Corby Urgent Care Centre

Inspection report

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

Ratings

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

Overall summary

This service is rated as Inadequate overall. This was the first inspection at this location under the current registration.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? – Inadequate

We carried out an unannounced comprehensive inspection at Corby Urgent Care Centre on 6 and 7 October 2021. We carried out this inspection due to concerns we received about the safety and leadership at the service.

At this inspection we found:

- Safeguarding processes needed strengthening at the service.
- Infection control processes were not being consistently followed and there was no infection control lead in place.
- Medicines were not being safely managed. This posed a risk to patient safety.
- Staff were not being adequately supported. There was a lack of communication with staff and a lack of leadership to support safe and effective delivery of services.
- The service did not routinely, nor effectively review, the quality of care and treatment it provided. It did not consistently ensure that care and treatment was delivered according to evidence-based guidelines.
- There was no effective triage system in place at the time of our inspection, and patients were not being monitored to ensure they were treated appropriately, in a timely manner and safely whilst at the service.
- Staff treated people with compassion and kindness. However, people's privacy was not being respected at the service at the time of our inspection.
- During our inspection, we observed that patients were not routinely able to access care and treatment from the service within an appropriate timescale for their needs. Patients we spoke with during our inspection explained that they had been waiting in excess of an hour to be seen by a member of the clinical team. Following our inspection, the provider submitted unverified key performance indicator (KPI) data which showed that during the month of October 2021 the time to treatment in the department was less than 35 minutes. This was not in line with what we saw on the days of our site visit during October 2021 inspection. We also found that patients were not being informed regarding average waiting times or being kept up to date regarding delays.
- Improvement was needed in how the provider monitored the quality of care and treatment being delivered at the service.
- Governance structures had not been working effectively which had resulted in some areas of unsafe care and treatment being delivered at the service.
- The provider had not established an effective sustainable leadership structure within the service to support or monitor implementation of governance arrangements.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that care and treatment is provided in a safe way.

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Dr Rosie Benneyworth 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 second CQC inspector, a GP specialist advisor, a CQC pharmacist and a nurse specialist advisor.

Background to Corby Urgent Care Centre

Corby Urgent Care Centre is located on the outskirts of Corby city centre and provides urgent care services to Corby and the surrounding areas. The service is commissioned by Northamptonshire Clinical Commissioning Group to provide assessment, care and treatment for both minor injury and minor illnesses.

The service is one of 11 registered services managed and operated by One Medicare Ltd (the provider). These include urgent care centres, GP practices, and walk-in services. The provider's head office and operations centre is based near Otley in West Yorkshire.

The day-to-day operational management of the service was led by a Clinical Service Manager, who was supported by a Service Manager who was new in post at the time of the inspection.

On the day of our inspection, the day-to-day operation of the service was managed by a service manager who was new in post at the time of our inspection. There was a clinical lead in post at the time of our inspection, who is also the registered manager for the centre.

Corby Urgent Care Centre is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

All the regulated activities are offered from:

Corby Urgent Care Centre

Cottingham Road

Corby

Northamptonshire

NN17 2UR

The service is open from 8am – 8pm, seven days a week.

The service has not previously been inspected by the Care Quality Commission.

Inadequate

Are services safe?

We rated the service as Inadequate for providing safe services.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider had some systems to safeguard children and vulnerable adults from abuse. However, staff we spoke with were not routinely clear on who the safeguarding lead was within the service. Following our inspection, the provider explained that group wide leads were outlined in the provider level governance policy. The provider also explained that at a local level this is clearly defined through the local safeguarding meetings which feed into provider wide safeguarding forums. However, during our inspection, staff were unable to demonstrate clear lines for communicating this information at a local level which resulted in staff not always being aware of the providers safeguarding governance arrangements.
- We looked at clinical records and found that safeguarding concerns had not always been identified and addressed by clinicians within the service. For example, staff we spoke with explained that huddle meetings were a way of escalating concerns such as raising safeguarding concerns; however, huddle meetings had stopped. Staff we spoke with also explained variations such as proactiveness of referrals and taking accountability.
- Policies and procedures were in place for staff to follow and staff had access to information to make referrals when necessary.
- We found clinical records which indicated that safeguarding concerns which should have been acknowledged and explored by the clinician concerned had not been explored. Staff had not always taken steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. During our inspection, staff in senior roles explained safeguarding systems were being implemented; however, at the time of our inspection these were not embedded. In particular, staff were not routinely clear on how concerns about vulnerable patients were managed within the service and on day two of our inspection, records we viewed indicated that several staff had not signed to confirm that they had read safeguarding policies.
- The provider carried out appropriate staff checks at the time of recruitment and on an ongoing basis. 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. They knew how to identify concerns but were not always clear on who they would report these to. Following our inspection, the provider submitted evidence of safeguarding meetings where lead roles were discussed and confirmed with all clinical and non-clinical staff present at the meeting.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- At the time of the inspection we did not find evidence of an effective system to manage infection prevention and control. Following our inspection, the provider submitted evidence of their IPC policy which had been revised in October 2021 following our inspection, as well as an IPC audit from August 2021.
- There was no infection control lead in place at the time of our inspection and, although the service was visibly clean and hygienic in most areas, there was no oversight of processes and procedures. The provider wide infection control policy we viewed did not provide the level of detail needed to ensure staff understood how procedures should be followed at a local level. Following our inspection, the provider explained that a lead nurse was appointed as the IPC lead. This role was previously held by the clinical service manager.
- We asked staff working at the service to show us the infection control procedures they worked to and they were unable to locate these. We raised this with the provider who undertook to immediately review this policy and to appoint an infection control lead for the service.

Inadequate

Are services safe?

- 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

The systems to assess, monitor and manage risks to patient safety were not adequate.

- There were no clear accountability at a local level for planning and monitoring the number and mix of staff needed to safely run the service. We were told that this was assessed on an on-going basis, dependent on the demands on the service over the previous days. Staff in managerial roles were not clear on how staff numbers and skill mix was determined, and we saw evidence of the impact of this, such as recorded significant events relating to when the service had been left short of staff. The service's clinical lead was not on-site when the inspection commenced, and staff in non-clinical senior roles did not have access to or knowledge of some of the information required for the inspection. For example, they didn't know if there was an infection control lead in place at the service or how to produce a staff rota. Staff we spoke with explained that there were times when the service had been left short staffed, and rotas we looked at confirmed this. There was no effective system in place or evidence of contingency plans for dealing with surges in demand. This exposed patients to potential risk and the provider did not demonstrate a process for managing this risk.
- There was a lack of information for staff in relation to their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. There was no triage process in place at the time of our inspection and no clinical guidance available to staff on how to identify and manage patients with severe infections, for example guidance to support recognition, diagnosis and early management of sepsis.
- The service operated a process where patients were streamed upon arrival which included taking a brief history. However, the service did not operate a triage system to enable staff to assess patients' priority for treatment based on their clinical needs. In particular, during our inspection, we identified patients who had presented but had not been triaged to establish whether their symptoms required immediate treatment. In the absence of staff meetings and huddle meetings the provider was unable to demonstrate an effective system to ensure that, when there were changes to services or staff shortages the service communicated how resources were being managed and monitored to reduce the impact on safety.
- There was an induction system for temporary staff tailored to their role.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Individual clinical records we reviewed as part of our inspection were not written and managed in a way that kept patients safe. We found examples where records relating to children did not contain accurate information about their physical health, indicating that these had not been recorded appropriately.

Appropriate and safe use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines required strengthening as we found areas of risk in relation to the storage and administration of medicines at the service.
- We found dexamethasone liquid which had been opened and the date when this medicine was first opened had not been recorded. This medicine has a shelf life of three months after opening and it was not clear when the medicine

had been opened. We found three other medicines which had been opened and left undated. Following our inspection, the provider explained that a full review of medicines stock, storage and governance arrangements had been carried out. The provider also explained that a local lead had been identified to ensure that medicines were stored and labelled correctly.

- The service used the Electronic Prescribing Service (EPS); however, records viewed did not provide assurance that a safe system for recording the receipt and tracking the use of standard paper FP10 prescription forms (paper prescription forms for prescribing Schedule two, three and four Controlled Drugs).
- The service carried out regular medicine's audits. During our inspection, we were provided with an action plan aimed at tackling ongoing issues identified as an outcome of the audit. However, these had not identified some of the issues identified during our inspection, relating to the storage and monitoring and use of medicines.
- Emergency medicines and equipment was regularly checked. On the day of the inspection we found that checks covering between 1 and 21 September 2021 had not been appropriately documented following our inspection, the provider submitted evidence demonstrating that checks had been carried out during September 2021.
- There were no Patient Group Directives being used at the service at the time of our inspection. We were told that these were in draft and that they would be implemented following our inspection. These Directives give authority for nursing staff to administer medicines to patients.
- We found a particular medicine where the route of administration is under patients tongue which had been used for multiple patients. Although we were advised this practice had ceased since Covid-19, staff we spoke with explained that this practice had continued.

Track record on safety

The service did not have a good safety record.

- There was a lack of oversight which meant that risks were not always being adequately monitored in order to give a clear, accurate and current picture which would then enable the service to improve.
- There was a system for receiving and acting on safety alerts.

Lessons learned and improvements made

The service did not always learn and make 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.
- There were some systems in place for reviewing and investigating when things went wrong. We looked at recorded significant events which clearly identified when risks to the service, such as staff shortages and IT issues, had been recorded. Improvement was needed in terms of how the service learned and shared lessons, identified themes and took action to improve safety in the service. Although some significant events had been discussed, communication with staff needed significant improvement. There was an absence of staff meetings; therefore, the provider was unable to demonstrate that information regarding incidents was being discussed and learning shared.
- The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Inadequate

Are services effective?

We rated the service as inadequate for providing effective services.

Effective needs assessment, care and treatment

- The provider did not have adequate systems in place to keep clinicians up to date with current evidence based practice. There was little 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 limited access to guidelines from the National Institute for Health and Care Excellence (NICE). When we asked to see these guidelines as part of our inspection, clinicians at the service were unable to show us these and advised that they would access the GP's at the service should they need clinical advice. The provider was not monitoring how national guidelines were followed at the service.
- Discussions with staff regarding how the provider sorted patients' priority for treatment to enable staff to identify urgent and non-urgent cases; as well as our observations did not provide assurance patients' needs were being fully triaged at the service.
- We were shown a "streaming" process which was in place at the time of the inspection which streamed patients depending on their presenting condition. However, there was no triage system in place to assess how quickly patients needed to be seen and no way of tracking patients through the service. We raised this as a risk to patient safety with the provider who told us they would take immediate action to address this shortfall within the service.
- Following our inspection, the provider submitted evidence demonstrating that a patient triage has been implemented.
- Following our inspection, we received further information from people who used the service sharing less positive views about the experience of care their children received.
- We found there was no children's lead at the service and nursing staff we spoke with told us that they did not feel confident in seeing children as they had not had any training in the care of children. There was no designated area within the service for children and we had concerns about children who waited long period of time to be seen by a clinician.
- Discussions with staff as well as our observations during our inspection did not provide assurance of a system for tracking and monitoring patients waiting times. Staff we spoke with did not provide us with clarity regarding who held accountability for monitoring and observing patients once they had been streamed by the streaming nurses. In particular, patients we spoke with during our inspection explained they had not been approached by staff while they were waiting. We also found that observations had not been performed on children we saw in the waiting room while they waited to be seen.
- We were unable to locate any guidelines for staff on treating children. We raised this with the provider who told us they would take immediate action to address this.
- Members of the nursing team we spoke with explained in the absence of a paediatric lead children were placed on a list to be seen by GPs.
- Care and treatment was not being delivered in a co-ordinated way. There was no co-ordination across the staffing team to ensure that clinicians were working to address the most immediate care and treatment needs within the service. Staff meetings were not taking place and staff told us they felt unsupported and under a great deal of pressure. The service was very busy during our two day inspection and the lack of oversight across the staff team resulted in an uncoordinated approach to patient care. We saw examples of very unwell patients waiting for up to two hours due to the lack of triage and co-ordination across the shift.
- We saw no evidence of discrimination when making care and treatment decisions.
- Technology and equipment were used to improve treatment and to support patients' independence.
- Staff did not always assess and manage patients' pain quickly enough due to a lack of triage and co-ordination in the service.

Monitoring care and treatment

Inadequate

Are services effective?

- The provider reviewed the effectiveness of services through the use of key performance indicators (KPIs) and quality improvement visits as part of the providers quality assurance framework. Records provided by the provider regarding the quality improvement visit findings recorded excellent medicine management audits and emergency drugs were checked monthly. However, clinical audits we viewed during our inspection did not provide assurance that audits were being used effectively to review the effectiveness and appropriateness of the care provided as well as drive improvements. We also found issues with medicine management; in particular, there was no date recorded on medicines which once opened had a shelf life of three months. As a result, we were not assured that these medicines were in date and safe for use in the event of a medical emergency.
- We looked at clinical audits relating to consultation notes and found these to be ineffective. We found concerns with four of the clinical audits we looked at. For example, one of the audited clinical records failed to demonstrate the patient had been examined as would have been required and that their blood pressure had not been taken. However, the providers review of consultation notes had concluded that consultations had been compliant, however, we did not find this to be the case. Of the four clinical audits we reviewed, all had concerns, and all had been signed off as compliant. We raised this with the provider who explained that a further program of clinical audits would be implemented.
- The provider operated a program of quality improvement activities. However, the provider did not demonstrate how audits routinely drove quality improvements. In particular, we found areas where systems and processes were not operating effectively.

Effective staffing

Staff did not always have the skills, knowledge and experience to carry out their roles.

- The provider had an induction programme for all newly appointed staff.
- The provider did not consistently ensure that all staff worked within their scope of practice and had access to clinical support when required. Staff we spoke with told us they did not have regular clinical supervision or one to ones and records we asked to look at confirmed this. There was a lack of competency assessments for Advanced Nurse Practitioners (ANPs) working at the service and the provider was unable to evidence how they assessed staff competency on an on-going basis. We raised this as a concern following our inspection visit and were given assurance that this would be addressed and implemented with immediate effect. The provider could not demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- The provider had not fully understood the learning needs of staff as staff did not have regular one to one meetings or supervisions. However, there was a programme of required training in place which was monitored by the provider and training records we looked at provided evidence that staff were trained in core areas, such as fire safety, safeguarding, infection control and health and safety.
- The provider needed to improve how staff were supported at the service. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was no clear approach in place for supporting and managing staff when their performance was poor or variable. Staff were working under a great deal of pressure and there was no evidence of structured time for breaks. We raised this as an immediate concern and the provider took steps to address this to ensure staff had regular and structured breaks.

Co-ordinating care and treatment

- The was limited evidence to demonstrate a coordinated approach for the day to day management and delivery of the service. In particular, the provider did not demonstrate how issues were communicated in the absence of staff

meetings which had not been held in the three months prior to our inspection. In particular, not all staff in leadership roles were aware of the disaster recovery plan despite being named in the plan. Staff explained that frequent huddle meetings were a way of escalating things; however, these meetings had stopped, and staff were spoke with were not aware of why there were no longer happening.

- Patients did receive person-centred care. Care and treatment for patients in vulnerable circumstances was co-ordinated with other services. The Wellness Hub within the service worked well to identify patients who needed support and signposting to other services, for example mental health services. 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 to ensure callers 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.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require 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 in empowering patients, and supporting them to manage their own health and maximise their independence. The Wellness Hub operating at the service supported this and patients were able to access support and guidance within this part of the service.
- The service identified patients who may be in need of extra support. We were told of examples of people with social needs who had been supported to access services which would provide them with additional support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- 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.
- 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.

Requires Improvement

Are services caring?

We rated the service as requires improvement for caring.

Kindness, respect and compassion

Staff did not routinely 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.
- Whilst we observed some kind and caring interactions between patients and staff during our inspection; following our inspection, we received information from people who used the service sharing their views about the experience of care they received. Further concerns we received from people who used the service following our inspection, indicated that parents were not entirely satisfied with the clinical advice that they had received for their children. Following our inspection, the provider submitted a summary of positive feedback written by people who used the service on various platforms. This indicated that there were mixed views regarding people's experience of the service.
- There were mixed views regarding people's experience of the service. In particular, staff were able to produce some positive feedback they had received about people's experience of the service. However, we had received a number of concerns from patients in the lead up to our inspection, and following it, about the care and treatment delivered at 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. 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. Patients could access a Wellness Hub at the service which provided a space for people with more complex social needs to meet with a staff member who provided support.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff working in the Wellness Hub helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service did not always respect and promote patients' privacy and dignity.

- During our inspection, we observed patients being streamed which included initial questions about their condition in the reception. Following our inspection, the provider explained that it is normal practice for some level of patient details to be shared at registration; however, there is space available for private conversations should patients wish for this.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- 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.

Requires Improvement

Are services responsive to people's needs?

We rated the service as requires improvement for providing responsive services.

Responding to and meeting people's needs

The provider did not effectively organise and deliver services to meet patients' needs. It did not consistently take account of patient needs and preferences.

- Members of the management team explained that they worked with stakeholders to ensure patients were conveyed to the urgent care centre appropriately. The management team also explained that data is collected which feeds into key performance indicators. However, discussions with staff and observations during our inspection did not demonstrate that this translated into strengthened staff understanding of the need to embed systems aimed at responding to the needs of its population. Despite the provider's engagement with commissioners, further work was needed on assessing how the service was running and whether it was meeting the needs of its patient population.
- There was a low uptake on ambulance referrals into the service. When we asked the provider why ambulances tended not to bring people to the service they said that it was something they were looking at but that they were not sure why this was the case. Part of the service agreement was that the centre would take pressure off Accident and Emergency services, however, further work was needed to ensure this was working as it should have been. We also found that there was a high percentage of declined ambulances into the centre. The provider shared data which showed15% were declined in the month of September 2021. That was significantly higher than the 5% target for ambulances being declined. The provider told us they were working to understand the reasons for this. Following our inspection, the provider explained that patients have a natural reluctancy to attend the urgent care centre (UCC) and tend to default to attend accident and emergency departments (A&E). The provider explained collaboration with stakeholders is underway to understand patients' attendance at A&E rather than UCCs.
- The facilities and premises were appropriate for the services delivered. The centre was well-equipped and fit for purpose.
- Due to the absence of an effective system to assess patients' needs upon arrival and the lack of detail in clinical notes to demonstrate whether safeguarding concerns had been considered. Staff we spoke with explained pathways for accessing the well-being hub. However, the provider was unable to provide assurance that the service was responsive in a timely manner to the needs of people in vulnerable circumstances.
- The Wellness Hub, which was based in the Health Centre, provided a good resource for people who required support. We spoke with staff who worked in the centre who described working with patients to understand and support them as far as possible. Staff were able to signpost patients to community services and health services as needed. Members of the management team also explained that the wellbeing hub was used for staff. Following our inspection, the provider sent additional information detailing that staff were able to receive support for other life stresses as well as during COVID-19 though the wellness hub who offered staff reach out sessions.
- The service made reasonable adjustments for people using the service. There was wheelchair access into the service which was accessible and measures had been taken to ensure the centre was comfortable and suitable for patients.

Timely access to the service

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

- Due to the issues relating to the provider not establishing and/or operating an effective system for assessing patients' needs; the provider did not demonstrate a responsive process for sorting and prioritising patients as they waited to be seen by a clinician. As a result, the provider did not provide assurance that the service was responding safely to patients who required urgent care.

Requires Improvement

Are services responsive to people's needs?

- Patients were generally seen on a first come first served basis, although the service had a “streaming” system in place to identify patient’s condition on arrival, this system did not adequately assess the prioritisation of patient’s clinical needs. We had concerns during our inspection that serious cases as well as young children were not being adequately assessed or prioritised as they arrived. We raised this with the provider during our inspection. We found that patients were not being informed of waiting times.
- The service operated from 8am to 8pm, seven days a week.
- 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.
- The appointment system was easy to use.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service 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.

- 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.
- The complaint policy and procedures were in line with recognised guidance. 19 complaints were received in the last year. We reviewed all of these 19 complaints and found that they were satisfactorily handled in a timely way.
- We did not see evidence that the service operated a system to enable identification and analysis of trends relating to complaints. Staff communication at the service was poor and did not demonstrate that findings and actions taken as a result of complaints were being shared, discussed and learned from.

Inadequate

Are services well-led?

We rated the service as inadequate for leadership.

Leadership capacity and capability

Leaders did not have the capacity or demonstrate skills to deliver high-quality, sustainable care.

- Staff in lead roles did not demonstrate how they applied their skills and knowledge to deliver the service strategy as well as address identified risks. Discussions with staff responsible for managing the day to day running of the service demonstrated awareness of the challenges such as staffing issues, management of staff breaks and the need for more presence and support from senior management. However, we were not provided with assurance that a clear plan for addressing identified issues were in place and communicated to the entire staffing group.
- Service managers had not been adequately supported in their role at the time of our visit. Clinical leads did not have adequate oversight across the service and described being unable to keep on top of clinical issues within the service. We found that this was the case through the reviews we carried out on clinical notes and records. Staff we spoke with described there being a lack of leadership within the service and a lack of escalation points for issues to be raised and addressed.
- Although leaders within the service understood some of the challenges, many of the areas of risk we identified had not been recognised by the provider prior to our visit. There was an action plan in place, but this was at a very early stage and did not cover many areas of risk or concerns identified during our inspection.
- From discussions with staff during our inspection, staff did not always feel that leaders were routinely visible and approachable. There was a lack of staff engagement which meant that staff felt they were working in an unsupported way. Staff meetings had not taken place in the service in the months leading up to our inspection. We raised this with the provider who explained steps would be taken to address this.
- Senior management was accessible throughout the operational period; however, they were unaware of some of the ways in which the service was operating. For example, they were not aware that staff did not have any structured breaks during their shifts and the impact that demand was having on the ability of staff to deliver sustainable care.

Vision and strategy

The service did not have a clear vision and credible strategy to deliver high quality care and promote good outcomes or patients.

- The service did not have a realistic strategy and supporting business plans to achieve priorities. Following our inspection, the provider explained the service specification is delivered in collaboration with stakeholders such as the local Clinical Commissioning Group (CCG). However, staff in lead roles did not demonstrate how they used and assured that the delivery of the strategy and how the provider's 2020 to 2025 business plan drove improvements. There were risks to patient safety as a result. Staff were not being adequately led and supported and we found that staff and teams were struggling to cope with workloads on a daily basis.
- 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. However, improvement was needed in how this was being delivered.

Culture

The service did not have a culture of high-quality sustainable care.

Inadequate

Are services well-led?

- Staff we spoke with told us they did not always feel supported at the service. Although they were proud to work for the service, improvements were needed in staff communication and support. Following our inspection, the provider explained that in addition to the provider's employee assistance plan which offers support for mental health conditions the provider had a calendar of wellbeing events to support all staff through the pandemic, including a 'step up' challenge to promote activity.
- The service focused on the needs of patients. However, staffing levels and a lack of co-ordination across the staffing team impacted on staff's awareness of some governance arrangements.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. However, they were not consistently assured that these would be addressed due to the lack of effective leadership within the service.
- The service needed to strengthen its processes in relation to the duty of candour. For example, incidents which had meant people had been unable to access the service had not been shared with the Commissioners of the service.
- Staff training was being monitored at the service. Appraisal and career development conversations had not been taking place consistently and with all staff in the months leading up to our inspection. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were some positive relationships between staff and teams, however, due to a lack of leadership and co-ordination across shifts, staff did not always work effectively. Staff we spoke with described needing clearer escalation points and better channels of communication across teams and management.

Governance arrangements

Clear responsibilities, roles and systems of accountability to support good governance and management were not in place at the time of our inspection.

- During our inspection, we found that structures, processes and systems to support good governance and management were not entirely embedded and needed strengthening. In particular, staff we spoke with did not provide assurance that processes were clearly set out, understood and effective. For instance, we found that not all staff in leadership roles were aware of where to locate the incident reporting policy and how to guide staff. We also found that staff were not routinely aware of how to access the business continuity plan. We found a lack of detail in clinical notes to demonstrate whether safeguarding concerns had been considered during consultations.
- Management working at the service told us they needed more support from the provider and that they were struggling to cope with some of the challenges within the service, for example around staffing levels. We found this to be the case during our inspection.
- Staff were not clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. There was no infection control lead in place at the time of our inspection and staff were not clear on who issues should be escalated to.
- The provider did not establish a framework for ensuring that all patients who presented received access to care in an organised and timely manner. Systems did not provide assurance that patients were prioritised, in particular patients who required some type of urgent care.
- Systems for keeping people safe and safeguarded from abuse, safe use of medicines and disseminating learning from significant events and complaints were not working effectively at the time of our inspection.

Managing risks, issues and performance

There were no clear and effective processes for managing risks, issues and performance.

Inadequate

Are services well-led?

- There was no effective process to identify, understand, monitor and address current and future risks including risks to patient safety. There had been a number of times the service had been left short of staff. In particular, staff we spoke with explained incidents forms being submitted where there were lead nurses on site but no GPs. During our inspection, we were not provided with assurance that these issues were being managed effectively. This had not been adequately addressed by the provider at the time of our inspection. The process for calculating staffing numbers was not effective in that they were not being accurately calculated in a consistent way so that people in lead roles could understand and ensure appropriate staffing levels to meet the demands of the service.
- Oversight of clinical audits were not carried out effectively and as a result we found that audits which had not been completed accurately were not being identified. Therefore the provider was unable to demonstrate how they monitored and responded to issues and performance which impacted on quality of care and outcomes for patients. Due to this there was a lack of focus on service improvement.
- The providers had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service did not act on appropriate and accurate information.

- Quality and operational information was not being used to ensure and improve performance. Staff engagement was not happening effectively at the service and risks which we identified during our inspection had not been identified and addressed by the provider. For example, there were risks with the management of medicines which the provider had not picked up. Similarly, staffing issues and a lack of leadership in the service was impacting on the quality of service delivery and was putting patients at risk.
- Quality and sustainability were not regularly discussed as staff meetings had not been taking place at the service in the months leading up to our inspection.
- The service used some information technology systems to monitor and improve the quality of care. However, the service had not addressed some of the risks identified during our inspection.
- 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 did not consistently involve patients, the public, staff and external partners to support high-quality sustainable services.

- We saw little evidence during our inspection, that patients', staff and external partners' views and concerns were being heard and acted on to shape services and culture. Following our inspection, the provider submitted evidence of a presentation following the provider's 2020 staff survey. The presentation outlined areas the provider would focus on over a 12-month period. In particular, improvements to staff experience at work, how the service talks and listens to each other, improving staff wellbeing as well as keeping safe at work.
- Although the service used the Friends and Family test to gain feedback from patients, there was no other system to gather feedback from. Staff views were not being heard in any formal way as staff meetings had ceased to take place at the service.

Continuous improvement and innovation

Systems and processes for learning, continuous improvement and innovation needed strengthening.

Inadequate

Are services well-led?

- There was a lack of focus on continuous learning and improvement at the service. We were told by service managers, and clinical leads, that due to the pressures and demands on the service, there had been little scope for staff support and communication. Although leaders and staff within the service wanted to improve where they were, there was not the governance structures and wider support to make this happen.
- The service made use of internal and external reviews of incidents and complaints. However, learning was not being effectively shared and used to make improvements.

Time was not available to review individual and team objectives, processes and performance due to the pressures of the service and the challenges in terms of staffing levels.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider did not have a safe system in place to ensure that clinical consultations were being completed safely and that records were being kept accurately. Patients were not being safely triaged at the service and tracked through the system to ensure their safety. Safeguarding concerns were not always appropriately identified and addressed. Medicines were not being safely stored and administered. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found: Staff supervision and support was not being delivered as required. There was a lack of management structure and staff were unclear on roles and responsibilities. Quality monitoring systems were ineffective.

This section is primarily information for the provider

Requirement notices

The provider did not establish effective systems and processes to enable them to identify and assess risks to the health, safety and welfare of people who used the service.

The provider did not do all that was reasonably practicable to ensure risk to people who used the service was continually being monitored and appropriate actions taken when risks increased.