

Ealing Hospital Accident & Emergency Department

Quality Report

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ealing Hospital Accident and Emergency Department

(Ealing Urgent Care Centre) on 20 October 2015. The provider operates an out of hours service from the same location which was not inspected during this visit. The provider is no longer providing this service.

Our key findings were as follows:

Summary of findings

- Patients said their privacy and dignity was maintained, staff spoke with them in appropriate ways and they were involved in decisions about their care and treatment.
- There were systems in place for reporting and recording significant events. However, there was limited evidence to show lessons learned were shared to make sure action was taken to improve safety in the centre.
- The provider had systems in place for when there were unintended or unexpected safety incidents which included patients being provided with reasonable support, truthful information, a verbal and written apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The centre had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Suitable arrangements were in place for infection control, although there was no process to review the cleaning.
- Although risks to patients were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example in relation to medicines management and calibration of equipment.
- Systems were in place to ensure clinical staff were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and local guidelines. Staff assessed needs and delivered care in line with current evidence based guidance.
- Audits were used to ensure quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, new staff completed an induction, all staff had access to required training and all staff received an annual appraisal.
- The provider had an understanding of the performance of the service and used a range of monitoring information to ensure levels of care and treatment were appropriate.

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?

- There was an effective system in place for reporting and recording significant events. However, there was limited evidence to show lessons learned were shared to make sure action was taken to improve safety in the centre.
- The provider had systems in place for when there were unintended or unexpected safety incidents which included patients being provided with reasonable support, truthful information, a verbal and written apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The centre had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Suitable arrangements were in place for infection control, although there was no process to check the cleaning.
- Although risks to patients were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example in relation to medicines management and calibration of equipment.
- There were five GPs and five nurses in post, with five GP and six nurse vacancies, which were covered with a mix of staff employed by the provider and agency staff.

Are services effective?

- Systems were in place to ensure clinical staff were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and local guidelines. Staff assessed needs and delivered care in line with current evidence based guidance. We saw the level of detail recorded during initial patient contact could be increased.
- Audits were used to ensure quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Systems were in place for new staff to complete an induction and for all staff to access the training they need.
- Annual appraisals were completed for all staff.

Summary of findings

- The provider had a comprehensive understanding of the performance of the centre and used a range of monitoring information to ensure levels of care and treatment were appropriate.

Are services caring?

- Patients said their privacy and dignity was maintained, staff spoke with them in appropriate ways and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible although it was only available in English.

Patient satisfaction feedback from the NHS Friends and Family Test was positive with 1308 patients over three months reporting they would recommend the service to others and 49 would not recommend and 139 patients were not sure.

Are services responsive to people's needs?

- Staff knew and understood the needs of the local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- The centre had good facilities and was suitably equipped to treat patients and meet their needs. There was an issue with privacy at reception and with space when the centre was busy. The provider was not able to make changes to the premises but worked with staff and sought patients views on potential improvements which they acted on.
- Information about how to complain was available and easy to understand and evidence showed the centre responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Feedback from patients was generally positive.

Are services well-led?

- The centre had a clear vision and strategy to deliver quality care and services to patients. Staff were clear about the aims of the centre and their responsibilities in relation to these aims.
- There was a clear leadership structure and staff were clear about their role and responsibilities and who to raise concerns with.

Summary of findings

- There was an overarching governance framework which supported the delivery of the centres aims.
- The provider was aware of and complied with the requirements of the duty of candour. The leaders demonstrated and encouraged a culture of openness and honesty.
- There was an understanding of the performance of the centre which was used to improve patient experience. There was a programme of audit to monitor quality and make improvements where required.
- There were systems to seek and act on feedback from patients and staff.

Summary of findings

What people who use the service say

We spoke with 20 patients during our inspection and received comment cards from 10 patients who visited the urgent care centre during the week before our visit.

Comments from patients we spoke with reflected they were satisfied with the service, the way they were greeted, how they felt informed and involved in treatment and how any treatment or medicines were explained to them. Most patients we spoke with told us they visited the urgent care centre because they were unable to get an appointment with their own GP, or they had been referred by their GP for example to have an X-ray. Half the patients we spoke with attended the centre on a regular basis, some as often as weekly. Comments regarding staff were mainly positive including they were friendly, helpful, courteous, caring and respectful. Patients told us the environment was clean.

These views and comments were reflected in CQC comment cards with one exception when a patient was not satisfied with the environment and the time they waited to be seen. Some of the people we spoke with and who submitted comment cards were not satisfied with the length of time they had to wait to be seen, although they felt this depended on the day of the week and time they attended. This ranged from 20 minutes to three hours on the day of our inspection. The national standard waiting time for patients to be seen when attending urgent care centres is four hours.

The centre used various systems to seek patients' feedback about the services provided including holding patient forums, using the 'you said so we did' and the NHS Friends and Family Test.

Ealing Hospital Accident & Emergency Department

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP and practice manager specialist advisor, an Expert by Experience and a second CQC inspector.

Background to Ealing Hospital Accident & Emergency Department

Ealing Hospital Accident and Emergency Department (Ealing Urgent Care Centre) is a GP led urgent care centre based at Ealing Hospital, immediately next door to the Accident and Emergency Department. It is the first point of contact for all ambulatory patients and those brought in by ambulance with the exception of those who need to go straight to the emergency department as per referral criteria. They treat minor illnesses and injuries that require urgent and immediate attention. The aim of the centre is to take pressure off the emergency department. The centre is open 24 hours a day, every day: it does not close for bank holidays or at weekends.

It is a GP led centre with nurses providing triage after patients register with reception staff. The centre is led by five full time GPs, five emergency nurse practitioners, three full time health care assistants, 10 reception and one managerial staff. There are a further five GP and six emergency nurse practitioner posts which are vacant. The

centre is available to all people with an urgent health need 24 hours a day 365 days a year. They see approximately 5,000 patients each month. The urgent care centre is managed by Care UK Clinical Services Limited on behalf of the Ealing Clinical Commissioning Group. The provider operates the urgent care centre from one location, they are registered to provide the regulated activity of treatment of disease, disorder or injury. This inspection focused on the urgent care centre.

The centre had a manager although they had not registered with CQC at the time of the inspection.

The centre shares its reception with the hospital emergency department with clear signage to direct patients to the area they need, we saw reception staff directed patients to other areas when required. They have a small paediatric waiting area and a larger general waiting area. The centre has seven consultation rooms and one treatment room, a clean and a dirty utility room and an office.

We previously inspected the service in June 2012; the five areas inspected were meeting the standards in place at that time.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme and in response to information received.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was

Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

How we carried out this inspection

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?

Before visiting, we reviewed a range of information that we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 20 October 2015. During our visit we:

- Spoke with 20 patients.
- Spoke with a range of staff including two GPs, three nurses, one health care assistant, the deputy service manager and three reception staff.
- We observed staff interactions with patients in the reception and waiting area.
- We looked at the provider's policies and a range of records including staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits.
- We looked at how medicines were recorded and stored.
- Reviewed the personal care or treatment records of a sample of three patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

There was an effective system in place for reporting and recording significant events. All staff we spoke with were aware of the system to report issues and were clear of their responsibility and who to report their concerns to. There was an electronic form to be completed and all incidents were investigated. There were arrangements for the provider to be notified when forms were completed. Staff told us they had a system to notify the Clinical Commissioning Group of safety incidents within three days of their occurrence, although we did not see records to confirm this.

We reviewed five significant events from the last year and saw they were reviewed and reflected upon in the fortnightly combined clinical meetings with a neighbouring urgent care centre. However, attendance for these meetings was low and evidence of shared learning with all clinical staff was not available.

The centre recorded other incidents which we saw were investigated and practice was changed when required and learning was noted for improvements, again it was not always clear how this learning was shared amongst all staff.

The centre used the Central Alerting System for receiving safety alerts which were shared with relevant clinical staff at the weekly meetings.

We saw minutes of weekly safety net meetings where child attendances were reviewed to ensure safeguarding concerns were identified and appropriately referred. There was an action log which showed the clinical lead reported back to individual clinicians when they had not made a child protection referral when they should have. We saw there had been six such occurrences in the last month and records indicated the clinicians were spoken with and there was no pattern identified and no need identified for further training but we were told this was considered and would be offered if required.

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

Overview of safety systems and processes

The centre had defined systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements for safeguarding children and vulnerable adults from abuse that reflected relevant legislation and local requirements with policies in place and laminated guidance including flow charts and local contacts in clinical and treatment rooms for staff. The lead GP and nurse shared the safeguarding lead role for the centre. They attended weekly meetings with the hospital health visitor liaison which were minuted and followed up. Staff we spoke with demonstrated an understanding of their responsibilities in relation to child protection and safeguarding vulnerable adults. All staff had completed safeguarding children training to Level 1, clinical staff were trained to Level 3 and the safeguarding lead GP was due to attend Level 4 training. The electronic patient record had an indicator to show staff if a child was on the child protection register and there was a system to ensure discharge documents were sent to social services. The centre reviewed the information sent to social services and health visitors after a child on the child protection register attended. Staff completed safeguarding vulnerable adults training. The centre had a system for patients to self-identify if they were subject to domestic abuse which clinical staff followed up during consultations.
- The centre had a chaperone policy, although information advising patients that chaperones were available was not displayed in the waiting room, it was in the clinical and treatment rooms. Staff told us health care assistants were usually asked to act as chaperone, not administrative staff. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The centre maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy during our visit with the exception of one of the toilets, which while it was cleaned during the course of the day, a blood stain was not removed. The lead nurse was the infection control lead, they liaised with the local infection prevention teams to keep up to

Are services safe?

date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were completed and we saw evidence that action was taken to address any improvements identified as a result. Cleaning was carried out by hospital contractors. The centre did not complete any audit of the cleaning, although all staff spoken with were clear they would report issues regarding the cleaning to the cleaning company or the centre manager. There were systems in place for dealing with cleaning in between the scheduled cleaning times. Arrangements for removal of clinical waste were suitable. The centre completed a range of annual infection control audits including hand hygiene which they achieved 92% in January 2015, sharps management which they achieved 100% in September 2015 and a staff immunisation audit in June 2015 for which they achieved 93%. We found spill kits were available for staff to deal with spillages of bodily fluids, although there were some contents missing.

- The arrangements for managing medicines, including emergency drugs and vaccines, in the centre generally kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The provider had carried out a medicines audit the week before the inspection and identified issues with the monitoring of fridge temperatures. The centre was working through an action plan to make improvements in a number of areas including the recording of fridge temperatures. We found, at the time of our inspection, the fridge temperature was at 16 degrees Celsius which was significantly above the recommended 8 degrees Celsius. While the policy regarding cold chain indicated the action to be taken if medicine fridges went out of the required range, it was not clear if the policy to contact the vaccine manufacturers was followed during this and other recent instances when the temperature was outside the required range. It was also not clear how the message for all staff accessing the fridge to ensure the door was shut securely was being passed on. While there was an alarm on the fridge to indicate when the door was open, it was not loud enough to be heard outside the room. We found the stocks of medicines in the fridge were not stored in order of expiry date with items with longer expiry dates stored at the front of the fridge in four out of six medicines. We saw the centre had a range of medicines which were securely stored. Appropriate systems were in place to store, record and

monitor controlled drugs. We saw the records were up to date and a count of medicines showed the totals were correct. Prescription pads were securely stored and there were systems in place to monitor their use.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The organisation policy was for staff DBS checks to be renewed every three years.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The centre had an up to date fire risk assessment, and the fire alarm was tested weekly. All staff completed fire safety training and were aware of the actions to take in the event of a fire. All portable electrical appliances were checked to ensure the equipment was safe to use. There was no evidence to show clinical equipment was regularly checked to ensure it was working properly. There were a number of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were processes for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups. We saw there were four or five GPs covering during the day with one at night, eight nurse practitioners during the day and one healthcare assistant during the day and at night. Staff spoken with said there were enough staff and were aware of the process to request additional staff when required. There was an escalation process in place so staff could request extra staff to meet an increased demand. The centre worked closely with the hospital emergency department who were able to support with treating patients with minor injuries on occasion if required.
- The provider maintained records of the number of agency staff used each month. In the last year they

Are services safe?

covered most GP sessions with GPs employed by the organisation using 19% agency GPs in September 2014 and all other months between 1% and 6 % of GPs from an agency. The number of emergency nurse practitioner hours covered by agency staff was between 20% and 37% each month for the last year. There were five GPs and five nurses in post which meant the centre was operating with five whole time equivalent GP vacancies and six nurse vacancies.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers at reception and in all the consultation and treatment rooms which alerted staff to any emergency. The hospital employed security staff who were available to respond to situations when needed.
- All staff received annual basic life support training, records showed one member of staff had not received this training. There were emergency medicines available. The centre carried out a six monthly emergency scenario, when staff were put into an emergency situation and scored on their response with an action plan developed to ensure improvements were made. For example after the last scenario in March 2015

there were two actions, for non-clinical staff to be reminded of the importance of early recognition of the need to call for help and for clinical staff to improve familiarity with the resuscitation trolley equipment. We saw minutes of meetings and staff spoken with confirmed these actions had been completed.

- The centre had a defibrillator and oxygen with adult and children's masks. There was no separate first aid kit but all items likely to be required were available and there was an accident book.
- Emergency medicines were easily accessible to staff in a secure area of the centre and all staff knew of their location. All the medicines we checked were in date and fit for use. The centre did not have benzyl penicillin for suspected meningitis, but staff reported any suspected cases would be immediately transferred to the emergency department. There was no glucogel available and no comment in the checklist of the action staff had taken in response to this.
- The service had a business continuity plan in place for major incidents such as power failure or building damage. The plan included the required information. We saw the plan had been put in place due to a major incident in January 2015 and had been reviewed for effectiveness after this event.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The centre had systems in place to keep clinical staff up to date, staff had access to guidelines from NICE and used this to deliver care and treatment that met people's needs,
- The provider monitored that these guidelines were followed through audits of a random sample checks of patient records.

The provider had developed a range of patient pathways for example to the emergency department and other departments within the hospital including orthopaedics, urology, surgical and maternity depending on patient need. We saw the written pathways and GPs spoken with told us how they worked, although we did not see evidence to confirm this. We saw patients were assessed on arrival by a healthcare professional. We found some of the records of this assessment were brief having reviewed a random sample of notes of three patients seen on the day of inspection.

Management, monitoring and improving outcomes for people

Clinical audits were used to ensure quality improvement. The provider had developed an annual audit schedule which included medicine management, safeguarding, infection control and X-ray interpretation. The provider had a system to contact services if they did not send audits within the required timescale. The audit of X-rays in February 2015 showed from a set of 30 notes over a three month period 100% sensitivity and 92% specificity meaning there were no missed fractures. The repeat audit with similar sample size in August 15 showed 100% sensitivity and 88% specificity. We saw audit results were discussed at the fortnightly meeting and were told feedback was given to individual clinicians when required.

Patients who may be in need of extra support, including homeless patients were identified by the service. Patients were given relevant information or signposted to other services when necessary.

The provider used a range of performance indicators to monitor the services provided covering processes and quality. They reviewed the time from arrival to initial assessment and referring onto the emergency department or being discharged and the number of referrals to other services within the hospital. They told us they also recorded the number of patients attending who were not registered with a GP and those registered with a GP who attended because they were not able to get an appointment because the demand for the service was far greater than initially anticipated. Quality was measured through patient satisfaction surveys, recording patients smoking status and the number of patients who were given smoking cessation information, the number of patients with learning disabilities for whom a discharge summary was sent to the community learning disability team, the number of children on a child protection plan referred to social services and the percentage of patients with an alcohol related attendance. All of these indicators were monitored monthly and reported to commissioners.

The proportion of patients seen for initial assessment within 15 minutes of arrival at the centre had increased from 58% in September 2014 to 95% in September 2015. The number of patients not registered with a GP given advice on how to register; information being sent to the patient's own GP; and the percentage of patients with asthma whose baseline observations formed part of the information transferred to the patients GP was consistently 100% over the past year. Patient satisfaction levels were between 95 and 99% for the past year.

Effective staffing

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

- The provider had developed an induction programme for all newly appointed staff which covered topics such as safeguarding, infection control, confidentiality and fire safety. Induction was carried out over six weeks with new staff having to demonstrate their ability to meet agreed competencies before starting to work with patients. A new member of staff told us they had completed two weeks of shadowing all staff within the centre which gave them a good understanding of the different roles and responsibilities within the centre.

Are services effective?

(for example, treatment is effective)

- There was a locum pack which included some key policies including prescribing protocols and local information so locum GPs could access relevant information.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of the service needs. Staff had access to appropriate training and update training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, appraisals clinical supervision and facilitation and support for revalidating GPs. All staff had had an annual appraisal in the last year.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the centres electronic patient record system and the provider computer system.

The provider had systems in place to ensure patient notes were sent to the patients' GP practice in a timely way with 60% of the local GP practices receiving these electronically and the rest sent to a secure fax at the GP practice. Staff at the centre met with the emergency department and commissioners every month. One of the issues discussed at these meetings was the number of patients attending the centre because they were unable to get an appointment at their GP practice. The centre shared the list of the local GP practices where patients reported difficulties getting appointments. Staff worked with other health and social care services when required to meet the range and complexity of patients' needs.

Consent to care and treatment

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

- Staff demonstrated they understood the relevant consent and decision making requirement of legislation and guidance including the Mental Capacity Act 2005.
- When providing care and treatment to 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 which was recorded.

Health promotion and prevention

The centre and its staff were committed to patient education and promoting good health. Staff demonstrated a good knowledge and understanding of the health needs of patient groups who may attend the centre. There was a range of health information leaflets in the waiting areas including smoking cessation, winter wellness, preventing flu, when antibiotics might be required, food swap top tips and details of a new parent help group. Clinical staff reported that they discussed general or relevant health advice with patients during consultations and referred patients to the range of leaflets available or other services for more information.

There were information posters about support services for people experiencing domestic violence in both the male and female toilets and in reception.

Records identified the service referred teenagers to the diabetic nurse for adolescents and for patients with a learning disability a copy of the discharge summary was sent to the community team for people with learning disabilities. We saw the centre reviewed the number of patients who were asked their smoking status each month and the number of smokers who were offered a brief intervention and referral for smoking cessation.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect when they arrived and registered at reception and when clinical staff called them to consultation rooms.

- 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 or area to discuss their needs.

Nine of the 10 Care Quality Commission patient comment cards we received were positive about the service experienced. While the reception check in desk and area was open, patients we spoke with said their privacy was maintained. There was a slightly separate window for patients to speak with clinical staff for initial assessment which was away from others waiting in the queue to check in. Patients told us staff spoke with them in appropriate ways with one exception when the patient felt they had been rushed.

The urgent care centre held patient forums, which were advertised at the centre. We saw minutes from two sessions held in April 2015 which had seven attendees and two sessions in October 2015 which had three attendees. Staff asked patients about their experience when they used the centre, regarding staff, treatment, waiting times, cleanliness and for suggestions for improvements. Responses were seen to be positive about the way they were spoken with by all staff and how they were treated. Patients reported the centre was clean and did not raise concerns about confidentiality.

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 told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about any choice of treatment available to them. Patients reported staff spoke with them about general health issues and they were asked about their lifestyle and directed to various patient information leaflets available. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The centre was aware of the needs of the local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. We saw the centre was responsive to patient need and had systems in place to maintain the level of service. Staff demonstrated a good understanding of the local area, patient population and key health statistics. For example the types of issues patients presented with. We found the centre was responsive to patients needs:

- The centre was accessible to patients in a wheelchair, those with walking aids and people with pushchairs.
- There were accessible toilets, a hearing loop and translation services available.

Access to the service

The centre was open 24 hours a day every day of the year. Patients attending waited to see a GP or nurse. Information about the service was available on the providers website. The centre was set up in 2011 for a period of five years with the contract due to end in June 2016.

There were clear signs directing patients to reception. The emergency department reception was beside the urgent care centre and staff worked closely together and were able to redirect patients if and when required. Reception staff took initial details and patients waited to be triaged by clinical staff. Patients were generally seen on a first come, first seen basis but initial assessment prioritised more urgent cases. The service worked to a target of consultation and discharge within four hours of arrival.

We reviewed the most recent data from the centre for patient satisfaction which included the NHS Friends and Family Test which identified that of 1308 surveys completed, 1120 patients would recommend the centre. The 20 patients we spoke with were mainly positive about their experience of the service and nine of the ten comment cards received were wholly positive.

Listening and learning from concerns and complaints

The practice 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 GPs in England.
- There was a designated responsible person who handled all complaints at the centre.
- We saw that information was available to help patients understand the complaints system through posters displayed and leaflets.

We looked at 26 complaints received in the last 12 months and found these were handled satisfactorily in an open and transparent way and dealt with in line with the organisations policy. We saw patients were given an apology and an explanation of improvements made to reduce the risk of similar occurrence in the future. We saw minutes of both clinical and administrative staff meetings where complaints were discussed and lessons learnt were explored. We saw evidence of learning with staff attending customer service training, a review of a night time patient pathway, and additional reminders to staff to ensure they check the expiry date of medicines before it is dispensed.

Are services well-led?

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

Our findings

Vision and strategy

The centre was set up to reduce the pressure on the emergency department to meet patients urgent care needs. The centre had a clear vision to educate patients and meet their needs. All staff we spoke with were clear about the aims of the centre.

Governance arrangements

The provider had a range of policies and procedures which were seen to have been reviewed and updated on an annual basis. All staff had access to policies on the providers electronic recording system.

The centre had a clear staff structure and staff spoken with were clear about their role and responsibilities and who to report concerns and issues to.

There was an understanding of the performance of the service which was used to make any changes to improve patient experience.

The centre had a programme of audit that was used to monitor quality and make improvements to patient outcomes.

Arrangements were in place for recording, monitoring and reviewing risks.

Leadership, openness and transparency

The provider and lead GPs had the experience, knowledge and capacity to run the centre and ensure quality care. There was clear leadership and staff were aware of their role. The centre had a manager although they were not registered with the CQC. There were a range of meetings held at the centre for the different staff groups which were minuted. There was a whistleblower policy. The provider was aware of and complied with the Duty of Candour and encouraged an open and honest culture. Where there were unexpected or unintended safety incidents they gave affected people support.

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

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

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

We found the centre was involved with their patients. They held patient forums. We saw minutes from two sessions held in April 2015 which had seven attendees and October 2015 when there were three attendees. Staff asked patients about their experience when they used the centre, regarding staff, treatment, waiting times, cleanliness and they asked for suggestions for improvements. Responses were seen to be positive about the way they were spoken with by all staff and how they were treated. Patients reported the centre was clean and did not raise concerns about confidentiality. Patients reported difficulties getting appointments with their GPs for follow up after attending the centre, issues with referrals to other health services. Staff at the centre said they passed this information on to the CCG. We saw patients had suggested a dedicated area for breast feeding and for the centre to have more staff, although they were not suggesting there were not enough staff. Centre staff were able to direct patients who wanted to breast feed to a private area and the centre kept staffing levels under review.

The staff told us they used 'you said so we did' to seek patients opinions of the service and in July 2015 adjusted the air conditioning, ordered information posters in a range of languages spoken by people likely to attend the service and were undertaking a review of the number of GPs with specialist paediatric experience. In August they undertook a review of the cleanliness of the waiting area, instigated a priority service for children and employed an additional clinician both day and night to reduce waiting times. Recent responses were displayed in the waiting area for patients to see the changes being made following feedback.

They used the NHS Friends and Family Test and received 1308 responses from 14,892 patients attending the centre. The results indicated 1120 patients would recommend the service to others, while 49 would not and 139 patients were not sure if they would recommend the service.

Staff told us they would not hesitate to give feedback and discuss concerns or issues with management of the centre or within the organisation. Staff told us they felt involved and engaged to improve how the service was run.