

West Lancs Health 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (This service has not been inspected previously)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at West Lancashire urgent treatment centre (UTC) on 16 January 2020. This was the first inspection of this urgent treatment centre and was conducted as part of our inspection programme. Our inspection included a visit to the service's site at Wigan Road, Ormskirk, the UTC is co-located with other NHS clinical services including X-Ray, out of hours and dentistry which did not form part of our inspection.

The head of urgent care is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection, 57 people provided feedback about the service via CQC comment cards and we spoke to a further two people who told us about their experiences using the service during the inspection visit. All of them were very positive about the service. Patients described the service as excellent and praised the staff and GPs for their caring and understanding attitude. They told us they found the service very convenient and the clinicians very caring and professional.

Our key findings were :

- The service had comprehensive 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. There was a blame free culture.
- 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.
- There was a strong focus on quality improvement. Audit was meaningful and informed by service outcomes.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Patient feedback on the service was consistently positive.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Staff at all levels were enthusiastic and demonstrated high levels of knowledge and professionalism.
- There was a common focus on improving the quality and sustainability of care.

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

- Review and update fire procedures.

We saw the following outstanding practice:

- The service conducted a variety of real-time scenario testing for emergency medical situations which might arise, these were observed, debriefed and any learning identified, and adjustments made to improve future responses.

Dr Rosie Benneworth BM BS BMedSci MRCGP

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 GP specialist adviser

and a CQC GP clinical fellow.

Background to West Lancs Health Centre

The UTC at West Lancashire health centre provides care to the population of West Lancashire. It is commissioned by the West Lancashire clinical commissioning group (CCG) and provides services to the local population of 114,000.

The UTC provides treatment by GPs and nurses for patients between 8am and 8pm, seven days a week and 365 days a year, no appointment is required. Services are provided by Virgin Care Services Limited on behalf of NHS West Lancashire CCG.

The UTC has been purpose built and provided a light and spacious environment, there are eight treatment rooms, a resuscitation room and an observation ward with four adult beds and a dedicated children's bed. There is a large reception area with sufficient seating and additional office space for administration staff and managers.

The centre provides assessment and treatment for urgent health conditions such as: minor burns and scalds, minor injuries and ailments, skin infections and suspected broken bones, sprains and strains. The centre has access to X-ray services on site and is staffed primarily by health care assistants, nurses, advanced nurse practitioners, paramedic practitioners and doctors. The clinical team are supported with receptionists and a management and administrative team.

There is parking outside the centre including dedicated disabled spaces and the main railway station is nearby; all care is provided on a ground floor of a shared building.

The service operates from: West Lancashire Health Centre, Wigan Road, Ormskirk, L39 2AZ.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider had introduced a suite of bespoke standard operating procedures (SOPs) which follow National Institute for Health and Care Excellence (NICE) guidance, to articulate how processes should be conducted. Staff we spoke with were aware of and familiar with these processes. SOPs were numerous and included contagious disease management, obtaining samples, child protection, lone working, patient safety and capacity management.
- The provider conducted safety risk assessments. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies and SOPs 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. Regular quality meetings were held to discuss any safeguarding incidents. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. There was a safeguarding lead for both children and adults and safeguarding champions, staff we spoke with were aware who the leads were and displayed good levels of knowledge on how to recognise and report a possible safeguarding concern. Staff who acted as chaperones were trained for the role and had received a DBS check. Notices regarding the availability of chaperones were clearly displayed around the premises.
- There was an effective system to manage infection prevention and control. The last infection control audit was conducted on 23 September 2019 and the provider scored 100%, this was an internally conducted audit which was peer reviewed by another department to check its validity.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Potable appliance testing (PAT) and calibration of equipment had taken place in a timely manner. There were systems for safely managing healthcare waste.
- All staff were trained in fire safety and two fire risk assessments had been completed recently, one by the fire service (13/3/19) and one internally (13/1/20), any actions identified had been carried out or were ongoing. There was a fire marshal identified, they were clear on their responsibilities to patients and staff, however they were not aware of a documented fire marshal procedure and they had not been issued with equipment to assist them in their role, for example a fluorescent tabard. We noted that no fire evacuation drill had been completed in the previous 12 months, it is good practice to hold at least one fire drill a year and evaluate how efficient and speedy it was. The head of urgent care told us these matters would be addressed as soon as possible.
- There was a system for the management of safety alerts, we saw these alerts were disseminated to individuals for action and management kept an oversight to ensure all were dealt with appropriately.

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.
- 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. We noted that staff had received a recent training input on the recognition and treatment of the condition. In line with available guidance, patients were prioritised

Are services safe?

appropriately for care and treatment, in accordance with their clinical need. There was a red, amber green (RAG) system to identify and manage patients requiring treatment first, sick children were given priority. Systems were in place to manage people who experienced longer waits.

- Staff told patients when to seek further help. They advised patients what to do if their condition got worse. Staff had been trained and used protocols to monitor patients to ensure they were seen appropriately for example the national early warning score (NEWS2) and paediatric observation score (POPS).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The provider had plans in place and had trained staff for major incidents. There was a business continuity plan available for all staff at all times.

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 conducted monthly audits of patient records to ensure consistency and quality. Each month 10 adult and 10 children's records were scrutinised and reported on by each clinician. When issues were identified where improvement was possible, learning was supportive and constructive in nature. One example of learning during these peer reviews was that that pain scores were not always recorded appropriately; further training and guidance was being provided to improve this.
- 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. There was a SOP for urgent referrals which was comprehensive and provided clear guidance.

Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders were stored appropriately. We noted there were SOPs for medical gasses, 'Stat' (medicines that need to be administered immediately), controlled drugs and prescription management, all these were comprehensive and provided clear guidance to staff and management.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, an audit of the prescribing of co-codamol over 2 months in June and July 2019 identified excessive prescribing, a re-audit following advice and guidance produced a 66% reduction and evidenced appropriate decision making by prescribers.
- 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.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms. Patients with chronic diseases were usually advised to see their own GP following the treatment of any urgent issues.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- All staff could report incidents and there was a system in place to action, monitor and review incidents in order to gather learning and prevent re-occurrences.

Lessons learned, and improvements made

Are services safe?

The service learned and made improvements when things went wrong.

- 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.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. We looked at one example where a nurse had not followed protocol

correctly and as a result a fracture went undiagnosed. A review of the incident was conducted both internally and with other services involved. An apology was offered to the patient and their family, further training and guidance was provided to staff to ensure learning was embedded.

- 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.

Are services effective?

We rated the service as good for providing effective services.

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.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed by auditing patient records on a monthly basis.
- Assessments were carried out using a defined operating model. Staff were aware of the operating model which included a flowchart for reception staff to follow and a formal triage system by clinicians.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, patients with a learning disability were given priority.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, those with mental illness, these patients were discussed with other strategic partners (North West Ambulance Service (NWAS), GPs and out of hours) and their own GP usually took precedence on their care.
- The provider had care pathways in place for most conditions clinicians were likely to meet. These were comprehensive and gave clear protocols and procedures to follow. Staff were clear on these pathways and how to implement them, this provided consistency of approach and optimised best practice. Examples of documented pathways included: gastroenteritis in children, head injuries, bronchitis, anaphylaxis and use of oxygen.
- The provider had introduced scenario testing to check that pathways worked appropriately. One recent

scenario testing was conducted for anaphylaxis in a baby (this is a serious allergic reaction that is rapid in onset and may cause death). It became clear that in the emergency staff were consulting the SOP for this situation to ensure they had taken all the correct steps. On review of the scenario it was decided to make laminated flowcharts for each of the potential medical emergency scenarios and place them in an easy access position within the resuscitation room. This provided quick access to an aide memoire for each potential emergency medical situation staff may encounter. A scenario based around bradycardia in an adult was planned for later in the month (Bradycardia is a slower than normal heart rate).

- The UTC was regarded as a "one stop shop" and where treatment was not assessed as appropriate at the location staff could refer directly to secondary care services, for example to surgical assessment or two week wait for cancer diagnosis. Patients whose condition was assessed as more long term were referred back to their GPs for ongoing treatment.
- Technology and equipment were used to improve treatment and to support patients' independence. For example, the provider had invested in a urinalysis machine to increase early detection of urinary tract infections so that interventions could begin as soon as possible, improving outcomes for patients.
- Staff assessed and managed and recorded patients' pain where appropriate.

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. For example, an internal service review was conducted to evaluate compliance with the Health and Social Care act regulations.

- The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group (CCG) to monitor their performance and improve outcomes for people. The service shared with us the performance data for the previous 12 months that showed:
 - 96.2% of people who arrived at the service completed their treatment within 4 hours. This was better than the target of 95%.

Are services effective?

- 80% of people who attended the service had been seen and triaged within 15 minutes of entering the UTC. The CCG had expressed their satisfaction at this figure.
- The CCG had also set other outcomes as part of their contract with the provider, including training staff to agreed standards, for example a qualification that permits non-medical prescribing for certain medicines.
- 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 conducted an audit of the recording of peak flow measurement in patients with respiratory symptoms. Figures were compared over two separate two-month periods in 2019. Results indicated that further training was needed to ensure staff knew the importance of recording these measurements and comparing them against expected best peak flow of oxygen so that underlying issues could be identified. This training was provided to staff requiring it.
- The service was actively involved in quality improvement activity. For example, staff and patient surveys were undertaken annually to capture views, suggestions and problems.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the lead clinical GP for the service had recently attended a national conference for urgent care. One presentation at the conference highlighted the benefits of reducing admissions to accident and emergency departments by increasing understanding between services regarding their parameters. Following the conference mentoring sessions had been set up between West Lancashire UTC and the NWAS to provide this clarity on each other's parameters and roles.
- All clinical staff had received bespoke paediatric minor illness training. A further module of paediatric training was being undertaken by nurses at John Moores University in Liverpool.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. The service had developed a paediatric competency framework to assess all clinical staff.
- 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. We noted that completion of staff training for key subjects was currently 98%. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals (bi-annually), coaching and 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.
- We looked at examples of staff appraisals and saw they were comprehensive and well documented, staff had been given time to prepare for their appraisals, all objectives were linked to the provider's vision and behaviours. Staff told us they felt the appraisal process and general support from management were very good.
- Clinicians were provided with protected time to complete their continuous professional development. GPs were provided with four hours protected time per week and nurses one and a half hours.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as health and safety, information governance and local procedures.
- 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.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services.

Are services effective?

Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow when patients were referred to other services for support as required.

- 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. Patient information was transferred electronically between services. If patients were local to the service, then their patient notes were available to the UTC in a summary care record. This provided a summary of any pertinent information clinicians needed to know, for example existing medical conditions and current medicines prescribed. If the service was presented with a patient from out of the local area, they needed to rely on the patient to provide this information.
- 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.
- There were clear and effective arrangements for transfers to other services and dispatching ambulances for people that required them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

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 service identified patients who may be in need of extra support. For example, those with a learning disability or those who were on a safeguarding register.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this, and staff had been trained to provide this advice.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. For example, those patients prescribed certain medicines that could adversely be affected additional treatment given by the UTC.
- 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

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. All clinical staff had been trained in the Mental Capacity Act 2005 and understood the underlying guidance relating to patient consent.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

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. All staff had received training in equality and diversity.
- The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as those who had mental health needs.
- All the 57 patient Care Quality Commission comment cards we received were positive about the service experienced. The provider also sought feedback via the friends and family test (FFT), however they had identified that only 100 feedback cards had been received from approximately 3,500 patients treated in January and February 2019, this was much lower than anticipated and reception staff had been reminded to encourage patients to complete the forms. Positive feedback was in line with the results of the NHS Friends and Family Test which showed 97% of patients would recommend 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):

- Interpretation services were available 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. Some signs were dementia friendly to assist patients with access to facilities.
- We noted the provider had reviewed the most common languages other than English spoken in their area. They

had then had notices translated into those languages so that patients who felt their condition was deteriorating whilst awaiting treatment were aware to bring this to the attention of staff.

- Patients told us through comment cards and by speaking to us on the day of the inspection, that 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 and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- We noted that staff had received additional training on signposting patients to support services. The provider maintained records of the numbers and different avenues that patients had been diverted to, for example alcoholics anonymous and smoking cessation.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times. Staff had received training in data protection, confidentiality and information governance. The provider was registered with the information commissioner's office (ICO).
- Staff understood the requirements of legislation and guidance when considering consent and decision making. Staff trained in chaperoning patients were available should they be required.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. They had analysed the demographics of the patient group and provided services to best meet their needs. For example, there was a large student population, many of whom had not registered with a local GP and used the service more frequently.
- The provider engaged with commissioners to secure improvements to services where these were identified. They met regularly with commissioners and provided a quarterly outcome report detailing performance against agreed measures and reporting on training needs and recruitment/workforce issues.
- The provider improved services where possible in response to unmet needs. They conducted patient surveys and engaged with patients via the Citizens panel (this was a panel of virgin care staff and patients who received regular bulletins with updates on the services provided in the district). They had recently supported world diabetes day, focusing on the impact the condition has on the wider family.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, those patients who may be at risk of harm from family members.
- Care pathways were appropriate for patients with specific needs, for example, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. For example, there was disabled parking, level access and all services were on the ground floor.
- Patients were able to access care and treatment at a time to suit them. The service operated 365 days a year from 8am to 8pm.
- 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.
- 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 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.
- Patients told us via CQC comment cards, that waiting times were acceptable. The provider monitored waiting times and times to be treated from arrival to discharge.
- Waiting times and delays were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited. There was a restaurant in the main hospital co-located with the UTC and a small WVRS café available every day but Sunday. Snack boxes were available to patients who waited for longer periods, for example, for an ambulance transfer.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were undertaken in a timely way. For example, if a patient was assessed in need of emergency care an ambulance would be summoned as accident and emergency services were not available on site, but were around seven miles away. The UTC had extensive emergency medical equipment and medicines for example a defibrillator and staff were trained to intermediate life support level.

Timely access to the service

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

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.

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available and it was easy to do. One patient we spoke with suggested that a sign in reception about how to make a complaint would be helpful, this information was available in patient leaflets to be found in the waiting area. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feed back to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. One complaint related to an undiagnosed condition which led to hospital admission, the case was reviewed, and learning identified, this was fed back to clinicians involved as part of their reflective learning.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- 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. Staff we spoke with told us they felt supported and that someone from the leadership team was always available to speak to should they have the need.
- 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. There was a clear and comprehensive three-year strategic plan which was discussed regularly at governance and strategic meetings.

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 set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and had spent dedicated time doing so at engagement sessions. The service's vision and behaviours were articulated in the titles "Strive for better – Think, heartfelt service – Care, and team spirit – Do".
- Staff were aware of and understood the vision, behaviours, values and strategy and their role in achieving them. These were included in the appraisal process.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.

- The provider monitored progress against delivery of the strategy. This was achieved by regular performance monitoring and meetings with the strategic leads and CCG to report on performance. Performance over various themes, for example waiting times, staff training, and appraisals was available on a dashboard, called "Tableau" at any time.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There was a culture of promoting easy communication and reward for good work. There was a "have your say" colleagues survey, managing director drop in sessions and "back to the floor" visits by the management team.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, apologies were offered where the service did not reach the standards it set itself. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 need. This included bi-annual appraisal and career development conversations. All staff had received regular bi-annual appraisals in the last year. We viewed a sample of these appraisals and saw they were comprehensively documented, and all objectives had been agreed using the SMART (specific, measurable, achievable, realistic and timebound) methodology. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses and paramedics, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. Peer reviews were conducted on a structured monthly basis in an open and self-reflective manner.

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- 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, staff we spoke with told us they enjoyed coming to work and there was strong sense of teamwork.
- There were positive relationships between staff and teams. Staff told us there was an “open door” policy where managers were concerned, and they felt able to raise concerns or views at any time.
- The service recognised and rewarded staff in an annual event with a commitment to; “recognising and respecting the difference between people whilst valuing the contribution everyone can make to an Organisation”. Peers were able to nominate colleagues, with executives making the decision regarding winners.

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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The service had identified a lead GP and lead nurse for clinical governance.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

There was an effective process 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 of the service. Performance of employed clinical staff could be demonstrated through audit of their

consultations, prescribing and referral decisions. Leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG 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. There was a comprehensive business continuity plan, available to all staff.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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.
- 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 used information technology systems to monitor and improve the quality of care.
- 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.
- Staff were trained in information governance and the service was registered with the information commissioner’s office (ICO).



Are services well-led?

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable 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 recently been involved in a three-day event to look at 'blue sky' urgent care centre, this involved the CCG and acute trust teams to look at patient flow, triage systems and paediatric care. This resulted in plans to have a paediatric bay to treat children and observe them for a period in cases where for example, those with wheeze or with high temperatures who would otherwise be referred to a paediatric ward for observation.
- There was regular "team brief" circulated to all staff which provided current news and advice for staff.
- We looked at the annual "have your say" action plan, which was developed based on feedback from staff. One of the actions was to develop a working party to take ownership and drive improvement.
- Feedback from a recent patient survey revealed that it was difficult to buy drinks and food at times as the café and WVRS shop were not always open. In response to this feedback, the provider installed a vending machine in the waiting area of the UTC, from which sandwiches, snacks and drinks could be purchased. Patients told us that this was most welcome.
- Staff were able to describe to us the systems in place to give feedback. For example, there was an annual staff survey and staff were able to contribute to meetings and suggest agenda items. We saw evidence of the most recent staff survey and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

- The service was transparent, collaborative and open with stakeholders about performance.

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, when the service ran scenario training around anaphylaxis in a baby in December 2019 and as a result improved its effectiveness in responding to this type of emergency by introducing quick access laminated aide memoires for staff. As West Lancashire UTC is one of five similar services operated throughout the country by Virgin Care, this learning was shared with and undertaken by those other locations.
- Staff knew about improvement methods and had the skills to use them.
- 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 was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the service had been working with the local CCG who had funded a trial of 'consultant connect' which gave access to telephone conversations with consultants for advice.
- The provider had engaged with the local university to provide support for first year medical students. The initiative was aimed at increasing the numbers of doctors in the locality and was undertaken in a voluntary capacity.
- There were systems to support improvement and innovation work.