

Queen Elizabeth Hospital Urgent Care Centre

Quality Report

Greenbrook Healthcare

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Urgent_Care

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

Ratings

Overall rating for this service

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Queen Elizabeth Hospital Urgent Care Centre on 19 January 2016. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need. The service met most of the National Quality Requirements and other targets specific to the urgent care centre.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records, and the out of hours staff provided other services, for example the local GP and hospital, with information following contact with patients as was appropriate.

- The service managed patients' care and treatment in a timely way.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits were clean and well equipped.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- The service should continue to work with the hospital at which the service is based to ensure that patients may be streamed in a more confidential way.
- The service should ensure that the needs of those patients with hearing impairment are met.
- The service should consider undertaking further surveys on patient experience.

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.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The out-of-hours service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse.
- When patients could not be contacted at the time of their home visit or if they did not attend for their appointment, there were processes in place to follow up patients who were potentially vulnerable.
- There were systems in place to support staff undertaking home visits.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Risks to patients were assessed and well managed.

Are services effective?

The service is rated as good for providing effective services.

Good



- The service was meeting National Quality Requirements (performance standards) for GP out of hours services in most areas to ensure patient needs were met in a timely way. The service was also meeting criteria for the urgent care services.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Clinicians provided urgent care to walk-in patients based on current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The service is rated as good for providing caring services.

Good



- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out-of-hours service.

Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- The service had good facilities and was well equipped to treat patients and meet their needs. Although the premises were not purpose built for the service the service had developed systems such as new signage for patients using the service.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. 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.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

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. Twelve of the comment cards we received from patients were wholly positive about the service experienced. They reported that they did not have to wait long in the urgent care centre or the out of hours service (when they had to attend in person) and that they were able to resolve their concerns. They also commented that staff were helpful and supportive. Of the two comments which were not positive, the patients stated that they had to wait a long time, with one saying that the waiting area was very busy.

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 them in their treatment. However, one of the patients reported that waiting times could be long. Patients commented that the service was easy to find and that the service had been accessible.

Queen Elizabeth Hospital Urgent Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Queen Elizabeth Hospital Urgent Care Centre

Queen Elizabeth Hospital Urgent Care Centre is commissioned to provide both a walk in minor injuries and illnesses service, and a GP out of hours service to Greenwich and the surrounding area. Although based in the Greenwich area, the urgent care service is available to both local residents and to patients who might work in the local area. The service operates from Stadium Road, London, SE18 4QH. The service is on one level and is accessible to those with poor mobility.

Two distinct services are available on site, urgent care and out of hours. However, the services are organised and delivered in a co-ordinated way, such that many of the policies and protocols governing how services are delivered cover both services.

The service is provided by Greenbrook Healthcare (Hounslow) Limited. They are the registered provider for 12 GP, Urgent Care and Out of Hours services. The provider provides centralised governance for its services which are co-ordinated locally by service managers and senior

clinicians. The urgent care centre provides triage to the accident and emergency department except where patients arrive with an emergency presentation or in an ambulance. A streaming nurse reviews all patients and determines whether the patient needs to be seen in the urgent care centre or by the accident and emergency department of the hospital in which the service is based. On an annual basis approximately 24,000 patients are referred to the out of hours service, with 88,000 attending the urgent care centre.

On site, the service is led by a service manager, a lead GP and a lead nurse who have oversight of both the urgent care and out of hours services. The service is staffed by doctors, nurses and streaming nurses (who triage patients and determine whether the patient needs to be seen by a doctor or a nurse). The majority of staff working at the service were either bank staff (those who are retained on a list by the provider and who work across all of their sites) or agency. Reception staff at the service were either permanent or taken from the bank list of staff that work across all sites for Greenbrook.

The urgent care service is open 24 hours a day. The out of hours service is open from 6:30pm until 8:00am on weekdays and 24 hours a day at weekends. Patients contacting the out of hours service are offered appointment times, walk in patients are not given appointment slots.

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

Detailed findings

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had not previously been inspected by the CQC.

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 Greenwich Clinical Commissioning Group (CCG), and NHS England.

We carried out an announced visit on 19 January 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, senior staff at Greenbrook Healthcare (Hounslow) Limited and members of the administration and reception team. During the inspection we also spoke with five patients who used the service,

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events. Although two services were provided, the policy was integrated between both.

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- All serious incidents from the service were reviewed centrally by Greenbrook Healthcare (Hounslow) Limited and any learning from these events was shared with staff at the service and other Greenbrook organisations, by way of a regular bulletin. The service had a dedicated quality & clinical governance manager and serious events were managed through the relevant lead clinician on site. We saw the bulletin and the information shared, and staff told us that information was readily accessible.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Learning was shared through e-mails, and where possible by ad hoc meetings with staff.
- The service carried out a thorough analysis of the significant events.
- We saw an example of a patient having attended the urgent care with an injury where the service should have issued a safeguarding notification as the patient was already on the child protection register, but they did not. The service developed a protocol that all children attending the service must be checked on arrival. They had also sent reminders to all staff that children with a child protection plan must be carefully assessed and presence or absence of any safeguarding concerns must be documented clearly in the notes.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Although the service did not have a patient list of its own, the service kept a local register of patients at risk which was updated on a weekly basis. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses (including locums) were trained to child safeguarding level 3.
- Safety alerts such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), were received from head office and disseminated by the service manager.
- A notice in the waiting room advised patients that chaperones were available if required. The service used clinicians for chaperones. 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).
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Staff assured us that cleaning specifications were in place to support the cleaning of the premises and specific medical equipment. Overall responsibility for infection control was maintained by the hospital where the service was located, but the service had access to all relevant documentation. We saw calibration records to ensure that clinical equipment was checked and working properly. All equipment used by the service was provided on site, locum GPs did not bring their own equipment.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. Infection Control training was mandatory on induction

Overview of safety systems and processes

Are services safe?

and we saw records to support that staff had completed this training. There was a policy for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.

- We saw that the car used by the out of hours doctor was in good working condition and had been regularly serviced. The car contained equipment to fix the car in the event of a breakdown, and emergency equipment (including a defibrillator).
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service. Copies of all personnel records were retained at the corporate headquarters. This included all relevant information relating to locum doctors.
- On presenting at the urgent care centre/accident and emergency department the patient was reviewed by a streaming nurse who determined the care pathway route. The streamer did not have a dedicated room but had a desk next to the reception area. The desk did not allow for either security of the nurse or for confidentiality. The location of the streaming nurse was not within Greenbrook's control as the joint A&E/urgent care centre reception was not located within the urgent care centre. Greenbrook who had no control of where the streaming nurse was based had made QEH aware of its concerns about confidentiality: we saw correspondence showing that the provider had attempted to negotiate with the hospital that the streaming area be moved to a more appropriate setting but had not been successful in doing so.

Medicines Management

- There were systems for managing medicines for use in an emergency in both the urgent care centre and out of hours service. Records were maintained of medicines used and signed by staff to maintain an audit trail. The medicines were stored securely in a locked cupboard and medicines which required refrigeration were stored in refrigerators in which temperatures were monitored to help ensure their effectiveness; access to the medicines was limited to specific staff. There was evidence of stock rotation and medicines we checked at random were all within date. Controlled drugs were not

stocked for use in the urgent care centre, but were available for the out of hours service (controlled drugs are medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely.

- Medicines kits used by out of hours GPs were stocked with all relevant equipment and stock levels were checked on a regular basis. We also saw that there were systems for GPs on home visits to record full details on the consultation including details of any medicines used.
- Patient Group Directions were used by nurses and paramedics to supply or administer medicines without a prescription. PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance, and had been signed by all nurses using them.
- Processes were in place for checking medicines, including those held at the service and also medicines bags for the out of hours vehicles.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in the out of hours vehicle were stored appropriately.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. We noted that for premises and health and safety risk assessments the service used those managed by the building owner. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service (with the support of the building owner) had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the

Are services safe?

beginning of each shift. Records were kept of MOT and servicing requirements. We checked the vehicles and found that they were fully equipped and were in good working order.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.
- All patients attending the urgent care centre were triaged by a clinician who determined the care pathway for each patient. Targets for this were set as being within 15 minutes of arrival for children and within 20 minutes for adults with a 95% target. Actual outcome rates for the last three months were between 95% and 98%.
- The National Quality Requirements (NQR) require that all urgent patients are managed within 2 hours with a target percentage of at least 95%. In the last six months actual delivery had been between 91 and 98%.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available.
- The service had a defibrillator available on the premises and there was flowing oxygen with adult and children's masks. There was also a defibrillator and oxygen in the out of hours car. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- The service manager attended regular provider group meetings with the owner of the premises where any issues of safety could be discussed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The service monitored that these guidelines were followed.
- 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. Reception staff 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

From 1 January 2005, all providers of out-of-hours services have been required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to the clinical commissioning group on their performance against standards which includes audits, response times to phone calls, whether telephone and face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality. Similar timescales are set for treatment in Urgent Care Centres with data relating to national accident and emergency guidance being provided to the commissioning body.

Performance against the NQR for out-of-hours providers for the last three months showed the following:

- The target for median arrival to treatment was 60 minutes and maximum arrival to treatment was 360 minutes. These targets had not been breached in the six months immediately prior to the inspection.

- The service had a target that a minimum of 95% of patients would have an episode of care report to the GP within 48 hours of discharge of the patient. This had been achieved by the service with a minimum of 97% in the year prior to the inspection.
- The service had a target that, after the definitive clinical assessment has been completed, face to face consultations must be started within six hours in at least 95% of less urgent cases referred to the out of hours service. This target had been met in the three months prior to the inspection.
- NQR 12 states that face-to-face consultations (whether in a centre or in the patient's place of residence) must be started within the following timescales, after the definitive clinical assessment has been completed:
 - In urgent cases, within 2 hours. The service had achieved this in 100% of cases in the previous six months for home visits and in 90-98% of cases.
 - In less urgent cases, within 6 hours. The service had achieved this in 100% of cases in the previous six months for home visits and in 93-100% of cases in the past six months.

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.

- The service had a plan of audits which involved at least one audit per month. This included the following:
 - A quarterly notes audit which involved a review of five cases per month. This also included a similar volume review of referrals to accident and emergency, referral to other hospital departments and safeguarding referrals.
 - A quarterly review of frequent attenders so that the service could determine whether or not patients were attending the correct service, or determine if any safeguarding referrals had been missed.
 - A review of all clinicians within three months of them commencing work with the service.
 - All clinicians had records reviewed on an annual basis as part of the appraisal process.

Are services effective?

(for example, treatment is effective)

- The service participated in local audits, national benchmarking, accreditation, and peer review.
- Staff told us that feedback could be provided in one to one sessions, but if there were wider areas for learning these could be shared with the whole team.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example training to carry out streaming assessments included theory and practical training. Advanced Nurse Practitioners (ANP) who undertook this role were signed off as competent and had received appropriate training in clinical assessment.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service 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, one-to-one meetings, coaching and mentoring, and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.

Coordinating patient care and information sharing

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

- The service shared relevant information with other services in a timely way. Where patients used either of the two services, a report detailing the care that they received was sent to the patient's GP by 8am the day following the consultation.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred.
- The electronic record system enabled efficient communication with GP practices and other services.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients using the out of hours service.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

As a walk in centre and out of hours service, the service did not have continuity of care to support patients to live healthier lives in the way that a GP practice would. However, we saw the service demonstrate their commitment to patient education and the promotion of health and wellbeing advice. There was healthcare promotion advice available, and patients that we spoke to and those that completed feedback forms told us that they were provided with relevant information.

Are services effective?

(for example, treatment is effective)

The service was not commissioned to provide screening to patients such as chlamydia testing or commissioned to

care for patients' with long term conditions such as asthma or diabetes. Only limited vaccinations were provided at the service. These were provided as needed and not against any public health initiatives for immunisation.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

Twelve of 14 patient Care Quality Commission comment cards we received were positive about the service experienced. The service also ran its own patient feedback survey in line with NQR standards. This reported that patients who used the out of hours service were happy with the care that they had received.

We also spoke with five patients on the day of our inspection, and these patients reported that they had been treated with courtesy and dignity. All of the patients we spoke with said they would recommend the service and commented on the excellent service they received. However, one of the patients did comment that the service could take a long time.

Care planning and involvement in decisions about care and treatment

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

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

- Staff told us that translation services were available if required for patients who did not have English as a first language.
- The service had limited facilities for people with hearing impairment and did not have a hearing loop.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. We found the service was responsive to patients' needs in most areas and had systems to maintain the level of service provided. The service understood the needs of the local population. For example, the service was aware that it had large numbers of repeat attendees, particularly for dressing changes. The service reviewed all repeat attendees and staff spoke to patients who regularly attended the service in order that feedback could be provided to other service providers and commissioners in the area.

The premises were shared with accident and emergency and most patients using either the urgent care centre or accident and emergency service were streamed by staff from the urgent care centre. The area where streaming was carried out was not secure or confidential, but the provider had been working with the hospital in order to arrange for a better location for streaming to take place. The two services on one site meant that the urgent care centre waiting room was approximately 100 metres away from the streaming area. However, arrangement could be made to assist patients with poor mobility. This also meant that reception staff could not see the adult or paediatric waiting rooms. The service had put in place measures to ensure that staff checked the waiting rooms regularly. The service manager said that the service were looking at developing the premises in order that these matters could be fully addressed.

The service also provided the following to ensure responsive services:

- Appointments were not restricted to a specific timeframe so clinicians were able to see patients for their concerns as long as necessary.
- There were ramps leading to the entrance to the service. All areas to the service were accessible to patients with poor mobility.
- The waiting area for the urgent care and out of hours service was large enough to accommodate patients with

wheelchairs and prams and allowed for access to consultation rooms. There was enough seating for the number of patients who attended on the day of the inspection.

- The waiting room in the main reception and streaming area was very busy and there were limited seats available. This room was managed by the hospital trust as it was also a waiting area for patients awaiting the accident and emergency service.
- Toilets were available for patients attending the service, including accessible facilities with baby changing equipment.

Access to the service

The urgent care service was open 24 hours a day seven days per 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 opening hours could attend for assessment and treatment at any time. The service was accessible to those who commuted to the area as well as residents.

The out of hours service operated from 6:30pm until 8am during the week and 24 hours a day at weekends. Patients could also be referred to the service at times when local GP services were closed due to protected learning time. Patients accessed the out of hours service through the NHS 111 telephone number. The out of hours service was available for registered patients from all GPs within the local clinical commissioning group area.

When patients arrived at the centre there was signage which directed patients to the reception area. This had not always been the case and the service had developed new clearer signage. Patient details (such as name, date of birth and address) and a brief reason for attending the centre were recorded on the computer system by one of the reception team. The receptionist had a list of patient groups that will be passed straight into the accident and emergency department (for example, patients on chemotherapy). All remaining patients had a clinician led streaming assessment at the front desk area to determine the urgency of their need. Patients were generally seen on a first come first served basis, but there was flexibility in the system so that more serious cases could be prioritised as they arrived. The receptionists informed patients about anticipated waiting times.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

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

We looked at 17 complaints received in the last 12 months. We saw that in all cases patients received a written response, with details of the Ombudsman's office provided in case the complaint was not managed to the satisfaction of the patient. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Learning from complaints was shared with staff on a one to one basis if required and also through the providers newsletter if such learning needed to be shared more widely.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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. These policies and protocols were developed by Greenbrook Healthcare (Hounslow) Limited at a corporate level and had been rolled out to the individual service where the service manager had adapted them. Policies had been fully adapted to recognise that the service (unlike others run by the provider) was an urgent care and out of hours provider rather than just an urgent care centre.
- A comprehensive understanding of the performance of the service was maintained. The service reported monthly to the Clinical Commissioning Group (CCG) and NHS England and they were aware of areas where targets had not been met.
- The service had a comprehensive audit strategy and plan. There was a clear feedback trail from this audit, and learning was shared with both individuals and all staff as relevant. This included a newsletter to all staff as well as e-mail alerts.

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

Leadership and culture

On the day of inspection representatives of the provider 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 that there were clear lines of responsibility and communication. They reported that they would like to have more regular meetings with staff, but that the nature of a walk in centre made these difficult to accommodate. Notwithstanding this, staff were aware of their responsibilities and they told us that management and governance information was shared.

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

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

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

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

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

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

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

Are services well-led?

Good 

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

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

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.