West Midlands Doctors Urgent Care - Wolverhampton Urgent Care Centre

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.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Key findings

Contents

Letter from the Chief Inspector of General Practice

This service is rated as requires improvement overall. (Previous inspection March 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

We previously carried out an announced comprehensive inspection at West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre on 21 March 2017 as part of our regulatory functions. The service was rated as inadequate overall. The full comprehensive report for the March 2017 inspection can be found by selecting the 'all reports' link for West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre on our website at www.cqc.org.uk.

An announced focused inspection was carried out at West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre on 26 October 2017 to confirm that the service had taken appropriate action to meet the legal requirements in relation to the warning notices issued in July 2017. You can read the follow up inspection report, by selecting the 'all reports' link for West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 6 February 2018 and 27 February 2018 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection on 21 March 2017 and to follow up on concerns received. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- There was an open and transparent approach to safety and systems were in place for recording and reporting significant events. An effective process to share learning with staff had been implemented.
- Systems had been introduced to manage safety alerts.
- Risks to patients were assessed but not always well managed, particularly in relation to ensuring sufficient staff were available to meet surges in demand.
- Patients' care needs were assessed but not always delivered in a timely way and according to need. For example, there was a potential risk where walk-in patients and children were not clinically triaged in a timely manner and many patients waited for long periods to be seen.

Summary of findings

- The service met the National Quality Requirements in some areas however, there was evidence of performance being below the required targets.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- The service had good facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits were maintained and well equipped.
- There was a clear leadership structure and staff generally felt supported by the management team.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

For details, please refer to the requirement notices at the end of this report.

In addition the provider should:

- Ensure training and procedures for dealing with emergencies are reviewed.

This service was placed in special measures in July 2017. Insufficient improvements have been made and there remains a rating of inadequate for one key question. Therefore, we are taking in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

West Midlands Doctors Urgent Care - Wolverhampton 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 advisor, a Specialist nurse advisor and a second CQC inspector.

Background to West Midlands Doctors Urgent Care - Wolverhampton Urgent Care Centre

West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre (WUCC) is part of theVocare group, which began in 1996 in the North East of England as a co-operative of local GPs providing healthcare to local people. Vocare Limited is a private limited company. WUCC has been operating since April 2016 and is commissioned by NHS Wolverhampton CCG under a single contract to provide an integrated approach to urgent health care, which include all the elements of out of hours, urgent care and walk-in services from one location. The services are organised and delivered in a co-ordinated way. Policies and protocols cover all services and the provider Vocare provides centralised governance for its services, which are co-ordinated locally by service managers and senior clinicians.

WUCC is located on the first floor of the Urgent and Emergency Care Centre at New Cross Hospital, Wolverhampton. An integrated model of urgent health services is available for the whole of Wolverhampton (population, 262,000). WUCC provides services to one of the most deprived areas of the West Midlands. People living in more deprived areas tend to have a greater need for health services. There is a lower value for income deprivation affecting children and older people in comparison to the average across England. The out of hours service (OOHs) is extended to patients registered at seven named practices in Seisdon:

- Claverley Surgery
- Dale Medical Practice
- Featherstone Family Health Centre
- Lakeside Medical Centre
- Moss Grove Surgery
- Russell House Surgery
- Tamar Medical Centre

WUCC is led by a local clinical director, operations manager and a clinical support manager, who have oversight of the integrated services. WUCC is open 24 hours a day, seven days a week for people who walk in, or are referred

following contact with the NHS 111 service. The services provided include an out of hours service between the hours of 5.30pm and 9am on weekdays and 24 hours a day at weekends and bank holidays. All services are provided from one location. WUCC provides access to patients to the services in the following ways:

- Walk-in, any patient can walk directly into WUCC and ask to be seen. These patients are asked to complete a form for themselves or their child by non-clinical staff at the reception desk. The form is handed back to reception staff who document the patients' responses. Patient's names are then entered onto the patients list.
- Following contact with the NHS 111 service and an initial telephone assessment, patients could be given an appointment to attend WUCC or receive a home visit from a GP as part of the OOHs.
- WUCC forms part of the urgent and emergency care centre at New Cross Hospital and is commissioned to provide treatment for minor injuries and illness for patients who do not require A&E treatment but who cannot wait until the next available appointment with their registered GP. Patients within this category undergo a triage assessment by a nurse employed by WUCC and a nurse employed by the hospital and if clinically assessed as appropriate are given an appointment to attend WUCC.

All the services are staffed by the same group of doctors, nurses and reception staff. This includes the GP on shift who carries out home visits during the period when the patients' registered GPs are closed.

There are a total of 95 staff working at WUCC. This number includes sessional GPs who are self- employed contractors. The organisational structure at WUCC include a Regional Director, an Assistant Regional Director, a Local Clinical Director and a Clinical Support Manager. Other staff roles include:

- 1 Salaried GP (Also has the role of the Local Clinical Director)
- 29 Sessional GPs
- 1 Clinical Support Manager
- 4 Advanced Nurse Practitioners
- 1 Emergency Care Practitioners
- 3 Nurse Practitioners
- 2 Junior Nurse Practitioners
- 1 Healthcare Assistant
- 9 Drivers
- 14 Receptionists
- 1 Senior Team Leader
- 3 Team Leaders

Why we carried out this inspection

We undertook a comprehensive inspection of West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre (WUCC) on 21 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The service was rated as inadequate. The full comprehensive report following the inspection in March 2017 can be found by selecting the 'all reports' link for West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre on our website at www.cqc.org.uk.

We undertook a comprehensive follow up inspection of West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre (WUCC) on 26 October 2017. This inspection was carried out to review in detail the actions taken by the service to improve the quality of care and to confirm that the service was now meeting legal requirements.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 21 March 2017, we rated the service as inadequate for providing safe services This was because:

- There were no assurances to demonstrate all safety alerts were acted on at a local level.
- There were no assurances to demonstrate that learning from incidents was shared with staff at a local level.
- Safe recruitment procedures were not consistently adhered too.
- Appropriate arrangements were not in place to ensure the timely and safe triage of patients resulting in delays in seeing patients, delays in home visits, delays in seeing children and the absence of triage for walk in patients.

These arrangements had improved when we undertook a follow up inspection on 6 February 2018. The service is now rated as requires improvement for providing safe services. This was because:

- Surges in demand at the centre and staff shortages were not consistently managed in a manner that ensured the impact on patient safety was minimised.

Safety systems and processes

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

- Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- 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.
- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were reviewed and communicated to staff.
- At the previous inspection in March 2017, we found that the provider had comprehensive recruitment systems in place but personnel files we reviewed demonstrated recruitment policies and procedures were not consistently adhered too. At the focused inspection in October 2017, we saw that the provider's safer recruitment policy had been updated and an audit carried out to review recruitment files for staff working at West Midlands Doctors Urgent Care - Wolverhampton Urgent Care Centre (WUCC). The service shared its end-to-end recruitment process with us and up to date procedures were seen which demonstrated safe recruitment practices had been consistently followed for staff recently employed.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

- We saw records that showed that there were arrangements for planning and monitoring the number and mix of staff needed and systems were in place for dealing with capacity. However, we were not assured that these were always effectively applied. Staff told us that they escalated any shortages, which included cancellations, to the rota management team. For example, records examined to review patient waiting times showed that on two of the five days looked at a triage nurse was not available. Data received from WUCC showed that between October 2017 (Introduction of triage nurse) and February 2018 the percentage of shifts filled for this role ranged between 86% and 94%. The triage shift was originally provided between 10am and Midnight. The time of the shift had been changed to operate between 8am and Midnight. This change was made in February to address findings that showed patients were subject to long waits without triage during the hours of 8am and 10am. WUCC plan to monitor the impact of this change.
- At this inspection, staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Two reception staff spoken with knew how to identify and manage patients who showed signs of deterioration. The staff also explained the procedure they would follow in the event of a patient who required emergency clinical support within

the waiting area. Staff had access to red flag alerts to support them to recognise patients that may be at risk and needed to be brought to the attention of one of the clinical staff immediately.

- An investigation was in progress following an incident on 20 February 2018. Concerns had been raised about WUCC handling of the incident. An inspection on 27 February showed that WUCC had followed its procedures and ensured patients' safety.

Information to deliver safe care and treatment

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

- At the inspection in March 2017, we saw that GP records and triage notes were poorly documented. At this inspection, we found that individual care records were written and managed in a way that kept patients safe. We looked at seven random care records. These showed that information needed to deliver safe care and treatment was fully recorded at consultations. The records ensured that appropriate patient information 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. For example, preferred care records for patients with end of life care plans were referred to, special notes were available and alerts were added to the system for patients identified as vulnerable. A summary of the care provided was shared with patients' GPs.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Vocare had an organisation wide policy and procedure, which detailed how medicines should be safely managed for all of the services provided at WUCC. For example, medicines used for home visits were provided in secure boxes, which were numbered, tagged and sealed. We found that, medicines included in the WUCC formulary included dexamethasone (a medicine used to treat conditions such allergic disorders and breathing disorders) as recommended in current national guidance. This medicine was available at the centre. All medicines for home visits were recorded and signed out by the GP. All medicines returned were then rechecked and a record maintained of medicines used. All staff had access to detailed and up-to-date policies and procedures, which supported the safe management of medicines.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- We saw that the temperature of the fridge used to store medicines at WUCC was recorded daily and was within the accepted range. There was a second check thermometer independent of the electricity supply inside the fridge to ensure the temperature was maintained within the accepted range at all times.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- WUCC held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had standard operating procedures in place that set out how controlled drugs were managed in accordance with the law and NHS England regulations. Records and documents we looked at showed appropriate arrangements for the ordering and receipt of controlled drugs. Arrangements were in place for the safe destruction of controlled drugs. Auditing and monitoring of controlled drugs took place and staff were aware of the mechanisms for reporting and investigating discrepancies. We saw that these medicines were securely and appropriately stored.
- Processes for checking medicines included 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 vehicles were stored appropriately. An extreme weather protocol had been implemented to ensure that medicines and medical gas cylinders were transported and stored safely.

Track record on safety

The service had a good safety record related to significant events.

- There were comprehensive risk assessments in relation to safety issues.

Requires improvement

Are services safe?

- The Vocare quality management team supported the service to monitor and review activity. This helped it to understand risks to support safety improvements.
- At the inspection in March 2017, we found that WUCC could not be sure that staff would not feel prohibited from appropriately reporting incidents, which included complaints or that incidents were accurately recorded. At our inspection in October 2017, we found that the system for reporting and recording significant events had been reviewed. At this inspection we found that improvements had been maintained and the systems in place covered all events, which included incidents and near misses that occurred throughout the integrated urgent health care services of out of hours (OOHs), urgent care and walk-in services provided
- At the previous inspection in March 2017, we found that there were no assurances to demonstrate all safety alerts were acted on, searches undertaken or shared at a local level. At the inspection in October 2017, we found that the management team had improved the process and ensured that relevant medicine and equipment alerts were shared with staff in a timely manner. The service had maintained the practice of including copies of medicine and equipment alerts in boxes containing diagnostic equipment given to all clinicians who treated patients at WUCC at the start of their shift. This ensured the alerts were easily accessible for staff to read. GPs and nurses spoken with demonstrated an awareness of safety alerts. An update on safety alerts received was also included in a regular newsletter written for clinical staff. The newsletter was emailed out to clinical staff.
- The service encouraged joint reviews of incidents with partner organisations, which included the local A&E department, GP OOHs and NHS111 service.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The provider took part in reviews with other organisations. Learning was used to make improvements to the service. For example, the service shared significant events with the CCG and notified the CQC of events that had a negative impact on patients. For example, the service reported an incident that had occurred over a weekend and involved a significant delay in the number of patients waiting to be seen at the centre and patients waiting for a home visit.
- Records we looked at showed that improvements had been made in recording significant events. Staff attended an incident identification and incident reporting workshop hosted by the CCG. All staff could report significant events, and entered the information onto a shared electronic system or appropriate form if access to the electronic system was not available. 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). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support; an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- At the previous inspection in March 2017, we found that the outcome of significant events was discussed and shared with the management team at a regional level. However, there were no assurances to demonstrate learning from incidents was shared with staff at a local level. At the inspection in October 2017, we saw that the service carried out a thorough analysis of significant events and ensured that learning from them was disseminated to staff and embedded in policy and processes. At this inspection, we found that improvements had been maintained.
- There had been 11 serious incidents reported between January 2017 and December 2017. This represented 0.02% of the total patient contacts (59,950) for this period. Trends and themes had been identified, the analysis showed that seven of these were related to care. We saw evidence that lessons were shared and action was taken to improve safety in the service.
- Regular staff meetings and a monthly newsletter ensured that learning had been discussed and shared with staff at a local level.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 21 March 2017, we rated the service as requires improvement for providing effective services This was because:

- There was a lack of an effective system to ensure that National Institute for Health and Care Excellence (NICE) guidelines and updates were received and actioned.
- Systems and processes for the auditing of GP clinical assessments were not effective to ensure that appropriate actions were taken when concerns were identified.
- Not all staff were trained to appropriate levels in paediatrics (care of children).
- Competency checks were not carried out to ensure that staff qualified to care for young children had up to date skills and knowledge.

Although there had been some improvements in performance this was not sufficient to demonstrate sustained improvement when we undertook a follow up inspection on 6 February 2018. The service is rated as inadequate for providing effective services. This was because:

- The service was not meeting key performance indicators, which could have a negative impact on the services provided for patients.

Effective needs assessment, care and treatment

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

- At the inspection in March 2017, we found that there were no mechanisms in place to assure us that NICE guidelines and updates were received locally and actioned where appropriate in a timely manner. At the inspection in October 2017, we found that systems had been reviewed and mechanisms put in place to address this. At this inspection, we saw that improvements had been maintained and the service had systems in place to keep all clinical staff up to date.
- Clinical staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. This included their clinical needs and their mental and physical wellbeing. We saw that best practice guidelines were shared with staff at staff meetings, email communication and through a monthly newsletter. For example, guidance on managing sepsis for all groups of patients was available and readily accessible in consulting rooms. The provider monitored that these guidelines were followed.
- Clinical staff, which included healthcare assistants who undertook baseline observations on walk-in patients, had information related to normal values and vital signs, which enabled them to easily escalate concerns where appropriate.
- Care and treatment was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable. This included for example, a criteria agreed with other stakeholders for the safe and appropriate referral of patients experiencing poor mental health had been implemented.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity. 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 April 2017 to January 2018 that showed:

- 95% of people who arrived at the service completed their treatment within 4 hours. This was currently meeting the target of 95%.
- 52% of people who attended the service were provided with a complete episode of care within one hour (60 minutes of arrival – for emergency patients). This was lower than the target of 80%.
- 52% of people who attended the service were provided with a complete episode of care within two hours (120 minutes of arrival – for urgent patients). This was lower than the target of 80%.

There were some improvements noted in performance. However, there remained areas where WUCC significantly under performed and these had a negative impact on the quality of service provided. This was evidenced in the extended waiting times patients experienced and the delays in having an initial assessment. These included the

Inadequate

Are services effective?

(for example, treatment is effective)

two indicators above where the targets of 80% to complete a patient's episode of care within 60 minutes for emergency patients or 120 minutes for urgent patients were not met. Two other indicators, which demonstrated poor management of waiting times and delays in seeing patients was the time taken to undertake an initial assessment of patients within given KPI time scales.

- Initial assessment within 15 minutes of the patient arriving in the centre was overall 40% for the period April 2017 to December 2017. This was below the target of 95%.
- Initial assessment within 20 minutes of the patient arriving in the centre was overall 50% for the period April 2017 to December 2017. This was below the target of 95%.

Although these figures continue to demonstrate significant delays, KPI data looked at showed improvements over the last three quarters:

- Initial assessment within 15 minutes of the patient arriving in the centre was:
  - Quarter 1 (April 2017 to June 2017) 17%
  - Quarter 2 (July 2017 to September 2017) 29%
  - Quarter 3 (October 2017 to December 2017) 40%
- Initial assessment within 20 minutes of the patient arriving in the centre was:
  - Quarter 1 (April 2017 to June 2017) 22%
  - Quarter 2 (July 2017 to September 2017) 36%
  - Quarter 3 (October 2017 to December 2017) 50%

Wolverhampton CCG shared with us a number of concerns they had observed at an unannounced visit they carried out at the urgent care centre one week prior to our planned inspection. The concerns highlighted potential risks to patients related to staffing levels, absence of clinical management oversight, no triage of patients of any age, no prioritisation or identification of patients to enable escalation of patients that may be at high risk according to clinical need, and patients experiencing long waiting times of up to four hours. This indicated that surges in demand at the WUCC and staff shortages were not consistently managed in a manner that ensured the impact on patient safety was minimised. An investigation of these incidents showed that there had been no adverse impact on patient health. The CCG held a series of meetings with Vocare both at an operational management level and with the Managing Director at which a number of reassurances were given and the following immediate action taken:

- Recruitment of a senior clinical / operational manager.
- Delegated authority to operational level giving authority to pay for staff at short notice.
- Targeted training for all reception staff/team leaders to ensure policy and procedures were consistently followed by all staff
- Review of and changes to staffing.

These measures would not have had an impact at the time of this inspection. The CCG have told us that they were assured Vocare was addressing these concerns with immediate effect and continue to apply intense scrutiny and monitoring through quality visits and direct communication with Vocare at all levels.

Where the service was not meeting its target(s), the provider had put actions in place to improve performance in this area.

- The service had introduced a triage shift to support patients to be seen within 15 minutes of arrival at the centre. The shift was provided between the hours of 10am and midnight and covered by a nurse. However, this was not always possible, particularly when the shift could not be covered. The service had systems in place to manage and mitigate the level of risk. This included redeployment of staff and implementing the standard operation procedure between A&E and the urgent care centre for the referral of children to the A&E department at times of high demand. Daily monitoring of triage by age groups with local management discussions on action to be taken if required.
- We saw evidence that referrals to A&E were reviewed each month to ensure they were appropriate. Any inappropriate referrals were discussed with the clinician concerned.
- The service used information about care and treatment to make improvements. For example, 'Safe Practice Bulletins' were produced quarterly for clinical staff. These were used to discuss and communicate learning outcomes from clinical case reviews to improve services.
- 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. WUCC had completed seven audits one of which looked at clinician prescribing practices to ensure appropriate and in keeping with national guidance. The audit looked at prescriptions issued between April 2016 and June 2017. The clinical director reviewed 40 case notes and 423 prescriptions issued against an agreed proforma. The outcome showed in 97% of the cases appropriate prescribing practices were followed. The remaining 3% showed that national prescribing guidance for the amount of medicines issued was not followed. This was followed up with the clinician involved. The results were shared with clinicians in the October 2017 newsletter with a copy of the policy and guidance. There were plans to repeat this audit in April 2018.

Effective staffing

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

- The provider had an induction programme for all newly appointed staff. This covered such topics as health and safety and an introduction to the organisation and WUCC. New staff also worked with a mentor.
- At the inspection in March 2017, we found there was an inconsistent approach towards the management of children. There was an advanced nurse practitioner had received specific training to carry out clinical assessments of children aged under one year but some nurse practitioners were not trained to carry out an initial assessment of children under the age of one year. At the inspection in October 2017, we saw that improvements had been made. The service had identified nurse practitioners who could undertake initial assessments or observations on children based on their level of competence. Staff were aware of the nurse practitioners who could carry out assessments of children under the age of one year. At this inspection, four urgent care nurses had undertaken a three day course on the management of children with minor illnesses in November 2017.
- The service had developed its paediatric minor illness - competency assessment framework to support staff to develop their competencies following attendance at the course and the completion of a competency assessment before seeing children on their own.
- At the inspection in October 2017, we found that staff did not follow a standard assessment tool when assessing children but based their assessments on their individual professional judgements. This could result in gaps in the assessment and inconsistencies in the questions asked. At this inspection, we saw that a standard assessment tool for nurses to use when undertaking triage assessments of children had been developed, which we observed staff used.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. For example, discussions were held with GPs where there were concerns about their standard of record keeping following patient consultation and triage notes.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. For example, when working with the hospital emergency department.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, systems were in place to ensure the safe and effective referral of patients experiencing mental health problems to suitable professionals.
- Staff communicated promptly with patients registered GP's so that the GP was aware of the need for further action. Care and treatment for patients in vulnerable

Inadequate

Are services effective?

(for example, treatment is effective)

circumstances was coordinated with other services. For example, ensuring appropriate communication was completed for patients transferred to accident and emergency.

- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- 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.

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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. For example, this included discussing pain management plans in place for patients receiving end of life where it was considered that more support was needed.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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.

Good

Are services caring?

Our findings

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- There were arrangements in place to respond to those with specific health care needs such as end of life care and those who had mental health needs.
- Feedback received from patients in the waiting area was positive about the experience they experienced on the day. This was is in line with the results of the NHS Friends and Family Test and other feedback received by the service.

Involvement in decisions about care and treatment

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

- We observed the use of interpretation services during the inspection for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Comments received from patients were mainly positive, they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids, a media screen with subtitles and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They supported them to ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 21 March 2017, we rated the service as requires improvement for providing responsive services This was because:

- There was an inconsistent approach for children under the age of one year to access the centre, which could potentially lead to young patients (children) waiting for long periods.
- There was a lack of systems for the safe triage of walk in patients, who were not given an appointment, with a reliance on clinical staff 'spotting' a higher priority patient from their electronic list or observation of the waiting area.

These arrangements had improved when we undertook a follow up inspection on 6 February 2018. However, the service remains rated as requires improvement for providing responsive services. This was because:

- Patients were not able to consistently access care and treatment from the service within an appropriate timescale for their needs.

Responding to and meeting people's needs

- The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. For example, the service was aware of Public Health England data on population health in Wolverhampton as well as information shared by local Healthwatch and the local Clinical Commissioning Group.
- The facilities were suitable for people with disabilities and patients with young children. There were electronic opening doors and wide corridors to manoeuvre wheelchairs and pushchairs. A lowered area at the reception desk made it easier for patients in wheelchairs to communicate with the reception staff and a hearing loop was available. There was access to disabled toilets and baby changing facilities. Patient access was via a lift or stairs to the first floor. The facilities were accessible to children. Translation services were available for patients who could not speak English and some staff were multi-lingual.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Clinical staff had access to the preferred care pathways for patients receiving end of life care.

Timely access to the service

Patients were not able to consistently access care and treatment from the service within an appropriate timescale for their needs.

- Following an assessment patients could be given an appointment at WUCC, receive a home visit from a GP or be referred to WUCC following joint triage in the Wolverhampton A&E department. All the services were staffed by the same group of doctors, nurses and reception staff. This included the GP on shift carrying out home visits during the period when the patients registered GP was closed.
- WUCC was open 24 hours a day, seven days a week for people who walked in, or were referred following contact with the NHS 111 service. The services provided include an out of hours service between the hours of 5.30pm and 9am on weekdays and 24 hours a day at weekends and bank holidays. All services were provided from one location.
- At the inspection in March 2017, we found that patients did not have timely access to initial assessments, diagnosis and treatment.
- At the inspection in March 2017, we found there was a lack of systems for the safe triage of children and walk in patients. At this inspection, we saw that changes were made to provide these patients with an initial assessment within 15 minutes of their arrival at the centre. The service had introduced a triage shift to support patients to be seen within 15 minutes of arrival at the centre. The shift was provided between the hours of 10am and midnight and covered by a nurse. However, due to staff availability the shift was not always covered. At this inspection, we found that there remained occasions when there were significant delays in seeing patients.
- We examined random records for waiting times over three week days and one weekend. Those examined for two of the three week days showed that all patients were triaged within the timescales set with no excessive waits to be seen and treated. Two records examined for the third weekday showed that there were delays in patients being seen and no triagecompleted due to a

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

triage nurse not being available. Eleven records examined for the weekend showed delays in patients being triaged and long waiting times, the longest wait was four hours for a walk-in patient (adult).

- We saw that the service monitored waiting times and continuously made changes to manage and mitigate risks. The management team had introduced hourly waiting times reports, which were discussed by the managers. A daily report of the times patients were triaged following arrival at the centre was also being completed.
- Improvements implemented included the introduction of patient lists for each clinician to support improvement in waiting times. WUCC planned to review the effectiveness of this.
- The service had increased its capacity to undertake home visits. Advanced nurse practitioners had received training to undertake home visits. Plans were in place to also train paramedics to equip them to carry out home visits.
- Reception staff had received training to support them to manage and monitor patients waiting in the reception area. The training provided staff with basic knowledge for identifying visible signs of deterioration in a patients' health. Staff had access to an aide memoire, which also detailed the action they should take if a patient's wellbeing deteriorated. A clinician was also involved in monitoring patients' wellbeing in the waiting room. Patients were also provided with information and instructions titled 'New or Worsening Symptoms' on what they should do if there was any change in their condition. This included ensuring they informed the receptionist.
- The service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. 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.

Listening and learning from concerns and complaints

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

- The service had an effective system in place for handling complaints and concerns. The complaint policy and procedures were in line with recognised guidance.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaints system with posters available in the reception waiting area in two languages. Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- All complaints were recorded electronically. Information available showed that 82 complaints were received between January 2017 and December 2017. We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency when dealing with the complaint.
- We saw evidence that lessons were shared and action was taken to improve safety in the service. One to one meetings were held with staff to discuss and address concerns where appropriate. For example, to address concerns related to staff attitude staff attended certified customer service courses at a local college.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 21 March 2017, we rated the service as inadequate for providing well-led services This was because:

- The provider did not have effective systems in place for recording and managing risks in all areas.
- There was a lack of effective mechanisms to ensure that the learning outcomes from significant events such as serious incidents and complaints were shared with staff locally.
- There were no mechanisms in place to ensure that clinical staff were aware of and take appropriate action on alerts issued by the Medicines and Healthcare products Regulatory Agency about medicines.
- There was a lack of an effective system to ensure that NICE guidelines and updates were received and actioned in a timely manner.
- There was an inconsistent approach towards the management of children. There was no clear guidance for nursing staff to follow and competency checks to ensure that staff qualified to care for young children had up to date skills and knowledge were not carried out.
- The outcome of audits on the clinical performance of staff were not acted on.

These arrangements had improved when we undertook a follow up inspection on 6 February 2018. The service is now rated as requires improvement for providing well-led services. This was because:

- The provider did not have robust arrangements in place for managing risks specifically related to the management of patient waiting times and delays in receiving an initial assessment.

Leadership capacity and capability

Leaders demonstrated improved capacity and skills to deliver high quality care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, the recruitment of operational and clinical management staff who would be based at and have direct responsibility for the management of the centre.
- At this inspection, we found there was a clear leadership structure in place. Staff told us they had the opportunity to raise any issues and felt confident in doing so.

Vision and strategy

The service had reviewed their vision and strategy to support the delivery of high quality care and promote good outcomes for patients.

- The organisation, Vocare Ltd. had a vision and set of values, which it shared with staff and external partners. The service had reviewed its strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was discussed with staff and external partners and was developed in line with health and social priorities across the region.
- The provider monitored progress against delivery of the strategy and shared these outcomes with the CCG.

Culture

- Staff felt respected, supported and valued. Staff told us that they felt more involved in the changes made and were proud to work for the service.
- The service focused on the needs of patients.
- The provider was aware of and had systems in place 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 support training for all staff on communicating with patients about notifiable safety incidents.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

Requires improvement

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

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

Governance arrangements

At the inspection in March 2017, we found that appropriate governance arrangements were not in place in all areas. At this inspection, the management structure had been reviewed and changed to ensure responsibilities, roles and systems of accountability to support good governance and management were embedded at a local level.

- Governance arrangements had been reviewed for identifying, recording and managing risks related to operational and clinical practice. For example;
  - Appropriate systems for the auditing of GP clinical assessments were in place and appropriate action was taken in a timely manner when concerns were identified.
  - Recorded information demonstrated that the learning outcomes from significant events, complaints and incidents were shared with all staff was available. Weekly governance meetings were held and one of the meetings used to discuss lessons learned, clinical supervision and sharing good practice.
  - Communication with staff at a local level had improved. Records looked at showed that regular governance meetings and an early morning meeting was held with staff on duty to discuss events that may affect the operation of the centre such as staff shortage and what mitigating action was needed to address these.
  - Arrangements for the safe triage of walk in patients who were not given an appointment had been reviewed. However, we found that not many patients, which included children with or without an appointment were consistently assessed in a timely manner. We found that not all systems introduced to ensure ongoing improvement in waiting times were effective. However, a process of real time and daily monitoring was in place.
- Effective systems were in place to demonstrate that safety alerts were acted on.
- Effective systems to ensure NICE guidelines and updates were received and actioned in a timely manner had been implemented.
- Recruitment procedures had been reviewed and safe recruitment practices introduced and consistently followed.
- At the inspection in October 2017 we found that, a number of operational procedures were in draft format. At this inspection, the management team told us that all policies and procedures had been passed to the CCG for comment and most had been signed off through the organisation internal process. These had been implemented and staff were aware of any new changes.
- Staff were clear on their roles and accountabilities .

Managing risks, issues and performance

- There was a process in place to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance.
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had a good understanding of service performance against key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information, which was reported and monitored, and management and staff were held to account by the organisation and external stakeholders.

Are services well-led?

Requires improvement

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

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support improvements.

- 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 engaged with Healthwatch to support the encouragement of patient feedback and identify where improvements could be made.
- The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The service had gathered feedback from patients through surveys and complaints received. For example, the NHS Friends and Family Test.
- Effective arrangements to ensure staff were involved and up-to-date with any changes had been introduced. These included monthly staff team meetings both clinical and non-clinical, monthly newsletters, a shared intranet platform and emailed communication, a monthly newsletter, quarterly clinical bulletin reports. Copies of the minutes of meetings and newsletters were shared with us. These documents were detailed and included discussions related to significant events, safety alerts, complaints and the day-to-day operation of the service.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. For example, the service had supported nurse practitioners and emergency practitioners to undertake accredited courses. Courses accessed included 'Minor Illnesses for Emergency Practitioners', 'Theory into Practice' for Emergency Practitioners, 'Emergency care of the child level 6' and non-medical prescribing.
- Vocare had appointed a national head of safeguarding. A review of safeguarding processes had been completed and recommendations for improvement made. For example, the review had identified that safeguarding questions in respect of children needed to be improved.
- Plans were in place to include paramedics in the skill mix of staff that could undertake home visits.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. Vocare had explored opportunities for closer working with health and academic colleagues to enable greater development of the workforce.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The service had not ensured patients were triaged and seen within an agreed timescale. • Increases in demand for services and staff shortages were not effectively managed to ensure the impact on patient safety was minimised. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems or processes in place operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk in particular: • The service did not have robust arrangements in place to effectively monitor and achieve key performance indicators which had a negative impact on the services provided to patients.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the fundamental standards of care and treatment In particular: • The provider had not ensured that there were sufficient staff at all times to undertake triage of patients and minimise excessive waiting times. • Increases in demand for services and staff shortages were not effectively managed to ensure the impact on patient safety was minimised. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.