Bracknell Urgent Care Centre

Quality Report

Brants Bridge Clinic
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Date of inspection visit: 12 April 2016
Date of publication: 26/05/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Bracknell Urgent Care Centre had been inspected twice before in August 2015 and October 2015. On both previous inspections we found that the service provided by the centre was not meeting regulations associated with the Health and Social Care Act 2008.

The inspection on 7 October 2015 was a comprehensive inspection and we followed up on the concerns we identified in August 2015. As a result of the findings of the inspection in October 2015 we were able to remove the urgent conditions imposed following the August 2015 inspection as improvements had been made. However, we still found concerns specifically related to the effectiveness, safety and governance of the service. This led to an overall rating of requires improvement.

We carried out an announced comprehensive inspection at Bracknell Urgent Care Centre on 12 April 2016, to consider whether sufficient improvements had been made.

The provider had addressed the concerns we had at the previous inspection (October 2015). Overall the provider is rated as good following this inspection.

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

- The service had a clear vision that had improvement of service quality and safety as its top priority. The service and staff fully embraced the need to change, high standards were promoted and there was good evidence of team working.
- The service had an effective governance system in place, was well organised and actively sought to learn from previous Care Quality Commission inspections, performance data, complaints, incidents and feedback.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The service was monitored by Bracknell and Ascot Clinical Commissioning Group (CCG) and there were specific indicators the service worked to achieve. Since October 2015 the service had met all the key performance indicators in terms of performance. For example, in March 2016, 92% of children had a clinical contact within 15 minutes of booking at reception; this was 12% above the target.

Summary of findings

- Procedures were in place for monitoring and managing risks to patient and staff safety.
  - Feedback from patients about access to the service and treatment received was consistent and highly positive.
  - The service understood the needs of the changing local population, increased demand on local health services and planned services to meet those needs.
- The centre had good facilities and was well equipped to treat patients and meet their needs.

However, there were areas where the service needs to make improvements. Importantly the provider should:

- Ensure all GPs have achieved, or are working towards, the appropriate level of training in safeguarding of children.
- Continue to engage with the patient participation group, proceed with planned meetings with the aim to seek feedback and views about the service from their patients.

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 service is rated as good for providing safe services.

Following our previous inspection in October 2015 the service had made improvements in areas relating to significant events and monitoring patients in the waiting area.

- There was an effective system in place for reporting and recording significant events. Lessons were learned, action points communicated with staff and most staff we spoke with could recall learning from recent significant events.
- Procedures were in place for monitoring and managing risks to patient and staff safety. The maintenance issue had been resolved and the waiting area was in the original location, in clear view of both the reception desk and nurse assessment area ensuring patients safety and well-being was continually monitored.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. Patients were told about any actions to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received recent awareness training in female genital mutilation.

Are services effective?

Good

The service is rated as good for providing effective services.

Following our previous inspection in October 2015 the service had made significant improvements in areas relating to providing an effective service, specifically improvements within the skill mix at the service and providing locum GPs and nurses full access to the group (One Medicare Ltd) policies and internal systems.

- Changes to systems had been implemented and accounts created to provide GPs and nurses full access to One Medicare Ltd policies and internal systems including access to patient pathways for minor illnesses and injuries.
- There was an increase in quality monitoring, including clinical audit which demonstrated quality improvement.
- A comprehensive understanding of the performance of the service was maintained. Data from the Key Performance

Summary of findings

Indicators (KPI) indicates considerable month by month performance improvement; ensuring patients accessing the service now received timely care and treatment. For example, in March 2016, initial assessment times for children were met (92% of children had clinical contact within 15 minutes of booking at reception, the target was 80%) and initial assessment times for adults were met (94% of adults to have a clinical contact within 30 minutes of booking at reception, the target was 80%).

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Records showed the service proactively sought and promoted healthier lifestyles, this was evident in KPI data for example, in March 2016, 100% of recorded smokers were offered smoking cessation advice; the KPI target was 90%. All patients who qualified was given advice and directed to the patient education centre.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

Good

The service is rated as good for providing caring services.

- Patient satisfaction feedback accessed via the NHS Friends and Family Test results indicate month by month improvement in satisfaction scores. For example, in January 2016, the service achieved an 88% satisfaction rate on patient satisfaction in the Friends and Family Test. In February 2016, the service achieved a 97% satisfaction rate and in March 2016, the service achieved a 98% satisfaction rate.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality. Staff were highly motivated and inspired to offer care that was kind and which promoted people's dignity.
- Feedback from patients was substantially positive with the vast majority of patients reporting that all staff gave them the time they needed, that GPs and nurses were good at explaining treatment and all staff including reception staff were very helpful.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- The service had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised.
- Staff within the service demonstrated a good knowledge of the local and wider population and engaged with the Clinical Commissioning Group to make improvements to the service.
- Feedback from patients reported they found it easy to see someone at the centre. Performance data indicated significant improvements in access and waiting times despite record numbers of patients accessing care and treatment at the centre.
- The service worked with local community groups including Healthwatch Bracknell Forest.
- Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The service is rated as good for being well-led.

Following our previous inspection in October 2015 the service had made significant improvements in areas relating to governance arrangements, communication with staff and the leadership and culture within the service.

- 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 this.
- There was now a clear leadership structure and staff felt supported by management. The centre had a number of service specific policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The management team fully engaged with the Care Quality Commission inspection process. We were presented with extensive documents during the inspection. This included action plans; a working document, updated regularly and assigned different actions to key members of staff.
- There was a strategic approach to future planning as the local health economy continues to change.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The service sought feedback from staff and patients, which it acted on. There was a patient participation group, a 'you said, we did' patient feedback board and engagement with Healthwatch Bracknell Forest had increased. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Summary of findings

What people who use the service say

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All 39 comment cards we received from patients were positive about the service experienced. However some patients commented it was not clear about the difference between the urgent care centre and the emergency department. Several comment cards noted the temperature in the waiting area was often hot and uncomfortable.

We also spoke with five patients during the inspection. All five patients reported that they felt that all the staff treated them with respect, listened to and involved in their treatment. Patients were complimentary about the opening times and its ease of access and the flexibility provided. All five patients we spoke with would recommend the service and all commented on the temperature of the waiting area.

Given concerns raised about the temperature of the waiting area, we highlighted this to the management team who advised there is a contingency plan in place to use cool air fans to lower the temperature.

One Medicare Ltd does not own the building and are restricted to what systems they can implement to cool the waiting area down. There was a complimentary water dispenser available in the waiting area.

All the patients we spoke with were accessing the service during a period of low demand.

The service had used various systems to seek patients feedback about the services provided over the last year and was currently using the Friends and Family Test.

The service achieved a 97% satisfaction rate in the NHS Friends and Family Test in February 2016 and 98% in March 2016.

No negative feedback from the 44 patients (39 written and five verbal) relating to access was received. Two of the five patients we spoke with on the day of inspection complimented the timeliness of the service.

We also reviewed the information and feedback from patients on the NHS Choices website. There was a mix of positive and negative feedback from patients who had tried accessing the service.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all GPs have achieved, or are working towards, the appropriate level of training in safeguarding of children.
- Continue to engage with the patient participation group, proceed with planned meetings with the aim to seek feedback and views about the service from their patients.

Bracknell 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 second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Bracknell Urgent Care Centre

Bracknell Urgent Care Centre opened in April 2014 and provides a nurse led, walk in see and treat service for the population of Bracknell and surrounding areas in both East and West Berkshire. The service is also available for patients who work or are passing through the Bracknell area and are registered with a GP service elsewhere. It is commissioned by the Bracknell and Ascot Clinical Commissioning Group (CCG).

The service is one of twelve GP practices and urgent care centres managed and operated by One Medicare Ltd. One Medicare Ltd is based in Yorkshire and Bracknell Urgent Care Centre is one of two centres operated by the organisation in the South of England. The provider's head office had strategic systems for governance which were cascaded to the individual centres they provided care from. The service is commissioned to offer assessment, care and treatment for both minor illnesses and minor injuries.

A business manager, an office manager and a team of three reception and administrative staff undertake the day to day management and running of the service.

There is one female GP lead for Urgent Care at the centre and two regular locum Doctors (both male).

The nursing team consists of five advanced nurse practioners and a lead nurse starts employment with the service in June 2016. The two healthcare assistants also undertake patient advisor sessions in the Patient Education Centre. At the time of our inspection, we saw two offers of employment had been made to increase the nurse team to seven and the service was recruiting for additional GPs and nurses.

Following the previous inspections the Head of Quality, Governance and Compliance for One Medicare Ltd was overseeing the improvement plan alongside the Head of Urgent Care. The Head of Urgent Care has been working at the centre for the last four months which included supporting the business manager in their induction.

The service is open from 8am to 8pm every day of the year. Patients may call the service in advance of attendance but dedicated appointment times are not offered.

The service shares premises with other services including NHS Trust clinics, an x-ray department and the local out of hour's service. When the service is closed patients can access the local Out of Hours service by calling NHS 111.

The service operates from:

Brants Bridge Clinic, London Road, Bracknell, Berkshire RG12 9GB.

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. This inspection was planned to check whether the provider was meeting the

Detailed findings

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 had previously undertaken two inspections, the first in August 2015 and the second in October 2015.

We undertook a focussed inspection on 17 and 24 August 2015 in response to concerns we had about the service. We imposed urgent conditions on the registration of the provider as a result of the findings and a requirement notice.

We undertook a comprehensive inspection on 7 October 2015. At the inspection in October 2015 we followed up on the concerns we identified in August 2015. As a result of the findings of the inspection in October 2015 we were able to remove the urgent conditions as improvements had been made. However, we still found concerns specifically related to the effectiveness, safety and governance of the service.

At the inspection in April 2016 we followed up on the concerns we identified in October 2015 as well as looking at all aspects of the service we would usually inspect during a comprehensive inspection.

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 previous Care Quality Commission inspection reports, Bracknell and Ascot Clinical Commissioning Group (CCG), Healthwatch Bracknell Forest and NHS England.

We carried out an announced visit on 12 April 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, health care assistants and members of the administration and reception team. On announcing the inspection we spoke with the Head of Urgent Care and Head of Quality, Governance and Compliance who provided key correspondence for the inspection. During the inspection we also spoke with some members of One Medicare's senior management team, five patients who used the service, two members of the patient participation group (PPG) and one volunteer who volunteers at the centre.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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?

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

Good

Are services safe?

Our findings

When we inspected the service in October 2015 we observed that safety concerns were not consistently monitored in a way to keep patients safe. For example, the service did not have disseminating learning that had occurred following significant events. There was also a lack of a system to monitor in the waiting area to enable staff to respond if a patient needed medical attention.

Safe track record and learning

At the previous inspection in October 2015 we found that significant events were used as an organisation learning tool but not always communicated to front line staff. Staff were often not involved in the investigations and decisions about learning from such events.

We reviewed recent significant events and identified that learning and sharing of information from these events was limited.

During the April 2016 inspection, we found an effective system was now in place for reporting and recording significant events.

- Staff told us they would report incidents and they had access to log incidents onto the computer system for investigation.
- The service carried out a thorough analysis of the significant events. The service had identified several themes that resulted in significant events, this included technology problems, patient demand, missed fractures and ambulance delays.
- We spoke with staff who told us and we saw evidence that they were now involved in investigations including areas for reflection and learning.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the service. For example, we saw an analysis of a significant event following a delay in an ambulance attending the centre for an onward urgent referral. This affected patient flow and patient safety as the services team stabilised and managed patient care until the ambulance arrived.

The service liaised with the ambulance service and Clinical Commissioning Group and reviewed all measures in place to reduce the likelihood of this happening again. This included the service facilitating an audit of the appropriateness of the ambulance and whether the patient required an ambulance or whether the patient should have been managed in the centre. Discussions had also commenced with the ambulance service around peer reviews and patient handover both for conveyances entering the urgent care centre and those leaving to go on to accident and emergency.

We saw the service had in place an understanding and an effective policy on their responsibility with regards to the Duty of Candour. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children, young people and vulnerable adults from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies, communication board and documentation within the treatment and consultation rooms 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. Following discussions with different members of staff throughout the inspection there was confusion over who the safeguarding lead was for Bracknell Urgent Care Centre and who was the safeguarding lead for One Medicare Ltd (the organisation). This was brought to the attention to the Head of Urgent Care who immediately cascaded contact details to all staff to avoid further confusion. We looked at training records which showed not all staff had received relevant role specific training on safeguarding. For example, the nurses were trained to Safeguarding children level two and the Doctors and nurses had completed adult safeguarding training. However, two members of staff (one GP and one Doctor) we spoke with had not completed Safeguarding children level three training. Similar to the response to the confusion over the contact details the Head of Urgent Care responded immediately and arranged for the two

members of staff to complete this training. We saw evidence of completed training and all GPs and Doctors in the group had arranged protected learning time and contacted to ensure this training was completed immediately.

- Notices in the waiting areas, treatment and consultation rooms advised patients that chaperones were available if required. Nurses who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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).
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The service had a lead for infection control who had undertaken further training to enable them to provide advice on the service infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence audits were carried out and the last was completed in March 2016, scored the service 94% with full compliance and no actions or issues were identified.
- The arrangements for managing medicines, including emergency medicines, in the service kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The service carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD's) had been adopted by the service to allow nurses to administer medicines in line with legislation. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed five 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 and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the communication corridor leading to offices and kitchen facilities which identified local health and safety representatives. The service had up to date fire risk assessments (September 2015), staff had received fire safety training and the centre carried out fire drills. All electrical clinical equipment was checked in October 2015 to ensure the equipment was safe to use. The centre had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following the legionella risk assessment the service had decided that the risk was sufficiently low to make formal testing unnecessary.

Arrangements to deal with emergencies and major incidents

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

- Reception had access to an emergency alarm call which would sound in the communal area of the shared building. Although this did not directly alert nurses or GPs working in the centre's consultation rooms, there were additional personnel including a security guard employed in the building to raise an alarm with clinical staff if needed. There was the ability to phone clinical staff in the office or treatment and consultation rooms which alerted staff to any emergency.
- During the October 2015 inspection, there was a temporary maintenance issue, out of the control of the provider; the waiting area had been moved to an adjacent area where it was not in direct site of the reception desk. If a patient collapsed or needed medical attention it was possible the receptionists would not realise or call for assistance. The management team was aware of this concern and at the October 2015 inspection we were informed they had spoken with the provider who owned the building about changing the layout of the reception and waiting area. At the April 2016 inspection, we saw the maintenance issue had

Good

Are services safe?

been resolved and the waiting area was in the original location, in clear view of both the reception desk and nurse clinical assessment area ensuring patients' safety and well-being was continually monitored.

- The service had a defibrillator available on the premises and oxygen with adult and child masks. A first aid kit and accident book were available. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.
- All staff received basic life support training and emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. These included those for the treatment of cardiac arrest, meningitis, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the service in October 2015 we observed some concerns in how effective the service was. For example, temporary members of staff (Locum GPs and agency nurses) had limited access to policies and internal systems where they may need to access supporting information. This included access to patient pathways for minor illnesses or injuries. There was also minimal quality monitoring with a limited clinical audit programme. The service could not therefore identify improvements to care and treatment.

Effective needs assessment

During the October 2015 inspection, we identified clinical staff did not have access to pathways for treating specific conditions and relied on their skills and knowledge. Clinical pathways are often used in urgent care services where they enable staff to follow a set protocol, for example when assessing a head injury.

At the April 2016 inspection, we found the service had implemented systems ensuring all staff; including locum members of staff had access to the services computer system where supporting information required to undertake their role is stored.

We found 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 and used this information to deliver care and treatment that met patient's needs.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We spoke with nurses about their assessments of patients and found they had an understanding of NICE guidance. There was a clinical assessment protocol and staff were aware the process and procedures to follow.
- There was a clinical assessment protocol and staff were aware the process and procedures to follow. Reception staff did not undertake the clinical assessment of patients but they had a process for prioritising patients with high risk symptoms, such as chest pain, shortness of breath or severe blood loss.

Management, monitoring and improving outcomes for people

The service produced monthly monitoring reports of the activity undertaken, which were shared with the Clinical Commissioning Group (CCG). These included reviews of the targets agreed with the CCG used to monitor the delivery of the contract at Bracknell Urgent Care Centre.

Although performance was improving at both the previous inspections we found the provider was regularly not meeting their targets for initial clinical assessment times (15 minutes for children and 30 minutes for adults) and the completion of a patient's treatment in four hours. For example:

- In September 2015, initial assessment times for children were met and for adults the service missed the target of 80% of adults assessed within 30 minutes, achieving 78%.
- Nineteen patients had not had their treatment completed in four hours. A large proportion of the instances where 19 patients were not discharged in four hours were beyond the control of the service, due to ambulances which had been called for the patients but there were significant delays in the ambulance attending. This was due to the ambulance service appropriately prioritising the service's calls. In response to this concern the provider was in discussions with the local ambulance service to improve the situation.

Information shared from the CCG indicates considerable month by month performance improvement; ensuring patients accessing the service now received timely care and treatment. For example:

- In January 2016, initial assessment times for children were met (92% of children had clinical contact within 15 minutes of booking at reception, the target was 80%) and initial assessment times for adults were met (94% of adults to have a clinical contact within 30 minutes of booking at reception, the target was 80%).
- 26 patients (26 out of 3,160 patients) had not had their treatment completed in four hours, this equates to 99%

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Are services effective?

(for example, treatment is effective)

which met the target of 95%. Similar to what happened in September 2015, a large proportion of the instances where 20 patients were not discharged in four hours were beyond the control of the service.

- In February 2016, initial assessment times for children were met (88% of children had clinical contact within 15 minutes of booking at reception, the target was 80%) and initial assessment times for adults were met (91% of adults to have a clinical contact within 30 minutes of booking at reception, the target was 80%).
- Three patients (3 out of 3,264 patients) had not had their treatment completed in four hours, this equates to 99% which met the target of 95%.
- In March 2016, initial assessment times for children were met (92% of children had clinical contact within 15 minutes of booking at reception, the target was 80%) and initial assessment times for adults were met (94% of adults to have a clinical contact within 30 minutes of booking at reception, the target was 80%).
- 44 patients (44 out of 4,007 patients) had not had their treatment completed in four hours, this equates to 98% which met the target of 95%.

We saw evidence of daily performance monitoring 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.

At the last inspection, we saw there was minimal monitoring to identify areas for improvements, for example limited numbers of completed clinical audits. We saw little assurance to see if improvements were identified to ensure the necessary action was taken to improve patient outcomes.

On announcing the April 2016 inspection, the service presented examples of clinical audits. The inspection team followed up on the audit process during the day on inspection and noted:

- The service had a system in place for completing a range of clinical audit cycles. We saw the nurses supported the health care assistants to complete clinical audits, one of the nurses told us they were encouraged to self-audit. We saw recent audits for infection control, sepsis, x-ray, prescribing and needle stick safety.
- Findings were used by the centre to improve services and patient outcomes; one example was a review of antimicrobial prescribing habits within Bracknell Urgent Care Centre, ensuring prescribing guidelines and clinical governance was being adhered.
- This randomised audit was completed between December 2015 and February 2016. The rationale was to provide insight into prescribing habits of both nurse prescribers and GP's working during this period, against an agreed criteria. The age range was across both adult and paediatrics, there was no bias made between both employed or locum staff whilst undertaking this audit. This audit did not include any medicines issued under a Patient Group Directive (PGD).
- In total, 28 sets of notes have been reviewed; on review four prescriptions issued were deemed inappropriate totalling 17%. Therefore appropriateness of prescriptions issued totalled 83%. A diagnosis was documented in all records totalling 100%. Patient education was recorded in 21 sets of notes totalling 75%. It was noted that one prescription issued although appropriate, could have been supplied tablets rather than syrup.
- Learning from this audit had been shared with all staff via emails, meetings and correspondence in the 'communications corridor'. Staff we spoke with was aware of this audit and confirmed learning had been disseminated.
- In order to address this further and ensure learning was communicated to temporary members of staff, the service amended the locum pack to include further prescribing guidance and access to the local formulary contained within it. We were told a second cycle of this audit was planned to commence in the Summer.
- During the October 2015 inspection, we noted auditing was required as part of contract monitoring. This included reviews of records to determine whether appropriate notes were being maintained and communications with GPs were taking place within specific timeframes.

Good

Are services effective?

(for example, treatment is effective)

The CCG confirmed the service was continuing to provide this data. For example, in March 2016 99% of patients' consultation and treatment records had been forwarded to their GP within four hours or by 8am the next day, the target was 90%.

Effective staffing

During the October 2015 inspection, we saw regular meetings were not taking place other than the morning briefing session and staff were concerned about the lack of communication. Following the October 2015 inspection we saw a programme of meetings was implemented.

We saw examples of monthly internal operational meetings and monthly clinical meetings. We discussed the meetings and actions following these meetings with staff and they confirmed the minutes were a true reflection of the completed meetings.

On the day of the April 2016 inspection, there was a planned clinical and operational meeting. It was agreed the meeting would be postponed to accommodate our inspection. We saw the agenda had been sent out to staff who had been invited to the meeting; agenda items included a review of significant events, an organisation update, monthly performance update and discussion on community engagement. All staff we spoke with throughout the inspection advised that messages were communicated and the level of communication had increased significantly.

The October 2015 inspection saw a significant improvement to staffing levels since the previous inspection in August 2015, meaning greater patient safety, capacity to see patients and support for nursing staff. These improvements continued and in April 2016 we saw a further comprehensive review of case load (quantity) and case mix (quality), this included matching the skill mix to case mix. At its most basic the service always had one GP on site as a minimum plus three nurses on Tuesday to Friday and four nurses on Saturday to Monday.

We saw an up to date risk assessment and escalation policies and procedures in place should staffing levels fall below the base level for any reason. The Head of Urgent Care provided examples of daily checks of rota for current day and week ahead in place and undertaken by the Business Manager and Clinical Lead.

Throughout the April 2016 inspection we saw staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. Information from two newly recruited members of staff, one said they thought the induction programme was thorough, in depth and comprehensive. Whilst the other member of staff highlighted they thought the induction period could have been slightly longer.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: health and safety, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 services 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 services 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. For example, on the day of inspection we saw a patient was assessedd by the urgent care centre, following this assessment an X-ray was required. The service arranged for an

immediate X-ray at the diagnostic department based opposite the urgent care centre. Following the X-ray the service received the results and the correct course of action was completed.

- Staff worked with other providers by sharing information when people moved between services and by providing summaries of care provided to patients' GPs. The electronic record system enabled efficient communication with GP practices and other services.

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

We saw the service demonstrate their commitment to patient education and the promotion of health and wellbeing advice. For example, the deployment of two patient advisors. The two health care assistants within the service had a duel role which includes designated time to support and run the Patient Education Centre (PEC). PEC is an education zone within the centre.

On the day of inspection, we saw an active 'tea and talk' session. Two 'tea and talk' sessions are scheduled each month with no restrictions on who can attend. The aim of the session is to provide the community with information and advice about different health topics and conditions including educating people on what services are suitable for their individual needs.

We also saw information which related to four campaigns marketing the service and provided patients with information about how and when to access the service.

Staff we spoke with demonstrated a good knowledge of the health needs of the local and wider patient groups who may attend the centre. We saw relevant health leaflets and posters displayed around the centre. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Patients who may be in need of extra support were identified by the service. These included carers, homeless patients and those with sexual health needs. Patients were provided with information or signposted to relevant external services where necessary.

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. The only vaccinations provided at the centre were for tetanus, diphtheria and polio. These were provided as needed and not against any public health initiatives for immunisation.

Data supplied to us demonstrates Bracknell Urgent Care Centre is meeting their Key Performance Indicators (KPIs) in supporting patients to live healthier lives. For example, data from March 2016 showed:

- 100% of recorded smokers was offered smoking cessation advice; the KPI target was 90%. All patients who qualified was given advice and directed to the patient education centre.
- 100% of patients exceeding recommended alcohol consumption was offered alcohol reduction advice; the KPI target was 90%. All patients who qualified was given advice and directed to the patient education centre if appropriate.
- 100% of unregistered patients had received advice on how to register with a GP practice, the KPI target was 90%. In March 2016, the service had advised 21 patients with registration details for local GPs including the short and long term benefits in registering with a GP.
- The patient education centre was open for 100% of the Urgent Care Centre operating hours (8am-8pm); the KPI target was 90%. This ensured patients who required advice or information from the centre could always access it in a timely manner.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw reception staff greeted and welcomed patients appropriately. They spoke politely, explained the process and approximate waiting times.
- Whilst the reception was open, patients we spoke with did not raise issues about their privacy being compromised.
- The provider has policies for staff regarding privacy, dignity and confidentiality.
- Curtains were provided in treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced.

We also spoke with five patients on the day of our inspection and the experience of these patients further supported the feedback in the comments cards. All the patients we spoke with said they would recommend the service and commented on the timely, excellent service they received. Patient testimonials presented by the service highlighted that staff responded compassionately when they needed help and provided support when required.

After the inspection we reviewed information collated via the NHSFriends and Family Test. This national test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed.

At the inspection in October 2015, the service achieved a 75% satisfaction rate on patient satisfaction in the Friends and Family Test for results recorded in September 2015.

Data from the same test but for the latest three months indicates month by month improvement in patient satisfaction. For example:

- In January 2016, the service achieved an 88% satisfaction rate on patient satisfaction in the friends and family test.
- In February 2016, the service achieved a 97% satisfaction rate on patient satisfaction in the friends and family test.
- In March 2016, the service achieved a 98% satisfaction rate on patient satisfaction in the friends and family test.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

At the October 2015 inspection, the majority of staff we spoke with were unware of the translation service which was available for patients who did not have English as a first language.

During the April 2016 inspection, all staff we spoke with were familiar with the translation service. Staff told us there was little call for the service as most patients were able to speak English but if required they were confident to use the translation service.

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 Bracknell and Ascot Clinical Commissioning Group to plan services and to improve outcomes for patients in the area. We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the local population were understood and systems were in place to address identified needs in the way services were delivered. Members of the nursing team demonstrated their knowledge of the local area in terms of its demographics and key health statistics. They were aware of how this impacted on the service provided, for example, in terms of the types of issues which patients presented with at the centre.

No patients were registered at the service as it was designed to meet the needs of patients who had an urgent medical concern which did not require accident and emergency treatment, such as life threatening conditions.

The service was responsive to patients' needs in a variety of ways:

- Appointments were not restricted to a specific timeframe so clinicians were able to see patients for their concerns as long as they deemed necessary.
- Staff told us there was an open policy for treating everyone as equals and there were no restrictions on who could access the service. For example, staff told us homeless patients would be seen without any discrimination. This enabled homeless patients to receive appropriate care and treatment.
- There was automatic doors at the entrance to the building; there was a lift available, the centre had clear, obstacle free access and height adjustable couches were available in the treatment rooms. This made movement around the service easier and helped to maintain patients' independence. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms.
- There was a lowered reception desk which enabled wheelchair users to access the service and speak directly to one of the reception team.
- We were told there were times when the waiting area was full with some patients standing while they were waiting to be seen. The management team advised additional seats for the waiting area were being purchased.
- Toilets were available for patients attending the service, including accessible facilities with baby changing equipment.

Access to the service

- The service was open between 8am and 8pm seven days a week. Patients did not need to 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 practice opening hours could attend for assessment and treatment in the early evening. The service was also accessible to people who commuted to work in the area but lived and were registered with a GP elsewhere.
- Information on how to access the service was available on the provider website, NHS Choices website and was available from GP practices in the area.
- Bracknell Urgent Care Centre opened in April 2014 and was commissioned to see 29,000 patients each year. In the last year the centre has seen approximately 38,000 patients, which is 9,000 patients over forecast which equates to 31% above the commissioned level.
- In March 2016, 4,007 patients accessed the service, compared to an average of approximately 3,130 each month between September 2015 and February 2016. March 2016 was a record month in terms of the number of patients seen within in a calendar month.
- When patients arrived at centre there was clear signage which streamed patients to the reception area. Patient demographics (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 (ruling out chest pain, shortness of breath and heavy blood loss) ensuring the patient was safe to wait to see an assessment nurse.
- In most cases, patients would then wait to see a nurse for initial clinical assessment. Nurse initial clinical assessment refers to the formal process of early

Good

Are services responsive to people's needs?

(for example, to feedback?)

assessment of patients attending urgent health care environments to ensure that they receive appropriate attention, in a suitable location, with the requisite degree of urgency.

- 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 service had a target of consulting, treating and discharging patients in four hours.
- We reviewed the most recent data available for the centre on patient satisfaction regarding access to the service. This included information from the NHS Choices website (56 reviews), 39 Care Quality Commission comment cards completed by patients and five patients we spoke with on the day of inspection.
- The evidence from these sources with the exception of NHS Choices website showed patients were satisfied with how they accessed the service. The management team had reviewed all feedback on NHS Choices, proactively sought patients' feedback and engaged patients in the delivery of the service.
- No negative feedback from the 44 patients (39 written and five verbal) relating to access was received. Two of the five patients we spoke with on the day of inspection complimented the timeliness of the service.

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 NHS 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 through information in the waiting areas.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the service.

The service had received 24 complaints in the last 12 months, we looked at six complaints that had been received since January 2016 and we found all were satisfactorily handled and dealt with in a timely way. No themes had been detected but individual lessons had been learnt from several complaints and actions taken to improve the quality of care. The service showed openness and transparency in dealing with the complaints we reviewed.

At the inspection in October 2015, we found lessons learned from individual complaints had not been passed onto staff at the centre to ensure they were acted on to make improvements to the service.

During the April 2016 inspection, staff confirmed that information and learning from complaints and compliments is now shared. We saw evidence of dissemination of complaint information in the form of emails and during daily morning briefing meetings known as 'huddles'.

We also saw all feedback; both positive and negative left on NHS Choices website had been responded to by the management team.

Are services well-led?

Good

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

Our findings

When we inspected the service in October 2015 we observed significant concerns in how the service was managed. For example, there was limited involvement in governance from staff who worked at the centre. The limited governance systems that were in place were unclear and not always effective. Policies were not embedded to ensure staff used them and we saw evidence that policies were not always specific to the needs of the centre and its patients. We also saw risks were not always identified, assessed and managed and the service had not worked effectively with local Healthwatch. The culture in the service was not conducive to open communication among staff and from leaders to staff.

Vision and strategy

The service had a stated goal to place patients at the centre of their service delivery.

- One Medicare Ltd corporate values were displayed prominently in the centre for patients and staff to see. The provider's website stated that they designed their services to ensure they were patient centred and that they worked in partnership with patients, staff and commissioners to explore emerging medical and technological innovations to shape changes in care delivery and improve services for our patients and our workforce.
- Since the two previous inspections in August 2015 and October 2015, the provider had continued to work closely with the Clinical Commissioning Group to develop an action plan to address the previously identified concerns.
- Our discussions with staff and patients indicated the vision and values were embedded within the culture of the service. Staff told us the service was patient focused and they told us the staff group were well supported.

Governance arrangements

At the previous inspection we found inadequate governance arrangements, specifically there was limited involvement in governance from staff who worked at the centre. For example, policies were not embedded to ensure staff used them and we saw evidence that policies were not always specific to the needs of the service and its patients.

During the April 2016 inspection, we found the service now had an effective overarching governance system in place, was well organised and actively sought to learn from previous Care Quality Commission inspections, performance data, complaints, incidents and feedback. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the service was maintained. Areas of concern had been reviewed and action plans including audits implemented which demonstrated improved performance.
- Service specific policies were implemented and available to all staff. Revised policies were disseminated to all staff.
- A programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Further, more robust safeguarding arrangements included a recommunication of safeguarding contacts was implemented immediately once slight confusion was highlighted to the management team.

Leadership and culture

During the inspection in October 2015, we found the culture in the service was not conducive to open communication among staff and from leaders to staff.

The cultural concerns identified at the previous inspections was linked to the provider and the impacted upon the management of Bracknell Urgent Care Centre. It had not been possible to monitor any changes in culture at the previous inspection due to the high numbers of new locum GPs and agency nurses. The majority of staff we spoke with at previous inspections had worked at the centre for a short time and therefore they were unable to comment on the approach of the provider in terms of the overall management.

During the inspection in April 2016, all staff we spoke with recognised the endeavour of the new management team

Are services well-led?

Good

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

and were keen to be part of the new developments. They all told us that felt valued, supported and knew who to go to in the service with any concerns. They showed optimism for the future management style and leadership.

- The GPs and nursing team in the centre ensured the service provided safe, high quality and compassionate care. The senior management team were visible in the centre and staff told us that they were approachable and took the time to listen to all members of staff.
- We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the service with any concerns.
- The management team fully engaged with the Care Quality Commission inspection process. We were presented with extensive documents before, during and after the inspection. For example, a comprehensive improvement and development plan which had been complied by the service. This plan was a working document, updated regularly and assigned different actions to key members of staff. The plan had defined sections including aligned work streams, tasks, activities, assurances, outcomes, an owner and target completion date.

At the October 2015 inspection, we reviewed the services whistleblowing policy. Staff had access to the policy however it did not contain information on the rights of whistle-blowers and how they should escalate concerns externally. It only contained guidance for staff on how to report concerns internally. This policy had been revised and amended and at the April 2016 inspection we saw the policy now included the rights of the whistle-blower and external escalation details. This policy was available to staff via the services intranet and a hardcopy was available in the communications corridor.

The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.
- Staff told us there was now an open culture within the service they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the Head of Urgent Care and Business Manager.

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

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

- We found the service to be involved with their patients; the service told us they were working to improve how they got feedback from patients. They used the NHS Friends and Family test to seek feedback from patients. Further patient feedback was sought locally and a 'you said we did' board was displayed in the waiting area and regularly updated. We saw patient feedback was also collated via the services '4 C's' documentation, these forms allowed patients to provide information on complaints, compliments, comments and concerns.
- At the previous inspections some members of staff employed by the service told us they did not have the opportunity to provide feedback via meetings. During the April 2016 inspection, we saw the service had gathered feedback from staff through social events, informal coffee mornings, staff meetings, appraisals and other discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they now felt involved and engaged to improve how the service was run.
- The service was engaged with Bracknell and Ascot Clinical Commissioning Group (CCG), the local health economy and peers. We found the service was open to sharing, learning and engaged openly in multi-disciplinary team meetings. There was a patient participation group (PPG) with a small amount of members, given the transient patient population and patients not registering with the service it was proving

Are services well-led?

Good

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

difficult to attract members to join the group. At the time of the April 2016 inspection the relationship between the PPG and the service was limited. However, we saw plans for further more regular engagement with the PPG. This included six PPG meetings each year and increased levels of publicity of the PPG.

- Following the last inspection visit we spoke with Healthwatch Bracknell Forest (Healthwatch is a national independent champion for consumers and users of health and social care in England. They have powers to ensure the consumers' voice is heard by those who make the decisions). They advised the relationship between the service and Healthwatch Bracknell Forest was limited and provided us with a log of feedback regarding the service. We spoke with Healthwatch Bracknell Forest prior to the April 2016 inspection and they advised the relationship was better and there were plans to work closer together. One Medicare Ltd confirmed this and said they want to be heavily involved with others in the health community of Bracknell.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the service. We saw plans of Skype appointments (a spoken conversation over the Internet using the software application Skype, frequently also viewing by webcam), strengthening relationships with ambulance services including peer reviews and further developments within the service including a community sensory garden proposal.

We also saw:

- The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning time and access to online training materials.
- One of the health care assistants who was also a patient advisor had connected with the local college and local students. The service is now supporting students who are studying Health and Social courses with work experience opportunities.
- During March 2016 the local health economy was under immense pressure. Demand at local Accident and Emergency services in the region was high. The service engaged with the CCG to plan for the additional demand on local services. This included increasing the number of staff at the centre, supporting patient demand, ensuring clinical safety and supporting the local health economy resilience.
- In December 2015 the service was issued with Care Quality Commission inspection report which highlighted regulatory breaches. The latest report relating to a breach in regulation with regards governance arrangements. We received an action plan from the service which outlined the corrective action they would take. We found all the actions had been completed at the inspection on the 12 April 2016. The service had responded positively to the report compiled by the commission, where action was required, for example, staff communication, monitoring patients in the waiting area and a review of the support and guidance available to staff, particularly locums, in regards to patient pathways. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.