

Derby Urgent Care Centre

Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection December 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Derby Urgent Care Centre on 12 December 2018. This inspection was planned and undertaken as part of a wider inspection of the provider (One Medicare Ltd). The provider had agreed to contribute to our Primary Care at Scale project.

At this inspection we found:

- From 1 November 2018, the centre had operated under a nurse-led model and GPs no longer provide input on site. However, there was a GP at provider level who was accessible for clinical escalation. We found that this transition had been managed effectively and this had not affected the continuity of the service.
- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect. Patient interviews and feedback received through CQC comment cards supported our observations.
- Patients could access care and treatment from the service within an appropriate timescale for their needs. The provider had consistently met targets on waiting times set by the commissioners.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- At our previous inspection in December 2016, we highlighted an area where the provider should make an improvement. This recommended formal training for reception staff participating in the streaming process. At this inspection, we found this had been completed and reception staff had received appropriate training to support this element of their role.

We saw the following area of outstanding practice:

- Two members of the team had completed safeguarding training at level four (GPs and safeguarding leads within primary care are usually trained to level three). The local authority safeguarding leads attended team meetings on site. These two factors helped embed the awareness and responsiveness to safeguarding concerns.

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

Our inspection team

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

Background to Derby Urgent Care Centre

Derby Urgent Care Centre opened in April 2015 and provides a nurse-led walk-in see and treat service for the population of Derby. The service is also available for patients who work or are passing through the Derby area, regardless of whether they are registered with a GP service elsewhere or not. The service is commissioned by South Derbyshire Clinical Commissioning Group (CCG) to provide assessment, care and treatment for both minor injury and minor illnesses.

The service is one of 10 registered services managed and operated by One Medicare Ltd (the provider). These include urgent care centres, GP practices, and walk-in services. The provider's head office and operations centre is based near Otley in West Yorkshire. One Medicare Ltd has been the provider of this service since 2008, when it was classed as an open access centre.

The staffing structure consists of a nurse-led model with three advanced nurse practitioners who are prescribers, two nurse practitioners, a junior nurse practitioner, and three health care assistants. The service was in the process of recruiting four more advanced practitioner posts.

The day-to-day operational management of the service was led by a Clinical Services Manager who was also the Registered Manager for the centre. At the time of our inspection, this post had recently become vacant. However, interim arrangements had been put in place to ensure continuity. The service was currently supported by the provider's Associate Director of

Operations & Performance, who is an advanced nurse practitioner and could also provide clinical support as needed. The administration team is headed by an Office Manager with four part-time receptionists and an administrator.

Derby Urgent Care Centre is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

All the regulated activities are offered from:

Derby Urgent Care Centre

Osmaston Road

Derby

DE1 2GD

The service has been inspected by the Care Quality Commission before. You can find all the previous reports by accessing our website and clicking on the "all reports" tab for Derby Urgent Care Centre.

The service displayed the previous inspection ratings in the patient waiting area. The previous inspection report was not displayed on the provider's website, but the provider informed us that this was currently being reviewed and the report would be available on their website when this had been completed.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, including health & safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff.
- The provider had systems to safeguard children and vulnerable adults from abuse and neglect, and worked with other agencies to support and protect patients. For example, the local authority's child and adult safeguarding leads worked closely with the service, and regularly attended team meetings to provide support and ensure the team were up-to-date with local safeguarding guidance. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The safeguarding policy clearly outlined who to go to for further guidance, and staff knew how to identify and report concerns. When safeguarding referrals were made, referrers received an update within 72 hours to provide assurance that the concerns had been acted upon.
- All staff had received up-to-date safeguarding and safety training appropriate to their role. The safeguarding lead and office manager had completed level four training in safeguarding, which was above the recommended level three training. This helped to raise the awareness and response to any presenting safeguarding concerns.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). DBS checks were renewed every three years.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was mostly an effective system to manage infection prevention and control. Regular audits were

undertaken and action plans were developed in response to any issues that were identified, and we saw that most actions had been completed. We observed that some chairs within the waiting area had some tears in the material which could pose an infection control concern. However, when we raised this with the provider, they arranged for these chairs to be moved into a non-clinical area.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective and flexible process in place for dealing with surges in demand, and this was kept under review on an ongoing basis. An escalation process ensured that when capacity was problematic, there was a system to access locum or additional staff. We reviewed staffing rotas for the month preceding our inspection and found that there were no gaps. There were always three advanced nurse practitioners rostered for duty each day with two on duty at any time throughout the day. If locum staff were on duty, they would always work with an experienced employed advanced nurse practitioner. The junior practitioner and non-prescribing nurse practitioners would always work with an advanced nurse practitioner.
- There was an effective induction system for temporary staff tailored to their role. Due to existing practitioner vacancies within the service, the service had to use agency staff but predominantly used the same locums who were familiar with the service and its systems.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits safely.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

Are services safe?

- When there were changes to services or staff, the service assessed and monitored the impact on safety. This was undertaken collaboratively with managers in the wider organisation.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We observed an issue with post-event messaging for a small number of patients whose consultation summary was not reaching their GP practice (post-event messaging is an electronic document that is transmitted to the patient's registered GP practice at the end of an attendance at the urgent care centre). Some of the post-event messages had failed due to reasons including recent births (where no NHS number had been allocated), or incorrect names or dates of birth. We discussed this with the interim Clinical Services Manager on the day of the inspection who agreed to develop actions to ensure messages would be sent and received, or a risk assessment undertaken to establish whether the case could be finished without the need to send a post-event message.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance. Referrals to the Emergency Department were closely monitored to ensure these met the criteria.

Appropriate and safe use of medicines

The service mostly had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases and emergency medicines and equipment, minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice

guidelines for safe prescribing. A group-lead pharmacist provided some input on site at the urgent care centre, and was available for advice on medicines related issues when required.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. We saw that a recent audit had resulted in an action plan and this was being monitored and showed improvements. The move to a nurse-led model had also improved compliance to local prescribing guidance as there was less reliance on clinicians from out-of-area who were less familiar with local guidance. Prescribing tools were embedded into the clinical system to check on the indication for prescribing specified antibiotic medicines.
- We observed that prescribers had access to local guidelines via links on their computer and could contact the local hospital for advice from a microbiologist, if required. Staff also had online access to the British National Formulary (a pharmaceutical reference book that contains information and advice on prescribing).
- Processes were in place for checking medicines and staff kept accurate records to evidence this.
- The service had Patient Group Directions (PGDs) in place for nurses without a prescribing qualification. A PGD allows specified health care professionals to supply and/or administer a medicine directly to a patient with an identified clinical condition without the need for a prescription or an instruction from a prescriber. We observed two PGDs for a locum nurse that had not been countersigned by an appropriate service lead, although this had already been identified by the group pharmacist and action taken to check the patients seen by this nurse. We also observed that a check was now in place to prevent this happening again.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

Are services safe?

- Joint reviews of incidents were carried out with partner organisations where appropriate, including the local Accident & Emergency department, GP out-of-hours, NHS 111 service and ambulance services.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Incidents were raised via an electronic reporting form which was accessible to all staff. Incident forms were sent to named members of both the local and provider management teams for review and assessment of risk.
- There were effective systems for reviewing and investigating when things went wrong. The provider learned and shared lessons, identified themes and took action to improve safety. There had been 28 reported incidents for the urgent care centre between November 2017-October 2018. Positive events were also recorded to celebrate success and ensure that learning was also shared when outcomes had been particularly favourable. As part of the wider organisation, learning was shared across all the provider's portfolio to maximise learning opportunities. A bi-monthly newsletter was distributed across the organisation to look at the learning applied from recent events.
- We saw evidence of effective outcomes being achieved through investigations of reported incidents. For example, a young patient reported allergies to the proposed medicine which was to be prescribed, but this was disputed by their accompanying parent. The medicine and allergy status was checked with the child's mother over the phone to ensure safe prescribing.
- The service had an effective mechanism in place to disseminate safety alerts to all members of the team including agency staff. This was coordinated by the group pharmacist, who also maintained a log of alerts received and the actions taken. Relevant alerts would be discussed at clinical staff meetings or huddles. The alerts log was available on the front page of the intranet so all staff could access this information across the group.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up-to-date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that patient's needs were met. The provider monitored adherence to these guidelines.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Templates and screening tools were embedded into the clinical system to assist with clinical assessments, for example, mental health, anxiety and depression, and deep vein thrombosis.
- Care and treatment was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The provider contacted practices to advise the patients GP of any inappropriate attendances and to discuss an improvement plan. There was a system in place to identify patients who attended regularly and protocols were in place to provide the appropriate support.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service used key performance indicators (KPIs) that had been agreed with the local clinical commissioning group to monitor their performance and improve outcomes for people. The service shared with us the performance data for October 2018 that showed:
 - The service had consistently met 100% of their KPIs over the preceding 12 months.

- 99.7% of people who arrived at the service completed their treatment within four hours.
- 3.7% of people who attended the service were advised to attend A&E. This was better than the target set by the CCG of less than 5%. There was a trend that this was continuing to improve, and the service closely monitored that all patients had been redirected appropriately. The service was in discussion with secondary care colleagues regarding direct access to the radiology service for x-rays. As this facility was not available within the urgent care centre, some patients needed to be directed to the Emergency Department for this service, which impacted on this performance measure and also created delays for patients.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, quarterly sepsis screening audits were undertaken to ensure that all screening parameters were utilised to identify potential sepsis cases in accordance with the national protocol. The most recent audit demonstrated 94.4% compliance in the 30 sets of notes examined. One learning point was identified in that one patient had a temperature record of apyrexial (normal body temperature) but the actual temperature was not documented, and this was fed back to staff.
- The service was actively involved in quality improvement activity. This included ongoing consultation notes' audits and referral audits. We saw these were reviewed comprehensively and that any issues that emerged were followed up to continuously improve service quality.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. Records demonstrated that staff had the right qualifications and skills for the role they were undertaking.
- The provider held a three-day corporate induction programme for all newly appointed staff. This included mandatory training such as safeguarding, information governance and health and safety. Following this, staff had a site-specific induction before they started work.

Are services effective?

- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- At our previous inspection in December 2016, we recommended formal training for reception staff participating in the streaming process. At this inspection, we found this had been completed and reception staff had received appropriate training to support this element of their role. We were informed of a recent incident when an infant presented at the centre and upon recognising signs of urgent distress, a member of the reception team immediately contacted clinical staff and an ambulance was arranged to transfer the child to emergency care as a priority case.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up-to-date training records were maintained. Staff were encouraged and given opportunities to develop, and the appraisal process supported this. For example, a health care assistant was being supported to access nurse training by providing flexibility with their shifts to accommodate course work, and the Office Manager was undertaking a management qualification. There was access to online learning and wider developmental opportunities via the organisation's own workforce support programme. Staff who acted as chaperones received face-to-face training. External speakers such as secondary care based consultants had attended the service to deliver training to the team.
- The provider provided staff with ongoing support. This included regular meetings, appraisals, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff (and locums) employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. We saw other examples including evidence of competencies being signed off as part of a health care assistant's completion of the Care Certificate.
- Clinical staff meetings were held each month. Case studies were reviewed to develop professional relationships and foster a learning environment.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw examples where actions had been undertaken in a prompt manner, supported by arrangements to support staff where appropriate, and

to ensure adequate staff cover was in place if an individual was unable to fulfil their role. We observed that there was a policy for whistle-blowing, and staff were aware of this.

Coordinating care and treatment

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

- We saw records that showed that appropriate staff were involved in assessing, planning and delivering care and treatment.
- An electronic record of all consultations was sent to patients' own GPs. Staff communicated promptly with patient's registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure patients were referred to other services for support as required.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Daily team huddles provided an opportunity for information sharing across the team, and review any emerging concerns. Additional huddles would be held during the day according to need.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. The 111 service was allocated 20 pre-bookable appointments each day, although there was flexibility to adjust this to manage demand and control waiting times more effectively.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- Issues with the Directory of Services (DoS) were resolved in a timely manner, and when a concern arose, this was fed back to the CCG to include within their biannual DoS review. For example, the service which is nurse-led can see a pregnant woman with an illness, but it cannot treat issues directly related to the pregnancy.

Helping patients to live healthier lives

Are services effective?

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support, and provided information to signpost them to appropriate support services.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this. The service promoted and supported patients' independence. As part of their consultation at the urgent care centre, appropriate patients were provided with information and signposting to help manage their condition through the Support and Advice Hub on site.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional care and support could be given.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their

needs. Reception staff had completed patient navigation training to enhance their ability to connect patients directly with the most appropriate source of help.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making, including the requirements for patients under the age of 16.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Guidance was displayed as a prompt within clinical areas.
- The provider monitored the process for seeking consent appropriately. As no procedures provided on site required formal written consent, verbal consent was sought as appropriate and this was documented in the patient record.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Receptionists gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as patients with a learning disability and those who had mental health needs. For example, when a patient and their carer attended the service, the reception team considered that the noise in the busy waiting area may impact negatively on them due to their condition. In response to this, the patient and carer were provided with a vacant room to wait for their assessment.
- We received 106 patient Care Quality Commission comment cards completed by patients. Of these, 93 were positive about the service experienced, ten contained mixed comments, and two cards stated a negative experience. The negative comments related to parking and waiting times.
- We spoke with 12 patients on the day of the inspection. All of these patients told us they were happy with the service and the care received.
- The feedback we received was in line with the results of the NHS Friends and Family Test received by the service, which in the current year (from 1 April to 30 November 2018) showed that 96% of patients would recommend the service.
- The service engaged in fund-raising events, for example, recent events included raising funds for the Alzheimer's Society by selling cupcakes; and a Macmillan coffee morning.
- Members of the team volunteered to participate in a carers café held at a local church, hosted by Healthwatch Derby. Staff from the centre provided mini-health checks, provided healthy lifestyle information, and raised awareness about the urgent care centre.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Telephone interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, available in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us that 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.
- For patients with learning disabilities or complex social needs, family members or carers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids (such as a hearing loop) and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times. A system had been introduced so that only one patient was dealt with at the reception desk at one time. When other patients arrived, they were allocated a number and asked to take a seat, and were then called to reception in turn. If patients wished to talk in private, they could be relocated into an unoccupied room.
- Individual needs were accommodated where appropriate and necessary.
- There was proactive use of chaperones and we heard how a chaperone was offered to a female patient to respect their cultural needs. This was done before the patient requested a chaperone, but was explained to them and they were grateful that this was arranged.

Are services caring?

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. For example, it reviewed the ethnicity of the people using the service and whilst this showed that the predominant users were British, it highlighted other ethnicities. This helped the service to provide information in languages appropriate to those groups. For example, we observed that information about the service was available in several languages including Urdu, Slovak and Latvian. The service had also determined that the age profile of patients accessing the centre was predominantly from patients aged under 30 years old. In response to this, the service proactively engaged with patients via social media.
- The provider engaged with commissioners to secure improvements to services where these were identified. For example, activity was monitored and compared to the same day in the previous year, and demonstrated increases in demand and helped the services plan rotas more effectively. If sustained increases of activity were noted which led to prolonged implementation of the escalation process, this would be highlighted to the CCG for discussion.
- The provider improved services where possible in response to unmet needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, if a patient attended whose first language was not English, reception staff would make the clinical team aware of this in advance to help them engage more effectively with the patient (for example, by arranging access to the telephone translation service).
- Care pathways were appropriate for patients with specific needs, for example, babies, children and young people.
- The facilities and premises were appropriate for the services delivered. The service was easily accessible to patients using wheelchairs and motorised scooters.

- There was a Support and Advice Hub in a designated area of the centre to provide help and advice on how to manage health and well-being. This included signposting to local support groups and services where applicable, and information on how to register with a GP practice if they had not done so. The service hoped to have a patient adviser in post in the longer-term to provide dedicated support for this role.
- The service listened and acted on patient feedback. For example, a new water fountain had been purchased for the waiting area in response to service user comments. This was part of the 'you said, we did' strive for continual improvement. Patient feedback was proactively encouraged within the service by concerns and compliments slips and Friends and Family responses, and the service monitored and responded to feedback received on the NHS website (previously NHS Choices).
- A 'live' waiting board was available online to inform patients about the potential waiting times if they were going to attend the centre.
- Patients that attended the urgent care centre would be seen, even when they did not fulfil the service's criteria. For example, they would do dressings for patients but would then ring the patient's own GP practice to provide follow-up care; dental patients were given safety advice and then re-directed to the appropriate service.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The service operated daily (including weekends and bank holidays) from 8:00am to 8:00pm. However, the service would remain open to see all patients who had arrived prior to 8:00pm. Patients who arrived on site after 8:00pm were directed to the out-of-hours service located within the same premises.
- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Waiting times and delays were minimal and managed appropriately. Patients were generally seen on a first-come first-served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children arrived. The reception staff used emergency

Are services responsive to people's needs?

(red flag) criteria to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.

- Patients were streamed by a clinical assessment undertaken by a nurse, with support from a health care assistant (to measure blood pressure, respiration rate etc). A priority scoring tool was used for children aged 12 and under, which had been developed from an agreed protocol developed locally within secondary care. Patients with the most urgent needs had their care and treatment prioritised. Nurses were trained in the streaming process.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent key performance indicators (KPIs) results for the service (October 2018) which showed the provider was meeting the following indicators:
 - 98.2% of the total number of children attending the centre were triaged and prioritised within 15 minutes of arrival. This was in line with the target of 98% set by the commissioners.
 - 95.4% of the total number of adults attending the centre were triaged and prioritised within 30 minutes of arrival. This met the commissioner target of 95%.
 - There were no areas where the provider was outside of the target range for an indicator, and we saw that KPIs had been achieved throughout the previous 12 months.
- Where people were waiting a longer time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited. For example, patients would be re-assessed if their waiting times exceeded the expected timescales.

- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs. When patients were re-directed to another service, the staff offered worsening advice and instructions. They were able to arrange for an ambulance where necessary.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Ten complaints were received in the last year. We reviewed a selection of complaints and found that they were satisfactorily handled in a timely way.
- We saw examples of complaints being jointly reviewed in conjunction with other providers.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, we reviewed a complaint regarding a missed diagnosis for a patient, with the patient being subsequently admitted to hospital. The service completed an investigation and took appropriate action. As part of the provider's duty of candour, the investigation report was shared with the complainant to demonstrate openness and make them aware of the actions taken to prevent help future occurrences. All members of the team received further information on the importance of accurate record-keeping as a learning outcome.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service's strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were approachable, and local managers were visible to staff. Regular telephone conferences ensured organisational leads liaised with local management.
- The provider worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management were accessible throughout the operational period, with an effective on-call system that staff could use. There was a clinical leadership rota in place.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision underpinned by values, focused on patient care. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision and values jointly with staff. Urgent care workshops brought managers from different sites together to discuss the strategy.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The provider worked with staff to engage them in the delivery of the vision and strategy.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

Culture

The service had a culture of good-quality sustainable care.

- The service focused on the needs of patients.
- Staff felt respected, supported and valued. Staff told us that they were proud to work for the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. Staff could access freedom to speak guardians within the organisation.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour, and we saw evidence that this was being achieved.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received their annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. This was facilitated by the 'OneWellness' division of One Medical Group which provided an employee care scheme giving access to services including counselling, eye care services, and occupational health. The service also promoted cycle to work schemes, and gave access to staff discount vouchers.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff told us that they felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. We saw that structures, processes and systems to support good governance were in place at provider level. This included, for example, for the reporting and oversight of significant events and complaints. Systems were also in place at provider level to enable them to respond to emerging risks; for example, any short-term or unexpected staff shortages. Twice-weekly calls were held for clinical leads from each of the provider's registered services to join.

Are services well-led?

- Operational and clinical leaders met quarterly for a day to discuss matters of clinical concern and to share learning. The day incorporated a group-wide formal clinical governance meeting.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The site had its own risk register, and if any of these were rated highly, they would also be included in company group risk register. These risks were assessed and actions taken to mitigate any impact, with regular monitoring until they were resolved.

The provider had processes to manage current and future performance of the service. Performance of employed and locum clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions, and effective action was taken when poor performance was identified. Leaders had oversight of MHRA alerts, incidents, and complaints. Managers had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

The provider informed the commissioners of any serious incidents, and informed the Care Quality Commission of notifiable events as part of their registration. We observed that events were thoroughly investigated and shared with appropriate parties.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

The provider had plans in place and had trained staff for major incidents and business continuity. We saw that there

had been no disruption to the service following the recent unexpected departure of a key member of staff, and an interim contingency plan had been implemented successfully.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Compliments and concerns slips were available in each clinical room. The service recorded concerns as well as complaints to ensure that this feedback was considered. Patient feedback was reviewed from different sources including comments posted on the NHS website (previously NHS Choices). The service produced a

Are services well-led?

patient newsletter which included information on the service, new staff, and upcoming events. It also emphasised that it strongly encouraged and welcomed any feedback from patients.

- The service was working with the local GP practice managed by One Medicare Ltd, for example, in looking at a patient participation group which could be used to support both the practice and the urgent care centre.
- We observed a notice board in the reception where patients were questioned to get feedback on how well the service was doing. At the time of our inspection, the question raised was “Do you feel treated with dignity during your consultation?” to which patients could respond on a five-point scale. If shortfalls were identified in the responses, the team would consider how this could be addressed.
- Staff were able to describe to us the systems in place to give feedback. Staff meetings were held each month and team members were encouraged to participate in discussions and to raise any concerns. We saw examples where staff had influenced change - this included a health care assistant splitting their full shift on a Sunday over two half days at the weekend in order to provide leg dressings for patients from One Medicare Ltd’s GP practice on both weekend days. This was better for patients and improved workflow. Another example was a request from clinical staff for training in paediatric life support and this was subsequently arranged.
- The service was transparent, collaborative and open with stakeholders about performance.
- There was strong engagement with commissioners. Regular meetings were held to review performance and the service provided comprehensive quarterly performance reports to the commissioners. In July 2018, discussions were held with the commissioners regarding the national shift to a non-medical model for urgent care centres, and the negotiations on cost effective use of resources. A quality impact assessment was undertaken with the CCG in terms of removing GPs and implementing a nurse-led model. The new model of care was implemented on 1 November 2018, and staff told us that this was working well. The change was supported with additional training and shifts were planned to ensure there was always a senior prescribing advanced nurse practitioner on duty, with back-up on-call support available within the organisation.

- The service participated in cross-organisational planning when appropriate, for example, in collaborative approaches to preparation for winter pressures.
- The service engaged with their local community and had supported events including a local carers café. They had also tried to forge links with a local immigration centre, homeless centre and churches, but this had not produced a significant response at the time of our inspection.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. The ‘OneWorkforce’ arm of One Medical Group co-ordinated training and development across the organisation. We saw examples of staff being supported to enhance their skills and knowledge, for example, the office manager was undertaking a qualification in leadership and management. The Junior Practitioner Programme had been implemented to develop members of the nursing team into more advanced roles. Training sessions were organised to develop the team’s understanding and knowledge, and recent examples included talks from the local paediatric consultant based at the Emergency Department for children, and a consultant psychiatrist to raise awareness of mental health issues.
- The service made use of reviews of incidents and complaints. Learning was shared and used to make improvements.
- Managers encouraged staff to take time out to review individual and team objectives, processes and performance. Staff had contributed to the development of the service’s vision and values.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the service piloted the Child Protection – Information Sharing (CP-IS) project in 2018. The CP-IS project links the IT systems used across health and social care so that basic safeguarding information can be shared securely between them. The information can only be accessed securely by the trained professionals involved in a child’s care.
- The provider was working with East Midlands Ambulance Service NHS Trust (EMAS) to encourage

Are services well-led?

ambulance staff to bring appropriate patients directly into the urgent care centre, rather than to the

Emergency Department. This demonstrated integration with the wider local health economy to support patient pathways to access the right care in the right place at the right time.