

# Urgent Care Centre

## Quality Report

Doncaster Royal Infirmary  
Armthorpe Road  
Doncaster  
DN2 5LT

Tel: **0300 123 9990**

Website: [www.fcms-nw.co.uk/yorkshire-urgent-care](http://www.fcms-nw.co.uk/yorkshire-urgent-care)

Date of inspection visit: 24 September 2017

Date of publication: 31/10/2017

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 well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Urgent Care Centre	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the Urgent Care Centre on 28 November and 1 December 2016. The overall rating for the service was requires improvement with good for providing effective, caring and responsive services and requires improvement for safety and being well-led. The full comprehensive report on the previous inspection can be found by selecting the 'all reports' link for the Urgent Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was carried out on 24 September 2017 to confirm that the provider had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the service is now rated as good.

Our key findings were as follows:

- The provider had reviewed the systems in place to minimise risks to patient safety. In particular, all relevant staff had now completed the chaperone training and a self directed training pack had been

developed to support the online learning. There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance.

- The provider had a process to check agency, bank and sessional staff met recruitment requirements.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding, who the leads were and were trained to the relevant level.
- The provider had reviewed the arrangements for managing medicines at the service, including availability of emergency medicines and storage of vaccines to ensure they were stored correctly and available when needed. Blank prescription forms and pads were now securely stored and there were systems in place to monitor their use.
- There were arrangements in place to keep staff informed and up-to-date. The provider reviewed how updates and alerts were shared with all staff and implemented a web-based risk management database to record all risk management activity, including incidents, complaints and queries.
- There was a clear leadership structure and staff were aware who the leads were. The service had a number of policies and procedures to govern activity and held regular governance meetings. The service proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The service is rated as good for providing safe services.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding, who the leads were and trained to the relevant level.
- All relevant staff had now completed the chaperone training and a self directed training pack had been developed to support the online learning.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance.
- The provider had implemented a process to check agency, bank and sessional staff met recruitment requirements.
- The provider had reviewed the arrangements for managing medicines at the service, including availability of emergency medicines and storage of vaccines, to keep patients safe. Blank prescription forms and pads were now securely stored and there were systems in place to monitor their use.

Good



### Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. The service had a number of 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.
- There were arrangements in place to ensure the staff were kept informed and up-to-date. The provider reviewed how updates and alerts were shared with all staff and implemented a web-based risk management database to record all risk management activity, including incidents, complaints and queries.
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Urgent Care Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector.

## Background to Urgent Care Centre

The Urgent Care Centre within Doncaster Royal Infirmary, Doncaster, DN2 5LT provides an out-of-hours (OOH) GP service to the area of Doncaster. The service is provided by FCMS (NW) Limited (Newfield House, Vicarage Lane, Blackpool, FY4 4EW).

The Urgent Care Centre is contracted by the local clinical commissioning group (CCG) to provide OOH primary medical services to registered patients and those requiring immediate and necessary treatment in Doncaster and the surrounding area when GP practices are closed which includes overnight, during weekends, bank holidays and when GP practices are closed for training.

Most patients access the out-of-hours service by calling their own GP and diverted to the OOH service automatically or by ringing NHS 111. Patients who contact the service may be provided with advice, receive a telephone consultation, an appointment or a home visit, depending on their needs.

The service is open seven days a week (including bank holidays) from 6pm to 8am nightly and is also open from 6pm on Friday to 8am Monday.

The average number of patients seen each week is 1,150.

## Why we carried out this inspection

We undertook a comprehensive inspection of the Urgent Care Centre on 28 November and 1 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The service was rated as requires improvement. The full comprehensive report following the previous inspection can be found by selecting the 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up inspection of the Urgent Care Centre on 24 September 2017. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care and to confirm that the service was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (a driver, receptionist, operational support, and the operational lead).
- Looked at information the service used to deliver care and treatment plans.

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

# Are services safe?

## Our findings

**At our previous inspection on 28 November and 1 December 2016, we rated the service as requires improvement for providing safe services as the arrangements in respect of chaperoning patients and medicines management required review.**

**These arrangements had significantly improved when we undertook a follow up inspection on 24 September 2017. The service is now rated as good for providing safe services.**

### Overview of safety systems and processes

The provider had reviewed the systems and processes in place to minimise risks to patient safety.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and advanced nurse practitioners were trained to child protection level three. Staff were able to tell us who the safeguarding leads were.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All relevant staff had now completed the chaperone training. A detailed self directed study pack had been developed by the training lead for staff to complete to keep them up to date with chaperoning requirements and to accompany the online learning module.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with

manufacturers' guidance. For example, annual servicing of blood pressure machines, including calibration where relevant. All the equipment we checked had been calibrated within the last 12 months.

- There were systems in place to check whether agency, bank and sessional staff met requirements such as having current professional indemnity, registration with the appropriate professional body, DBS checks and were on the National Performers' list. (The National Performers' list provides a degree of reassurance that GPs are suitably qualified, have up to date training and have passed other relevant checks such as with the Disclosure and Barring Service).
- Drivers were offered additional training to support them in their role and annual checks of driving licences had been implemented. Annual eyesight tests with opticians were available for drivers employed by the service.

### Medicines Management

The provider had reviewed the arrangements for managing medicines at the service, including emergency medicines and vaccines, to keep patients safe (including obtaining, prescribing, recording, handling, security and disposal). This included record keeping of medicines and stock checks.

- Blank prescription forms and pads were now securely stored and there were systems in place to monitor their use.
- The stock list of medicines had been reviewed and now reflected those kept.
- Arrangements were in place to access emergency medicines between 12 midnight and 7am through an arrangement with the hospital pharmacy department.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in the visit bags and out of hours vehicles were stored and checked appropriately. .

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 28 November and 1 December 2016, we rated the service as requires improvement for providing well-led services as the system for checking equipment required review and not all staff had received updates to practice or were aware of the service leads.**

**We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 24 September 2017. The service is now rated as good for being well-led.**

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff on the shared network drive.
- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.

### Leadership and culture

On the day of inspection the provider of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the managers and support staff were approachable and always took the time to listen to all members of staff.

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

- There were arrangements in place to ensure the staff were kept informed and up-to-date. The provider reviewed how updates and alerts were shared with all

staff and implemented a web-based risk management database to record all risk management activity, including incidents, complaints and queries.

Permanent, bank and sessional staff received regular email updates and could log onto the web based systems to read updates and changes implemented. In addition staff would be alerted to any new briefings or updates via the notice board in the staff rest room. Staff who did not have regular access to emails told us this was useful as they would then be prompted to follow it up.

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

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

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

The service had gathered feedback from patients through verbal feedback, a comments and suggestions box and complaints received. The provider had gathered feedback from staff through staff meetings, staff surveys, appraisals and discussion. Following recent feedback from patients and staff that the layout of the reception area could be improved, the provider was in the process of submitting requests to the landlord to have the work completed.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Staff engaged and worked with other services to develop care pathways for patients. For example, a pathway for patients who fall at home. Patients who contacted the NHS 111 service and needed an appointment with a clinician were directly booked into an appointment.