

Corby Urgent Care Centre

Inspection report

Cottingham Road
Corby
NN17 2UR
Tel: 01536202121
www.onemedicare.co.uk

Date of inspection visit: 18 October 2022
Date of publication: 18/11/2022

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 to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall.

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 Corby Urgent Care Centre on 18 October 2022. We inspected the service to follow up on breaches of regulations and areas of concern which we identified at our previous inspection in October 2021.

Previously the service was rated as Inadequate overall. Specifically the service was rated as Inadequate for providing safe, effective and well-led care. The responsive and caring key questions were rated as requires improvement.

We noted significant improvements at this inspection as a result of extensive changes within the service and therefore the service is rated as good overall, including for all key questions.

At this inspection we found:

- Our previous inspection report was used to undertake a full internal service review. This resulted in a number of changes at the service which included changes to staffing structures and improvements to systems and processes. Additionally, we noted vast improvements to staff morale during our inspection.
- We observed strengthened systems and processes to keep patients safe and safeguarded from abuse.
- An established clinical triage system had been implemented since our previous inspection. Overall we observed effective systems to navigate, monitor and manage patient journey through the service.
- The service had strengthened their paediatric care systems to ensure that infants, children and young people were navigated to care in a safe, effective and timely way. Safeguarding leads were trained to advanced levels for safeguarding children.
- Previous concerns regarding staffing levels and staff working under pressure had been addressed with changes in recruitment and improved rota management. In addition we noted clear clinical oversight, supervision and operational management in place during this inspection.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- Staff had the information they needed to deliver safe care and treatment to patients. There was evidence demonstrating safe and appropriate use of medicines.
- Systems, processes, risks and the effectiveness of patient care was stringently monitored and routinely audited in a systematic way. The service identified themes, shared learning and took action to improve safety. There were systems in place for dealing with surges in demand.
- Staff worked together, and worked well with other organisations to deliver effective care and treatment. Feedback gathered from patients during the inspection was positive and complimentary about the service.

Overall summary

- Leaders were experienced and dynamic, they expressed an authentic passion and dedication to delivering high quality care.
- The inspection team noted that staff came across as incredibly proud to work at the service. Staff demonstrated immense pride in their work when speaking with the inspection team.
- Staff expressed that the service had gone from strength to strength with the new management structure and described individuals as being fundamental in driving positive changes within the service.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Corby Urgent Care Centre

Corby Urgent Care Centre is located on the outskirts of Corby town centre and provides services to people living in Corby and the surrounding areas. The urgent care centre is situated in a purpose built health care premises and is part of a mini complex which comprises a separate GP practice, emergency dentist, pharmacy, community hospital and a diagnostic centre; these are separate services which are not part of the Corby Urgent Care CQC registration.

The urgent care centre hosts a team of GPs, advanced care practitioners (ACPs) and nurses that are able to assess and treat patients presenting with minor injuries and minor illnesses. Pathology (for blood tests and screening for certain infections) is available at the service through an on-site pathology lab which is managed by a team of urgent care technicians (UCTs). The service also has access to X-Ray facilities provided by the local NHS Hospital Trust. In addition, patients can access social prescribing through the services wellbeing hub which is managed by a team of wellbeing advisors. The service is open for patients to attend between 8am and 8pm 7 days a week, all year round. Patients do not need to book an appointment to be seen at the service and can access the service by walking in, however some patients are able to access the service by appointment if booked directly by the NHS 111 service.

Corby Urgent Care Centre is managed and overseen by a provider organisation called One Medicare Ltd. The service is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures. There is a senior leadership team in place at the urgent care centre which report to the senior leadership team at service provider level. Within the urgent care centre, the clinical services manager and operations manager are responsible for managing and overseeing the clinical team comprising of GPs, ACPs, nurses and UCTs, as well as the non-clinical team which is made up of service coordinators, wellbeing advisors and patient navigators.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

During our previous comprehensive inspection in October 2021 we found that overall, the service did not have clear systems to keep people safe and safeguarded from abuse. At this follow up inspection in October 2022 we noted significant improvements in systems and processes which had been implemented since our last inspection, for example:

- The service had established a safeguarding team which consisted of a GP safeguarding lead, dedicated nurse leads for safeguarding adults and children, as well as non-clinical safeguarding support. The safeguarding leads were trained to level 4 for safeguarding children. In addition, staff who were not part of the safeguarding team had received up-to-date safeguarding training appropriate to their role.
- We observed clear pathways for safeguarding referrals, including for referrals to the Multi-Agency Safeguarding Hub (MASH). Staff we spoke with knew how to identify and report safeguarding concerns. Staff gave examples of concerns raised and reports made with regards to safeguarding.
- Since our previous inspection, the service had developed a range of guides to support staff in the event of raising a safeguarding concern. This included a clear protocol for managing “walk-outs”; this was applicable to patients under the age of 18 in the event that they departed from the service prior to being seen by a clinician.
- The service carried out monthly audits on their patient record system which included a quality check following any safeguarding referrals made. Findings from these audits were reflected on and used to identify learning needs and trends. We saw evidence of these audits which also formed part of the services approach to formal clinical supervision. Following a recent audit the service arranged threshold training regarding safeguarding referrals; this was planned to prevent unnecessary referrals in instances where there were no safeguarding concerns.
- There was evidence of regular meetings where safeguarding discussions took place, this included meetings with other health care providers and local safeguarding providers. In addition, safeguarding was discussed at the service as part of their daily huddle meetings, these meetings were formally documented. We saw that vulnerable and patients with complex care needs were discussed as part of the service’s approach to managing safeguarding.
- During our inspection we observed information leaflets and posters on display and available in various areas at the service, these covered a range of safeguarding topics including modern slavery and child safety. We also observed a number of guides developed for staff on areas such as domestic violence, substance misuse and mental health in children and young people.
- We saw evidence to confirm that the provider carried out recruitment checks in accordance with regulations; this was evident for permanently employed staff as well as locum clinicians. In addition, the service continuously monitored this area which included ongoing reviews of clinical registration and indemnity (insurance) status. Staff who acted as chaperones were trained for the role and all staff members in post at the time of our inspection had received a Disclosure and Barring Service (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The premises was clinically suitable for the assessment and treatment of patients. Facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were recovery plans in place which incorporated continuity of services in the event of an emergency. Staff we spoke with were familiar with the plan and knew how to access it if needed.
- There was evidence of a systematic approach to managing health and safety risk at the service. We saw formal risk assessments for health, safety, fire and premises security, these were completed on a regular basis and the most recent risk assessments we saw were conducted on various dates in 2022. The service took action to mitigate risks where needed, for instance following a fire risk assessment in January the service conducted a fire drill in line with a recommended action; fire drills were then implemented as part of a regular schedule.

Are services safe?

- There was an effective system to manage infection prevention and control. During our inspection we observed areas throughout the urgent care centre to be visibly clean and tidy. The lead nurses at the service had been appointed as the infection prevention and control leads since our previous inspection. When asked, staff were aware of who the leads were. We saw that staff, including leads, had completed infection prevention and control training and that they attended various updates for this area. Risks to infection prevention and control were regularly assessed and formally recorded, and actions were taken when risks were identified. For example, damaged or worn patient beds and couches were replaced for improved infection prevention and control following a recent audit in 2022.

Risks to patients

At our previous inspection we found that the systems to assess, monitor and manage patient safety and risks were not adequate. At our follow up inspection we noted significant improvements, with evidence of safe and effective systems to assess, monitor and manage risks to patient safety.

- At this inspection, those in managerial roles demonstrated effective arrangements for planning and monitoring the number and mix of staff needed. The operational manager at the service was responsible for planning of staff rotas and there was clear oversight in place from other managerial areas including by the clinical service lead. In addition, there was a deputy system in place to cover rota management in the event of annual leave. We saw that staff rotas were planned 3 to 4 months in advance and there was evidence of forecasting activity in an effort to ensure enough staff were scheduled to meet demand; this included scheduling additional staff to work during peak periods. There were systems in place for dealing with surges in demand and senior staff at both local and provider levels were available for staff to escalate their concerns.
- The service regularly used locum GPs and nurses as part of their clinical team. Locums were recruited by the service provider through a dedicated booking team. We saw that a bank of regular agencies were used for locums and managers explained that where possible they would book the same locums due to familiarity of the service. Staff we spoke with described that locums were treated as part of the team and were encouraged to partake in training updates, meetings, information sharing activity and daily communications in the same way as permanently employed staff. We saw that there was an induction process in place for locums which was tailored to their role. There were locum packs which contained key information on a range of areas which included safeguarding information and daily protocols.

The provider had made improvements across local systems and processes for managing medical emergencies as well as managing those in need of urgent medical attention since our previous inspection. For example:

- Previously we found that the service did not operate an effective triage system for navigating patient care safely and effectively. An established clinical triage system had been implemented at the service since our last inspection and all clinicians had been trained in how to use the system; 3 of the nurses were also trained to instructor level and could therefore train others in how to use the new triage system.
- During our follow up inspection, we observed that the new system supported the team to categorise, stream and navigate patients to the most appropriate source of care based on the patient's clinical needs. This ranged from category 1 which was classed as immediate priority and need for ambulance to category 5 which was classed as non-urgent. Category 1 to 3 patients were managed within observation bays at the urgent care centre. Category 4 to 5 patients, for standard and non-urgent care were also managed in the urgent care centre and could also be allocated to a clinician or provided self-care advice and referred back to their own GP or dentist; depending on symptoms and clinical needs.
- Systems were in place to manage people who experienced long waits or who had been inappropriately streamed into the service. Once patients had been initially assessed and categorised, they were continuously monitored by the lead nurses on duty and there was the option to reassess patients where clinically required; such as for a change in symptoms whilst waiting.

Are services safe?

- During our previous inspection, there was no evidence of guidance available on how to identify and manage patients with severe infections including sepsis. At this follow up inspection we noted improvements in this area. We saw that staff were trained in how to manage medical emergencies and severe infections which included sepsis. Staff had access to operating procedures and guidance. We saw that clinicians used a recognised toolkit embedded in their patient record system when assessing patients for sepsis. The service also audited their sepsis management on a quarterly basis. When asked, staff knew how to identify and manage patients with severe infections and sepsis.

The service had strengthened their paediatric care systems to ensure that infants, children and young people were navigated to care in a safe, effective and timely way:

- Specifically, a protocol was implemented so that all children under the age of 2 were seen within an hour of arrival, by a paediatric trained clinician. All children who were triaged and assessed as category 3, were also seen within an hour. We saw that this protocol was embedded in the new triage system and stringently monitored within the service.
- There was a GP lead for paediatric care at the service for; they were also part of the service's safeguarding team. We were assured by evidence and interviews with staff to confirm that nurses worked within their scope of practice and those with no paediatric care experience were being upskilled through training organised by the service. In addition we saw evidence of completed training in assessing children, which was being completed by the services advanced clinical practitioners (ACPs). During our inspection we observed a designated bay designed for children that were being seen and treated at the service.

Information to deliver safe care and treatment

During our previous inspection we found that staff did not have the information they needed to deliver safe care and treatment to patients. Specifically we identified gaps in capturing key information in patient records. However, at this inspection we noted significant improvements across record keeping and we noted that individual care records observed were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw that clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

At our last inspection we found that the service did not operate reliable systems for appropriate and safe handling of medicines. Specifically, we identified areas of risk with regards to the storage of medicines, the administration of a specific medicine and gaps in governance across prescription security as well as specific areas of medicines management systems. We viewed evidence and observed practices which were reflective of safe and appropriate use of medicines during our inspection. Overall, the service had made improvements in this area. For example:

- We saw that medicines were stored safely and securely with access restricted to authorised staff. The service held appropriate emergency medicines and equipment, there was a system in place to monitor stock levels, expiry dates and safety checks.
- Evidence supported that staff prescribed, administered, supplied and gave advice on medicines in line with legal requirements and current national guidance. This included medicines that were administered intravenously. In addition, we saw that staff kept accurate records of patient's medicines.
- Staff had the appropriate authorisations to administer medicines, including Patient Group Directions. Prescriptions were managed securely, and their use monitored in line with national guidance.

Are services safe?

- There was evidence of safe systems in place for the management and administration of controlled drugs at the service. Systems included appropriate storage and disposal of controlled drugs and processes reflected national guidance. Staff we spoke with outlined processes for reporting concerns to the Controlled Drugs Accountable Officer.
- The service carried out medicines audits to ensure prescribing was safe and in line with best practice guidelines. At the time of our inspection we saw that the service was actively auditing their antimicrobial prescribing.
- The service provider had a pharmacy team in place, there was evidence of support, training, engagement and oversight provided by the team. We saw that policies and operating procedures were available to staff at the service and reflected current guidance.

Track record on safety

There was a system for recording and acting on safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. We saw examples of actions taken on recent alerts. For instance, an alert pertaining to a specific type of controlled drug was reflected on as a team and staff were reminded of prescribing protocols in place.

Lessons learned and improvements made

During our previous inspection we found that although there was a system in place for recording significant events and incidents, the service could not demonstrate that learning and themes were shared with staff.

At this inspection, there was evidence to demonstrate that the service identified themes, shared learning and took action to improve safety. Significant events and incidents were recorded on the company intranet, an automatic notification was sent to the service providers senior leadership team to allow oversight for each case recorded. We saw that significant events, themes and incidents were discussed throughout the service and reflected on as a team. In addition, where appropriate there were joint reviews of incidents carried out with partner organisations, including the local A&E department and the NHS 111 service.

A report viewed during our inspection showed that between August 2021/2022 a total of 71 incidents and significant events had been captured. There was a theme identified where the service had struggled to fill shifts when locum clinicians had cancelled at short notice. To improve how this was managed moving forward, the service adapted a new staffing model which included booking locums 2 to 3 months in advance and more frequent, regular meetings were implemented with the providers locum booking team for added oversight, communication and management of any issues. In addition, significant events were used to drive training in areas. For instance following a significant event, the Advanced Care Practitioners at the service were completing training for the treatment of bone fractures.

We saw examples of evidence to support that the service had taken action to prevent patient harm. For instance, following a near miss event (a near miss can be defined as a patient safety incident that had the potential to cause harm but was prevented) the service acted quickly in adjusting a prescription to ensure that a patient received the appropriate medicines dosage. The prescriber was made aware of the initial error made and reflected on this as part of their reflective practice.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

During our previous comprehensive inspection in October 2021 the service was unable to demonstrate that clinicians assessed needs and delivered care and treatment in line with legislation, standards and recognised guidelines. At our follow up inspection we saw evidence to confirm that the service had effective systems in place to keep clinicians up to date with current evidence based practice.

- Our review of the service's patient record system showed 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, as well as the service's clinical managerial team, monitored that these guidelines were followed.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. There was evidence to show that where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- There were safe and effective arrangements in place to manage and support patients who repeatedly attended the service. Where appropriate, the service referred repeat attenders to social prescribers, these were available through the services wellbeing hub.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was contractually required to clinically assess patients within 20 minutes of arrival to the urgent care centre. This formed one of their contractual key performance indicators (KPIs). Performance reports showed that the service mainly complied with this KPI and that patients were usually clinically assessed within 15 minutes. Where the service was not meeting KPIs, the provider had put actions in place to improve performance. For instance, during a period towards the end of the summer the services achievement for clinically assessing patients within 20 minutes was at 94.57%, this was slightly below the 95% KPI target. Reports noted that this was due to an unanticipated peak in patient volume had been reflected on as a team since with further adjustments made to staffing levels.

A KPI was in place to avoid patient waiting times exceeding 4 hours (for non-urgent cases). Monthly reports for May, June, July and August highlighted that the service consistently complied with this target (a minimum target of 95% for this KPI) and that most patients who arrived at the service completed their treatment within a maximum of 4 hours.

Compliance with these KPIs, amongst other targets, were monitored by managers at the service and the lead nurse on duty and we observed this activity during our inspection. For instance, in the event that a patient was approaching a wait time of 13 minutes, we saw that a warning was triggered on the patient record system to trigger action, such as completing the triage or calling on additional staff to step in and support during a peak time. There were clear escalation policies in place in the event of overwhelming activity at the service.

At our previous inspection we found that clinical audit activity was not always effective, and the service was unable to demonstrate that audits drove quality improvement. A comprehensive audit programme was introduced since our last inspection and we saw audits specifically developed to focus on triage monitoring and clinical assessments, record keeping and quality of consultation notes, prescribing and clinical decision making, as well as in specific topics such as sepsis management. Furthermore these audits had become systematic, they were well embedded and formed part of the team's regular duties. An audit team had been created since our previous inspection, this was made up of lead clinicians,

Are services effective?

including GPs and overseen by the clinical service lead. We saw completed audits which focused on antibiotic stewardship in efforts to measure and improve how antibiotics are prescribed by clinicians and used by patients. The audit showed improvements when comparing quarterly data; this included being on target for prescribing antibiotics at first presentation and appropriateness of electronic prescribing systems used.

Effective staffing

Conversations with staff during our previous inspection highlighted that staff did not always have access to clinical supervision when needed, furthermore some staff expressed that they were working under a great deal of pressure without support. The service was unable to demonstrate that competency was assessed across various clinical areas and the service provider could not demonstrate how they were assured that staff at the urgent care centre, worked within their scope of practice. In addition we noted gaps in one to ones and appraisals for staff. Evidence and conversations with staff during this follow up inspection were more positive and reflected that staff had the skills, knowledge and experience to carry out their roles.

- At this inspection, we saw evidence of clear lines of reporting, supervision and accountability. This was within the service, as well as between the service and provider level. In addition, we saw that a formal escalation process was in place for staff to report concerns and issues if needed.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. We noted significant improvements in formal supervision and support during our inspection. For example, clinical supervision forms were actively used as part of the clinical oversight process and we saw examples of completed forms for various members of the clinical team. Clinical activity was also audited as part of the services audit programme.
- Social prescribers (also known as wellbeing advisors within the service) had access to monthly peer supervision, safeguarding supervision and weekly check-ins with managers at both service and provider levels.
- Records were in place to demonstrate that staff were appropriately qualified and trained to perform their roles. The service continuously assessed training needs and staff were provided with opportunities to complete training updates, to enhance their professional skills and to develop within the organisation. Staff were provided with protected time to undertake training and development, as well as support with study days for those undertaking further education and development courses.
- The service provider had a dedicated training department and staff at the service were actively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. We saw examples of where staff were offered support and funding to upskill in various areas. For instance, a member of the nursing team was completing a training course in Orthopaedic care and another member of the nursing team was undergoing a trainee Advanced Care Practitioner (ACP) course. Clinicians had recently completed acute wound training and all of the ACPs were completing a trauma course. In addition there were examples of expertise being shared across the team, this included training provided within the clinical team for procedures such as plastering (applying a plaster cast).
- There was evidence to confirm that clinical and non-clinical staff received formal one to ones and appraisals. There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Daily team huddles were established following our previous inspection, these were formally documented and evidenced during our inspection. We noted key topics covered which included safeguarding, infection prevention and control reminders, information security guidance and regular updates on staffing levels.
- Staff were encouraged to take breaks which were made mandatory for staff working more than 6 hours a day. In addition, the service altered their staffing shift patterns to avoid staff working excessive hours (over a 12 hour period) and in the event that staff did work late due to peaks in demand, their start times were altered the following day to ensure a proper rest break.

Coordinating care and treatment

Are services effective?

At this inspection we noted improved team working and collaborative working in place. Staff worked together, and worked well with other organisations to deliver effective care and treatment. For example:

- We saw records which showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. An electronic record of all consultations was sent to patients' own GPs.
- We noted positive examples of collaborative working with a local NHS hospital, which included engagement with their safeguarding teams and regular formal meetings with the accident and emergency department, as well as the local ambulance service.
- We saw evidence of liaison with cardiology, obstetrics, gynaecology specialists and midwives by members of the clinical team at the service. There was evidence of formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service.

Helping patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Patients had access to social prescribers (also known as wellbeing advisors within the service) through the wellbeing hub at the urgent care centre. Wellbeing advisors had extensive working experience and were professionally trained to offer patient support in a range of areas. This included drug and alcohol awareness, domestic abuse, smoking cessation, bereavement support and further social prescribing areas.

Consent to care and treatment

We saw evidence to support that the service obtained consent to care and treatment in line with legislation and guidance. Our review of the patient record system, and conversations with clinicians demonstrated that they 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. We saw that the service monitored the process for seeking consent appropriately and that this was considered as part of formal clinical supervision and their audit programme.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

During our previous comprehensive inspection in October 2021 we noted mixed reviews regarding patients experience of the service. However, at our follow up inspection we received more positive feedback from patients and carers about the service and care provided.

On the day of our inspection we observed that staff treated patients with kindness, respect and compassion. Evidence viewed as part of our inspection supported that staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. The service gave patients timely support and information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as for patients with learning disabilities and patients with Autism.

The reviews on the urgent care centres profile (through the NHS website) were mixed regarding the service. We saw that some reviews were positive about the care and treatment received, most comments were positive with regards to interactions with staff. Patients spoke positively about the service when we spoke with them during our inspection. Staff were described as helpful and polite. Patient feedback during our inspection was consistent with the results from an internal service satisfaction survey completed in May. This highlighted that 80% of the respondents rated their experience as satisfactory and 57% of the responses described their experience as outstanding. This was based on 49 responses. The service had also started to capture positive feedback through a compliments log. We saw 35 compliments that were logged since February. Comments gave examples of positive experiences regarding treatment and timeliness of care. Amongst compliments, patients thanked individual staff involved in their care and some comments described the service as an asset to the local area.

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. Patients we spoke with during our inspection said that they felt listened to and that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and dignity

The service respected and promoted patients' privacy and dignity. Staff we spoke with during our inspection understood the requirements of legislation and guidance when considering consent and decision making. Conversations with staff, as well as our review of the patient record system demonstrated that staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We saw that the service monitored the process for seeking consent appropriately and that this area was part of the services audit programme and was considered as part of their formal clinical supervision.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

During our inspection in October 2021 we observed that the facilities and premises were appropriate for the services delivered at the urgent care centre. Services included care and treatment for minor illness, referral to the wellbeing hub; this included access to social prescribers (or wellbeing advisors), and care and treatment for minor injuries; with access to x-ray facilities provided by the local NHS hospital trust. There was a pathology lab available at the service which was operated by 5 qualified urgent care technicians. The pathology facility enabled the service timely screening for infections such as sepsis, as well as for checking a range of other markers and blood gas measurements. We saw that there were specific areas for various stages of the patient-flow and triage process, as well as segregated areas which included observation bays for children, and separate bays for adults. Patients could also access a pharmacy in the premises, this was a separately run service and not provided by the service-provider but available to patients attending the urgent care centre if needed.

At our previous comprehensive inspection in October 2021, the service and provider could not demonstrate how they organised and delivered services to meet patients' needs. We noted clear plans, systems and processes in place with regards to service delivery at our follow up inspection.

- During this inspection we observed safe and effective systems that alerted staff to any specific safety or clinical needs of a person using the service, this was demonstrated through patient safety alerts and through the specific patient note facility to alert and inform NHS services of specific care needs.
- Our review of the services new triage system, and the patient record system, showed that care pathways were appropriate for patients with specific needs, including for babies, children and young people.
- The service was responsive to the needs of people in vulnerable circumstances and for those with specific health care needs. Staff completed Autism and learning disability awareness training as part of the services approach to ensuring they met the needs of all patients.
- During our previous inspection we noted a high percentage of declined ambulances into the centre, with a declined rate of 15% for September 2021 compared to the 5% KPI target. We noted significant improvements during our follow up inspection with a declined rate of 5.26% for September 2022 and clear rationale as to why the service had not met the 5% KPI target. We saw that this was due to further investigation and treatment being required beyond the scope of the urgent care centre and was therefore noted by the service as an appropriate decline. During our inspection we also observed patients attending the urgent care centre via the ambulance service.
- The service monitored activity and outcomes following patients who had accessed the wellbeing hub for support. Feedback captured within the service highlighted that patients who had used the wellbeing service would recommend the wellbeing hub to friends and family members. There were also various examples of improvements to patient medical conditions and improved general wellbeing following support from the wellbeing hub.

Timely access to the service

At our previous inspection we found that patients were unable to access care and treatment in a timely manner. There were improvements noted at our follow up inspection and overall we found that patients were able to access care and treatment within an appropriate timescale for their needs. For example:

- Patients could access the service between 8am to 8pm every day, all year round. Patients could access the service as a walk-in patient and did not need to book an appointment however some patients were able to access the service by appointment when booked by the NHS 111 service.

Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised. Patients were continuously monitored from the point of booking in to exiting the service and we saw systems and processes in place which supported this.
- The service took actions to remove barriers when people faced difficulties in accessing and using the service. For instance, the service changed their systems and processes to enable timelier access to care for babies and children. All children under the age of 2 years were seen by a paediatric trained clinician within an hour of arrival. Children who were assessed as category 3 at the service were seen within an hour.
- The local Integrated Care Board (ICB) commissioned the urgent care service and as part of the contract the provider was required to report to the ICB regarding service activity and national quality requirements. Performance reports for May, June, July and August showed that once patients were booked in by a patient navigator on the front desk, they were usually clinically assessed within 15 minutes. We saw that where the service had not met a KPI (during a period towards the end of the summer), the provider had put actions in place to improve performance.
- Where a patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs. Performance reports demonstrated that patients completed their treatment within a maximum of 4 hours; for non-urgent cases.
- There were clear escalation policies in place to monitor patient safety, changes in symptoms, long wait times, staffing and for peaks in demand at the service.
- We saw that estimated wait times were displayed in the service and we noted that this was implemented following feedback from patients. In addition, the service communicated improvements and changes made following patient feedback, through "You said, we did" posters displayed in the service.

Patients spoke positively about the service when we spoke with them during our inspection. Patients described timely access to care, some noted that they attended the service as they experienced long waits when trying to book an appointment with their own GP. Others had used the service before and noted positive experiences previously which gave them confidence in coming back to the service. We saw that less positive comments (made through the services NHS website) mostly related to individual experiences regarding waiting times and processes. The service had implemented various changes to improve waiting times following internal analysis as well as patient feedback; this included increased staffing, changes to staffing and shift structures, as well as a new triage system with stringent monitoring processes.

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. The service received 24 between August 2021/2022. We reviewed 3 complaints and found that they were satisfactorily handled in a timely way. 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. We saw that issues were investigated and there was evidence of engagement with other providers. For instance we saw that the scope of services were reiterated to providers; this was following an increase in patients attending the service for routine dressing changes.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

During our previous inspection in October 2021, we noted that leaders did not demonstrate skills to deliver high quality sustainable care. A number of major changes were implemented at the service since our last inspection took place and at this inspection we found that leaders demonstrated capacity and skills to deliver high-quality, sustainable care.

- There was evidence of support provided by the service provider since our last inspection. Our previous inspection report was used to undertake a full internal service review, managers within the service explained that the provider's senior leadership team were on site daily and consistently for a 2 month period following our previous inspection. The team helped to implement improvements and supported staff through changes at the service. The service had worked through a comprehensive action plan since our previous inspection. We observed a number of improvements correlating to this during our inspection, which included new systems, changes to staffing, strengthened processes and a boost in staff morale.
- At provider level the governance, leadership and oversight was re-formed into 2 areas, one of which was dedicated solely to urgent care, to enable specialist expertise and focus on the urgent care side of the providers services.
- Within the urgent care centre, a new management structure was formed. This included the appointment of a new clinical services manager and the recruitment of a new operations manager. Leaders were experienced and dynamic, they expressed an authentic passion and dedication to delivering high quality care. They demonstrated a clear understanding of service challenges, as well as challenges across the wider healthcare landscape. They operated comprehensive well-governed monitoring systems to address any risks to services and patient care. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- We noted clear lines of accountability in place during our inspection. This included effective clinical oversight and strong operational management of the service. There was a theme in staff discussions during our inspection where staff described that the service had gone from strength to strength with the new management structure.
- Leaders were accessible throughout the operational period, with an effective on-call system that staff were able to use. Staff we spoke with during our inspection confirmed that they were easily able to access managers for support when needed.
- There were clear lines of reporting between the service and the provider, managers from the service provider were also present on site during the inspection. Managers within the service explained that they felt well supported by the provider and the senior leadership team.
- The continuing development of the staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. There was evidence of a leadership development programme in place, some team members had worked their way up from patient navigators and were now part of the management team. In addition, staff were actively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. We noted examples to support this across the development of the clinical team.
- Within the previous 6 months the service had successfully recruited 2 additional GPs, 6 ACPs, an additional urgent care technician, 3 patient navigators and an operations manager. The service was actively recruiting for more GPs, additional ACPs, nurses and Advanced Nurse Practitioners and further urgent care technicians.

Vision and strategy

At the time of our last inspection there was no evidence to support that the service had a clear vision and credible strategy to deliver high quality care. However at this follow up inspection we observed evidence which supported clear service delivery, vision and values. The service had a realistic strategy and business plans in place to achieve priorities. The strategy was in line with health and social priorities across the region. Staff we spoke with understood the overall strategy, the direction of service, and how their role contributed towards these factors. The provider planned the service to meet

Are services well-led?

the needs of patients from both within the local population and wider area, all patients were welcomed to the service and only referred elsewhere if their needs did not fall under scope of the urgent care centre. There was a systematic approach taken to working with other organisations to improve care outcomes. We noted evidence of a strong multi-disciplinary approach to patient care, with regular joint working and engagement with other health and social care services. The evidence demonstrating this was notably organised and provided a clear audit trail regarding topics shared and discussed.

Culture

At this inspection we identified a theme of an open and inclusive culture across the service. The improvements to staffing structures, changes in recruitment and strengthened systems and processes had resulted in vast improvements to staff morale.

- We spoke with staff across various clinical and non-clinical areas during our inspection, the inspection team noted that staff came across as incredibly proud to work at the service. Non-clinical staff said that they felt supported and valued, members of the nursing team demonstrated immense pride in their work when speaking with the inspection team. Other clinicians including GPs and new recruits all said they felt supported at work. Staff across all areas commended the management team and described individuals as being fundamental in driving positive changes within the service.
- Some staff explained that the culture at the service was less-positive when we last inspected, they expressed that since then the service has transformed. They gave examples of development and mentorship from management which went on to empower them to take on lead duties in areas such as medicines management.
- Staff described the service as a safe space to share any concerns or issues, at all levels. They had confidence that these would be addressed. We saw that policies, complaints and significant event records positively supported this process and reflected compliance with the requirements of the duty of candour. In addition, staff we spoke with were aware of how to access their Freedom to Speak Up Guardian if needed.
- Staff were provided with training and development opportunities through the service provider. This included support and funding opportunities to partake in professional development courses, they received appraisals, and clinicians were supported to meet the requirements of professional revalidation. All staff were given protected time for development and clinicians were given time for the evaluation of their clinical work.
- The provider championed and celebrated good work. For example, one of the nurses at the urgent care centre was particularly commended by a patient on the care provided to them and this was celebrated and shared across the service on the organisations intranet.
- There was a strong emphasis on the safety and well-being of all staff. Staff explained that early on during the pandemic, they were sent supportive packs by the service provider which included cosy socks, chocolate, quiz books and information on how to manage their wellbeing. Staff were also provided with a day off on their work anniversary.

Governance arrangements

We noted that previously, the service's accountability structure as well as the systems to provide safe and effective care were not reflective of good governance. There was evidence of clear responsibilities, roles and systems of accountability to support good governance and management in place at this follow up inspection. Furthermore, the systems and processes operated to deliver safe and effective care were well governed. This was also reflected across the governance and monitoring of safe systems and processes, including safeguarding and managing risks to patient's safety.

- Specifically, staff spoken with were clear on their roles and accountabilities, as well as that of their colleagues and leaders. There were clear lines of reporting in place and a diverse skill mix of staff. Staff were clear on who to go to for information and assistance when needed. There was effective oversight of governance throughout the practice.

Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety. There was clear evidence demonstrating how the service, and the service provider, assured themselves that they were operating as intended.
- Since our last inspection daily huddles were reintroduced, we saw that they were formally captured with input and representation from staff from all areas of the service. We saw that a daily huddle took place on the day of our inspection and noted key areas discussed which included a specific safeguarding topic.

Managing risks, issues and performance

We found that the service had significantly improved their processes for managing risks, issues and performance since we last inspected.

- Previous risks pertaining to safe and timely navigation of patients through the service had been effectively managed due to the implementation of a new established triage system.
- Concerns regarding staffing levels, staff working under pressure and low staff morale had been addressed with changes in recruitment, improved rota management and strengthened systems and processes. In addition we noted clearer clinical oversight, supervision and operational management in place during this inspection.
- 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 ICB as part of contract monitoring arrangements.
- We noted evidence demonstrating a systematic approach to managing risks across safe systems and processes. There was a service risk register in place, and we saw evidence of risks recorded, assessed and actively managed. Examples included implementing additional safety precautions to aid staff safety in the event of an emergency at the service.
- 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.

Appropriate and accurate information

At this inspection there was evidence to support that 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 information used to monitor performance and the delivery of quality care was accurate and useful. There was evidence to show that the service actively monitored performance and plans were implemented when issues were identified.
- The service used information technology systems to monitor and improve the quality of care. They submitted data or notifications to external organisations as required. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services. At this inspection, we identified improvements in engagement with patients, staff and other stakeholders. The service was transparent, collaborative and open with stakeholders about performance.

- The service received support from their local integrated care board (ICB), the commissioning team at the ICB and frequently engaged with various leads at the ICB as part of their quality and contractual monitoring.

Are services well-led?

- There was strong collaboration, team-working and support across all functions at the service and a common focus on improving the patient experience. We noted that staff were encouraged to attend one of the providers other urgent care centres when possible as part of their approach to engagement, learning and development.

There was evidence of consistently high levels of engagement with staff and the service also welcomed and encouraged feedback from patients. For example:

- 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. For instance, 17 staff responded to the survey in March and April 2022, a majority of the respondents had worked for the service between 1 and 5 years. Results showed a positive shift within the team with staff noting that they felt supported and understood what was expected of them within their role. Actions implemented following the survey included more staff meetings and improved communication, implementing frequent and formalised clinical supervision, re-establishing daily huddles and improving governance in specific areas. We noted that the survey triggered an internal training needs analysis which led to upskilling staff who went on to complete courses in various areas of injury care. At the time of our inspection the service was in the process of repeating their staff survey.

Continuous improvement and innovation

There were improved systems and processes for learning, continuous improvement and innovation observed at this inspection.

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. This was evident locally, across the service provider as well as with other health and social care services.
- In addition to reviewing feedback from patients through complaints, compliments, online feedback and the NHS friends and family test, the service actively encouraged patient engagement by establishing a patient engagement group. The first meeting as part of this work had occurred in September and there were plans in place to further develop this. The service was also liaising with their local Healthwatch team to explore ways of gathering further feedback from patients.
- There was evidence of an open and reflective culture in place, learning was used to drive improvements. This was demonstrated across changes to systems and processes, and through investing in upskilling and training staff. Additionally, at the time of our inspection the provider was in the process of recruiting a quality lead with duties that included non-clinical support to the audit team.
- Leaders and managers encouraged staff to take time out to review individual and team objectives. We noted positive examples of staff development throughout our inspection and in some areas, we found that the service had taken this one step further. For instance, during our inspection we saw evidence of a training needs analysis developed by lead members of the nursing team. Nursing leads had connected with the local NHS hospital trust and specifically the paediatric emergency care department; this was part of a formal plan developed with the ambition to further develop the services nurses in paediatric care.
- The service was planning to launch a men's health group as part of the services they offered through the wellbeing hub.