Overview of safety systems and processes

There were systems, processes and services in place to keep patients safe and safeguarded from abuse, however, not all were effective.

- Staff demonstrated they understood their responsibilities in relation to safeguarding. When we

reviewed training records, we found there were gaps in safeguarding training. For example, we found five agency GPs had not received regular training updates in level 3 child protection and four of these GPs had not received three yearly updates on adult safeguarding training according to the service's policy. Three nurses including two permanent nurses had not received updates on adult safeguarding training in line with their policy and one agency nurse had not received regular training update on child protection training. The service told us that they had reminded agency staff about outstanding training and those who were not up to date with their training were not booked for further shifts; however we saw one example from the rota where a member of staff lacking safeguarding training had been booked for multiple subsequent shifts. Three salaried GPs and 14 nurses had up to date training in child protection level 3 and adult safeguarding. All except one non-clinical staff had received up to date safeguarding training.

- The safeguarding service arrangements in place reflected relevant legislation and local requirements were in place; however, they required monitoring.
- Safeguarding 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. There was a lead member of staff for safeguarding.
- 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)
- The service maintained appropriate standards of cleanliness and hygiene although infection control processes in place were not adequate. We observed the premises to be clean and tidy, with the exception of the patient toilets. Although there was a cleaning schedule to clean these toilets three times a day, we observed them to be dirty due to their constant use. There was an infection control lead that carried out an infection control checklist. We saw evidence that areas identified for improvement in the checklist had been actioned. There was an infection control protocol in place however, not all clinical and non-clinical staff had received training appropriate to their role.

# Are services safe?

- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance. For example, annual servicing of fridges including calibration where relevant.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.
- The service had a clinical patient management system from which patient consultation notes were sent to their registered GP immediately on discharge.

## Medicines Management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). The hospital pharmacist was responsible for the storage of all medicines in the cabinet which included diazepam and pain relief. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The arrangements for managing vaccines at the service kept patients safe. Patient Group Directions (PGDs) were used by nurses to supply or administer medicines without prescriptions. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance. The service had carried out one PGD audit in April 2016 to ensure staff compliance with the use of PGD's in the service.

## Monitoring risks to patients

Arrangements to monitor risks to patients were mostly well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and a poster available, developed by the health and safety team of London North West Healthcare NHS Trust (LNWHT). The service had up to date fire risk assessments and carried out

regular fire drills. Recommendations from their recent fire risk assessment had been actioned. For example, the risk assessment had identified that there had been no trained fire marshals for the urgent care centre. The service had taken action and one administrator had been nominated as a fire marshal and had received training. The service manager was also nominated as a fire marshal and was due to receive training the following month.

- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Clinical equipment that required calibration was calibrated according to the manufacturer's guidance.
- The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place reviewed daily for all the different staffing groups, including the clinical streamers, to ensure enough staff were on duty. The inspection team saw evidence of an escalation plan that was effective in ensuring that there were enough staff on duty to meet expected demand especially at periods of peak demand such as weekends and Monday mornings. The service had increased their use of agency GPs, provided by Greenbrook healthcare, due to the shortage of salaried GPs in the service.

## Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency. There was a panic button in all clinical rooms and a CCTV security camera had been installed with visible signage around the service.
- Not all staff had received annual basic life support training including use of an automated external defibrillator. We found four clinical staff were overdue their refresher training but there was evidence that this training had been booked for October 2016, after our inspection. The provider informed us that that reception and administration staff were no longer required to

## Are services safe?

complete this training. The service had assessed that the close proximity working of reception staff to 24 hour Urgent care centre (UCC) and Emergency Department (ED) clinicians meant that they were not expected to administer basic life support.

- The service had a defibrillator available on the premises and oxygen with adult and children's masks. As the centre was co-located with the ED, they had rapid access to the resuscitation team once they activated a crash call.

- A first aid kit and accident book were available.
- Emergency medicines were easily accessible 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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 service guidelines. Staff also followed their operational and clinical procedures guidance as well as the treatment of minor injuries and illnesses procedures, also centred on the NICE guidelines.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE updates were discussed at clinical governance meetings and disseminated to staff via their weekly blog.
- The service monitored that these guidelines were followed through daily record reviews.

The service had a system in place for identifying all immediate life-threatening conditions and ensuring patients accessing the service received timely care and treatment. Once identified, these patients were passed to the most appropriate response.

- There was a streaming assessment pathway in place and all staff were aware of the process and procedures to follow. On arrival to the urgent care centre, patients were booked in by the reception staff. A clinical streamer, who was a senior emergency nurse practitioner based at the reception desk, would next assess the patients, usually between 2-15 minutes after the booking process, and record all clinical findings in the computer system. Patients requiring emergency treatment were transferred to the emergency department immediately. Those arriving by ambulance, urgent patients likely to require specialist intervention and children under two years of age were on a priority list and received a full triage by a GP within 15 minutes of booking in. There was a four hour waiting target for patients outside the priority list. They received nurse or GP treatment and those who presented with non-acute problems were redirected to local walk in centres or to their GP practice. Reception staff did not undertake the

clinical assessment of patients but they had a process in place for prioritising patients with high-risk symptoms such as chest pain, weakness of limb or face or severe blood loss.

- The service had procedures in place to ensure patients did not deteriorate whilst waiting for their consultation or because of an urgent patient taking priority. The streamers had a responsibility to keep an overview of the waiting room and the well-being and safety of all the patients waiting full consultation and assessment. As clinicians called the next patient, they would observe the waiting area for any patients who looked unwell, that may have deteriorated and required immediate clinical review. If a patient were to deteriorate, the clinicians would review their symptoms, undertake appropriate observations and offer analgesia if required. Patients were then transferred to the emergency department as appropriate.

### Management, monitoring and improving outcomes for people

We saw evidence of daily performance monitoring such as daily notes reviews undertaken by the service including a day by day analysis and commentary. This ensured a comprehensive understanding of the performance of the service was maintained. Areas of concern had been reviewed and action plans implemented which demonstrated improved performance. A review of their yearly performance saw the service achieve an average of 95% for meeting their four hour target.

There was evidence of quality improvement including clinical audit:

- The service had a system in place for completing a range of clinical audits and we reviewed their annual audit plan.
- The service carried out on-going x-ray reporting audits to review clinicians' performance in these areas. As a result of the on-going x-ray audits, missed fractures in young patients were identified and these were discussed with the clinician immediately and documented as a significant event. Any learning was then shared via the blog. Information from these audits was used to make improvements. For example, learning from the x-ray audits included ensuring concise history taking particularly for toddlers, when they presented to the urgent care centre with pain and being unable to weight bear. Learning also included that if they were

# Are services effective?

## (for example, treatment is effective)

unable to interpret the x-ray, to assume they had a fracture until proved otherwise by the report. Clinicians were also advised to seek a second opinion from another clinician if unsure.

- The service had a policy of regularly reviewing patient consultations for all clinicians. The lead GP performed a documented notes audit for all clinicians. A random selection of five cases (patient consultations) from each month were reviewed every quarter for all GPs in the service. A random selection of 20 cases (streaming notes) in a random day was reviewed every quarter for all nurses in the service. The audits reviewed the speed of communication, history taking, observations, early treatment, early investigation and outcomes.
- The service also undertook regular prescribing audits to monitor prescribing and the results were circulated through their weekly blog.

### Effective staffing

- Staff had a range of skills, knowledge and experience to deliver effective care and treatment.
- The service had an induction programme for all newly appointed staff. There was a comprehensive induction guide for administrative and clinical staff members. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and information governance. In addition to safeguarding training, all clinical and non-clinical staff had to undertake safeguarding competency assessment tests within three months of commencing employment. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, emergency nurse practitioners (ENPs) with sufficient experience in minor illnesses and injuries undertook the role of clinical streamers. They had to undertake regular streaming competency assessments, which were scenario based and which assessed their knowledge of the processes in place and the key performance indicators. This included supervision and post assessment audits. Follow up assessments were carried out for those who were not successful in their initial competency tests. The lead nurse cascaded all

update training for nurses, which were circulated through the blog. She also undertook weekly safeguarding scenario based supervision sessions for clinical staff.

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, peer support meetings for the nurses, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, we were not assured that the service had a formal annual clinical appraisal process in place. Records we reviewed indicated that appraisals for five out of 18 nurses were overdue and appraisals for some of the GPs were two years overdue. The lead GP told us that they carried out on-going clinical performance audits for some staff; however, these were not documented in staff notes therefore it was difficult to establish if their training needs and professional development plans had been met. All non-clinical staff had received an appraisal in the last 12 months.
- Not all staff at the service were up to date with training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.

### 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, for example when referring patients to other services. In cases where there were delayed or missed referrals, the service held safety net meetings to discuss these referrals and shared learning via the blog.
- The provider worked collaboratively with the NHS 111 and London Ambulance Service (LAS), who would select the appropriate patients to be seen at the urgent care centre.

# Are services effective?

(for example, treatment is effective)

- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred to these.
- If patients required specialist care, the service could refer to specialties within the hospital. For example, the centre made face to face referrals to the emergency department's Short Term Assessment Rehabilitation and Re-enablement Service (STARRS) area. Staff also described a positive relationship with their onsite health visitor who they met with regularly to discuss safeguarding referrals.
- The service worked with other service providers to meet patients' needs and manage patients with complex needs. The service had a clinical patient management system from which patient consultation notes were sent to their registered GP immediately on discharge.

## 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, clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients. However on the day of inspection we identified a few issues in maintaining privacy and dignity in the waiting area. When this was raised with the service management team, they took action to follow up these patients with a telephone call and offered an apology. Since the inspection the provider informed us that they had considered these issues as significant events and had taken the necessary actions.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Twenty four of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered a good, professional service and staff were helpful, thorough and caring. They also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the provider's own survey (136 responses) carried out between January and March 2016 showed:

- 94% felt the reception team were helpful and professional.
- 91% of patients felt the nursing team were helpful and professional.
- 99% of patients felt the environment afforded them respect and privacy.
- 95% of patients felt they were treated with respect and dignity.

### Care planning and involvement in decisions about care and treatment

The majority of the patients we spoke with on the day 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 mostly positive and aligned with these views.

Results from the provider's own survey (136 responses) carried out between January and March 2016 showed:

- 99% of patients felt they were listened to in their consultation.
- 97% of patients felt they had enough time to ask questions about their care/treatment.
- 97% of patients were satisfied with their consultation.
- 94% of patients felt they received information on the medications they were prescribed.

Survey results were reviewed at their governance meetings and feedback was shared with the team via their weekly blog. The service also had a table on display in the waiting area which highlighted areas for improvement in response to their patient surveys.

The facilities provided by the service to help patients be involved in decisions about their care were not effective:

- Although staff told us that translation services were available on request for patients who did not have English as a first language, we did not see notices in the reception areas informing patients this service was available. Reception staff told us that interpreting services were displayed in the accident and emergency department only. Patients we spoke to on the day of inspection who did not have English as their first language told us that they had not been offered an interpreter.
- Information leaflets were available in easy read format. We observed four out of approximately 50 patients being handed information leaflets, which explained how the urgent care centre worked and feedback forms on arrival. Patients we spoke to on the day of inspection had not received these information leaflets. This led to confusion amongst some patients as the urgent care centre also shared the waiting area with the accident and emergency department. The streamers verbally explained to the patients during streaming whether they had been allocated to be seen at the UCC or ED and what will happen next. The also informed us that information leaflets are handed out by streamers proactively to patients who may be confused or have further questions, reception staff also hand out the



## Are services caring?

leaflet. The service informed us that they had recently designed a large flowchart signage for the waiting room walls which clearly showed all patients how the flow through UCC or ED worked.

- There was a small notice board in the waiting area with some information notices.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service worked with Harrow Clinical Commissioning Group (CCG), London North West Healthcare NHS Trust (LNWHT), their service provider and Greenbrook Healthcare to improve review the needs of its local population and to secure improvements to services where these were identified. They engaged regularly to discuss local needs and service improvements that needed to be prioritised. This included regular meetings to review performance including incidents, financial and clinical elements of the service. For example, improvements made following a serious incident included the development of a pathway for those patients at risk of developing deep vein thrombosis (DVT). The service providers were able to negotiate with ambulatory care that they would undertake the assessments and initiate treatment for these patients. Following a risk assessment by the urgent care centre, patients at risk of developing DVT were referred to ambulatory care that would then commence prophylaxis (preventative treatment).

Services were also put in place to meet the needs of some patient groups. For example:

- There was a separate children's waiting room with two windows overlooking the reception area and direct access to the streaming nurse. There was adequate seating in this room and it comprised of bright coloured walls and décor as well as fun posters on the walls, a world map and a colours and shapes poster.
- There was adequate seating in the main waiting area and all chairs had arms to aid sitting and standing.
- The waiting area was spacious and provided adequate space for wheelchairs and pushchairs. The entrance had an automatic door entry and was wheelchair accessible.
- Services in the waiting area included a vending machine and a TV.
- The provider supported other services at times of increased pressure.
- Patients had the option of a male or female GP if required.
- Patients had access to a prayer room on site within the main hospital.

- However, some facilities were not accessible, for example, there was no hearing loop installed in the centre. Reception staff told us that patients with hearing impairment were requested to write on a piece of paper. There were no other provisions made for these patients.
- A notice in the waiting room advised patients that chaperones were available if required.

### Access to the service

The service was open 24 hours a day, seven days a week. The streaming clinician assessed approximately 320 patients a day.

Patients could access the service via NHS 111, London Ambulance Service (LAS) for those assessed as appropriate for this service and through their GP or Out of Hours GP services. The service also saw 'walk in' patients.

Feedback received from patients from the CQC comment cards and from the National Quality Requirements scores indicated that in most cases patients were seen in a timely way. On the day of inspection, we observed patients being informed that there was a one hour waiting time for consultations.

Results from the provider's own survey (136 responses) carried out between January and March 2016 showed:

- 97% of patients were satisfied with their consultation.

### 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 the NHS England guidance and their contractual obligations.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.

We looked at 42 complaints received in the last 12 months and found these were satisfactorily handled and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care. Learning from complaints was shared via their weekly blogs. For example, a complaint had been raised regarding the quality of a patient's consultation which included the lack of an adequate assessment and staff attitude. Staff were

## Are services responsive to people's needs? (for example, to feedback?)

reminded of the importance of checking patient details and ensuring they were professional at all times. Following this, the service carried out an audit of case notes which highlighted the need for clear and comprehensive documentation.

# 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

The service had a vision to deliver high quality care and promote good outcomes for patients.

- The service did not have a documented mission statement; however, the service had stated a goal to place patients at the centre of their service delivery.
- The service did not provide us with a robust strategy but they had implemented a draft strategy and quality assurance document. This was still in the draft stage and was awaiting ratification.

### Governance arrangements

The service had a governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, the monitoring systems in place to ensure all staff training and appraisals were up to date, were not effective.
- Service specific policies were implemented and were available to all staff.
- The provider had a good understanding of their performance and this was discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- The provider held quarterly management board meetings which dealt with all operations, finance, governance and clinical governance and provided overall integrated governance for the service.
- The service held weekly internal operations meeting which was attended by the lead GP, lead nurse, service manager where they discussed general operational issues including the monitoring of incidents and complaints. The meeting minutes had an action list which was updated every month.
- The provider held monthly joint clinical governance group where they reviewed incidents, complaints, audits and patient feedback; this was attended by representatives from accident and emergency, paediatrics, medical and surgical specialties (as required) and safeguarding.
- A programme of on-going clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Culture and leadership

The provider was aware of and had systems in place 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 support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.

### Leadership and communication

The lead GP had been temporarily seconded into post two months before our visit. The substantive lead GP had dedicated management time every week to support the temporarily seconded lead GP. We noted that the lead GP was still embedding themselves into the system. The lead consultants from the Emergency Department (ED) expressed a desire to improve communication and contact through joint meetings with the management team from the service, including the clinical director.

- The management team held monthly clinical governance meetings attended by the lead nurse and lead GP and we saw up to date meeting records for these. However, minutes of staff meetings handed to the inspection team were not up to date and were last documented in November 2015. The service undertook daily 20-minute workshops but these were not documented.
- There were arrangements in place to ensure the staff were kept informed and up-to-date including through the weekly blog which had been developed by the
- Staff from the service told us that they found the management team approachable and they always took

# Are services well-led?

Requires improvement 

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

the time to listen to all members of staff. They 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, particularly by the providers. Staff had the opportunity to contribute to the development of the service.

## 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.

- The service had gathered feedback from patients through surveys and complaints received. For example, a patient survey highlighted issues with the noise level

in the waiting area which meant they were unable to hear their names being called out. The service implemented a tannoy loudspeaker system to enable patients to hear when they were called in for their consultation.

- The service had gathered feedback from staff generally through discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service was developing improvements to the signage in the waiting area service team to enable patients to navigate around the centre easily.

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	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that staff had undertaken infection control, safeguarding, basic life support, information governance and fire safety appropriate to their role.</p> <p>This is in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that all staff have received a regular appraisal to enable them to carry out the duties that they are employed to perform.</p> <p>This is in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>