

Preston Integrated Urgent Care Centre

Inspection report

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

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

This service was previously rated as Good overall. (Previous inspection 10/ 2017- Good)

We carried out an unrated announced focused inspection at Preston Integrated Urgent Care Centre on 27 April 2022.

This was undertaken as part of a programme of activity by CQC which involved a coordinated approach to inspecting services across. We inspected this location using a focussed methodology to understand the patient experience in a place at that time and to check the provider was complying with the regulations under the Health and Social Care Act 2008.

We looked at three key questions of safe, effective and well-led but did not rate the service. We also collected evidence around access to the service in the responsive key question.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Lancashire and South Cumbria. To understand the experience of integrated urgent care centre providers and people who use the urgent and emergency care pathways, we asked a range of questions in relation to urgent and emergency care.

The responses we received have been used to inform and support system wide feedback. At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service had worked closely with their local partners to support asylum seekers in primary care with the service going above and beyond to help provide local support for one family in crisis.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines with regular quality assurance audits undertaken.
- Staff involved and treated people with compassion, kindness, dignity and respect and we found incorporated the service values within their day to day job.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs with the service inline or above National and local targets.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Review processes of documenting fridge temperatures to ensure documentation is always up to date.

Dr Rosie Benneyworth BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Preston Integrated Urgent Care Centre

The Integrated Urgent Care Centre is housed within the Royal Preston Hospital and consists of a reception area, child waiting area, consultation rooms and designated office space and storage facilities. All consultation rooms are on the ground floor and have disabled access.

GO To DOC Limited (known as gtd healthcare) is a not-for-profit primary care organisation established in 1997. gtd healthcare manages its operations from a central headquarters location based in Denton, Manchester.

Preston Integrated Urgent Care Centre provides a fully integrated service including all aspects of urgent primary care, providing 24 hours a day, seven days a week. The service integrates out-of-hours care, an urgent care centre, a deep vein thrombosis pathway service and a pathway alternative to transfer (PAT) service. The PAT service allows for the North West Ambulance service to refer patients who, following assessment by a paramedic on scene, could be managed in an alternative setting rather than being conveyed to hospital.

The team is made up of a medical lead and a team of GPs and specialty grade doctors. These are supported by a team of health care professionals such as Advanced practitioners, physician's associates, assistant practitioners, healthcare assistants, pharmacy technicians, pharmacists, and paramedics. With further operational support provided by a Head of Locality, an operational manager and a team of care coordinators.

The service is registered for regulated activities: treatment of disease, disorder or injury, diagnostic and screening procedures and transport services, triage and medical advice provided remotely.

Are services safe?

Safety systems and processes

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

- Safeguarding training was delivered by gtd Healthcare academy and records showed all staff had been trained to the appropriate levels.
- There was a safeguarding lead within the service, who was supported by the gtd Healthcare Children's and Adults safeguarding leads at head office. All safeguarding concerns are reported through a central system.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Staff we spoke with were familiar with what they should do if they had safeguarding concerns and were able to give examples.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Recruitment was centralised and managed by a human resource team at the head office, with clear recruitment policies and procedures in place, including details of the checks required for locum staff.
- We reviewed four staff files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, references and the appropriate checks through the DBS.
- The environment was visibly clean and tidy and free from clutter. Cleaning schedules were in place. Responsibility for facilities and equipment lay with the NHS foundation trust who managed the building. They ensured these were safe and that equipment was maintained according to manufacturers' instructions. They also had responsibility for managing clinical waste.
- Staff took personal responsibility for checking equipment was functional and in a good state of repair, ensuring they followed waste management policies and knew how to report issues with the environment or equipment.
- An asset register was maintained by the NHS foundation trust and they completed periodic appliance checks as necessary.
- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health and Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training.
- There was an effective system to manage infection prevention and control. Infection prevention and control audits were undertaken regularly and identified relevant issues. On the day of inspection, we saw that some bags were being stored under the sink in the clinical room, which presented a minor infection prevention and control risk. This had previously been highlighted through the audit. This was highlighted to managers who ensured these items were removed to a more suitable place.

Are services safe?

- There was an organisation wide infection prevention and control lead, who supported the service and carried out regular audits and spot checks. Key infection prevention and control measures information was also highlighted in the monthly clinical newsletter including changes to COVID-19 related guidance.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. Staff worked flexibly across this and another site to ensure skill mixes and basic staff numbers remained safe. The service could request bank staff to cover absences and staff were willing to work extra shifts. Clinical roles were well defined, and staff understood any limitation of their roles. Clinical support was provided by the medical lead who was accessible and supportive.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, we reviewed patient's consultation audits which had been undertaken by the lead clinician and spot checks of clinical prescribing carried out by the service.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. Medicines that were given to patients to take home were supplied safely and appropriate records kept.

Are services safe?

- Processes were in place for checking medicines and staff kept accurate records of medicines. However, during our inspection we identified that there were occasions, predominately at night, where controlled drugs (schedule 3 & 4) had not been checked by a second person. We were told this was due to another registered practitioner not being available at the time the drugs were administered. This had been recognised as an issue by managers and the pharmacist lead and they were considering ways in which this process could be resolved.
- A process was in place for monitoring medicine fridge temperatures. Staff were aware of the correct temperature range and what to do if this went out of range to ensure medicines remained suitable for use. However, we noted that on occasion the checking of fridges was not completed as expected. Managers explained they were aware of these omissions and were implementing a system which would identify and rectify such instances.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. Where action was required as a result of a safety alert the central data team would run searches.
- Details of safety alerts were also included in the monthly clinical newsletter where a summary of new National Institute for Clinical Excellence (NICE) guidance and safety alert information was produced.
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Are services effective?

Monitoring care and treatment

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

Where appropriate clinicians took part in local and national improvement initiatives.

- The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group to monitor their performance and improve outcomes for people. The service shared with us the performance data from March 2022 to May 2022 that showed:
 - 98% of people who arrived at the service completed their treatment within four hours. This was inline than the target of 98%.
 - 100% of people with suspected deep vein thrombosis are offered an interim therapeutic dose of anticoagulation therapy if diagnostic investigations are expected to take longer than 4 hours from the time of first clinical suspicion. This was inline than the target of 100%.
 - 96 % of identified North West Ambulance service (NWAS) patients receive a face to face assessment within six hours of initial referral by NWAS. This was inline than the target of 95%.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service had an annual audit programme which included both clinical and non-clinical aspects.
- Audits resulted in meaningful action plans, with ownership and periodic reviews until issues were resolved. For example, we reviewed sample of consultation audits that had taken place, to check national guidance and policies are followed.
- The service also undertook reactive audits and look-backs when an issue came to light and they wanted to review if the issue may have affected other aspects of the service or patients.

Coordinating care and treatment

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

- The service worked well with the Accident and Emergency Department operated by the local NHS foundation trust. They shared a booking in and triage service and communicated effectively so that patients were streamed to the most appropriate care and treatment pathway. This prevented patient being passed back and forth between services and meant they received care effectively.
- There were organisation wide clinical leads in post, including medical and non-medical clinic leads, palliative care and safeguarding leads. The leads were available to provided support, advice and guidance to staff within the service.
- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. We reviewed a selection of patient records which confirmed this to be the case.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.

Are services effective?

- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the service operated 24 hours a day from the Preston site.
- The provider engaged with commissioners to secure improvements to services where these were identified. For example, the service was a key service to the system wide Integrated Urgent and Emergency Care Transformation Programme.
- The service supported and provided the minor injury overnight service at Royal Preston Hospital.
- The service provided a fast track treatment service for patients referred via the GP to Deep Vein Thrombosis (DVT) clinic, where they received assessment, diagnosis and initiation of treatment.
- The provider improved services where possible in response to unmet needs. For example, the service has reviewed their digital services around clinical assessment service (CAS), virtual ward management and utilising out of hospital pathways and delivering urgent treatment.
- Improvements to the 24-hour Clinical Assessment Service (CAS) was an ongoing development of service and pathways.
- Leaflets covering information and advice about a range of conditions was available. Information on how to obtain these in other accessible formats or languages was described.

Are services responsive to people's needs?

Timely access to the service

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

- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services. For example, the service had worked closely with their local CCGs to support asylum seekers in primary care and the service going above and beyond to help provide local support for one family.
- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment. For example, priority care was given to patients who identified with learning needs or a disability where swift care is essential.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or
- The service provided with local partners to deliver a Primary Care Phlebotomy services which was health care assistant (HCA) led, this resulted in the service provided over 30,000 patients to receive routine and urgent blood tests.
- The service led a local service with local partners to provide a medical led service for a Covid Medicine Delivery Unit, this service delivered care to 650 patients who were assessed for suitability for specialist treatment.
- The service provided with local partners to help relieve winter pressures in primary care by providing Same Day Access Service which was primary care based and clinically led by service, seeing over 800 patients.
- The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. We observed a young child prioritised as they arrived.

Are services well-led?

Leadership capacity and capability

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

- The practice is part of gtd Healthcare a not-for-profit organisation and they benefited from support from central teams, for example, human resources, the training academy and clinical leadership for guidance and support.
- The leadership team demonstrated the shared values, led by example and motivated staff. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Culture

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

- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- There was a strong emphasis on the safety and wellbeing of all staff and this formed part of the organisation's wider strategy.
- Staff had access to a confidential employee assistance programme, which also provided a range of wellbeing advice and guidance via the website.
- In 2021 there had been an organisation wide 'Year of wellbeing' with a range of monthly events for staff to participate in.
- Staff told us they felt respected, supported and valued. They were proud to work for the service.
- The service was involved in various research projects and staff had articles published in the literature describing the findings and outcomes. The clinical lead had been nominated for an award for work they had undertaken in the service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

Are services well-led?

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The mission statement read: “We care for people, families and communities, in order to improve their health and wider wellbeing.”
- The service developed its vision, values and strategy jointly with patients, staff and external partners, which read: gtd healthcare is a values driven organisation and we are passionate about providing the best possible healthcare for our patients.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them, we observed these values displayed by all staff throughout the inspection.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Quality was overseen by a dedicated governance and data team who were also instrumental in supporting the organisation to achieve the goals set out in the organisational strategy.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Clinicians met monthly with local primary care clinician to discuss any issues they may have about the service.
- The provider supported Primary care by providing phlebotomy service and same day access to treatment.
- The service was the first NHS 111 Programme to establish local clinical assessment
- Patients were able to access care and treatment at a time to suit them. The service operated urgent medical and dental care in a range of ways, including telephone advice, face-to-face treatment, home care, walk-in centres in the community, emergency department support and ambulance service support.

Are services well-led?

- The organisation has an organisation wide academy which co-ordinated and managed all learning and development activities. They produced a weekly summary of internal and external training and development opportunities.
- Staff had access to corporate and onsite induction. With staff encouraged to develop and were actively supported to gain additional skills and qualifications to enhance their roles.
- The organisation has launched a new appraisal process, with managers undertaking training and a schedule of new appraisal had been developed for 2022/23

Managing risk, issues and performance

- The information used to monitor performance and the delivery of quality care was accurate and useful. The data team analysed data and presented data via a red/amber/green (RAG) rated dashboard to the practice team, highlight areas which required action.
- Dedicated head office teams supported frontline staff on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The service was transparent, collaborative and open with stakeholders about performance. The service held meetings with and liaised with stakeholders and members of the local healthcare community in order to gain feedback on their performance and the expectations of partners. For example, the service engaged with local GPs to understand their experiences with working with them. They were genuinely interested in understanding how other services received them with a view to improving the service provided.
- The service worked with the local university to develop suitable courses and provide appropriate training, experience and mentoring for advanced nurse practitioners. They were invested in the continuing development and advanced clinical roles for nurses and other non-medical staff. They provided placements for such staff in training.
- The service used a secure web-based incident management system to record and monitor incidents. Incidents were reviewed for significance and those identified as moderate or above were managed in conjunction with the central governance team who support the investigation process.
- The organisation learned and shared lessons identified themes and acted to improve safety in the service. Feedback regarding events and findings were discussed during governance meetings and clinical service quality performance meetings. A monthly governance newsletter for all staff where they share lessons learnt from across the whole organisation and highlight the changes introduced as a result of incidents.
- The service held twice daily safety huddles, each service line is reviewed and clinical priorities which helped co-ordinate the service and staff managing those services.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service had posters around the centre describing how patients could provide feedback, they had QR codes which could be scanned to direct patients to the current place to feedback. Friends and family type feedback forms were available around the centre. The provider's website directed people how to make a complaint or give feedback.

Are services well-led?

- Staff were able to describe to us the systems in place to give feedback. There was a 'share and care' session each Wednesday morning, where staff could dial in and share how they were feeling or give feedback on new processes.