

# Ealing Urgent Care Centre

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ealing Urgent Care Centre on 20 & 29 June 2017. Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from incidents.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need. The service met the National Quality Requirements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records. The UCC staff provided information to other services, for example the local GP and hospital following contact with patients as appropriate.
- The service managed patients' care and treatment in a timely way.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Maintain arrangements for the safe tracking of prescription logs.

We saw areas of outstanding practice:

- The service had developed a paediatric observation bay, following the removal of onsite acute paediatric

services at Ealing Hospital in July 2016. The service had recognised the need to develop robust pathways to manage and transfer very sick children to nearby paediatric units. The unit had a specific paediatric observation area with dedicated paediatric nursing staff.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Good



The service is rated as good for providing safe services.

- The organisation encouraged a culture of reporting and learning from incidents. There was an effective system in place for recording, reporting and learning from incidents and the level and quality of incident reporting ensured a reliable picture of safety.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording incidents; lessons were shared to make sure action was taken to improve safety in the service. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- The service had clearly defined and embedded systems and processes in place to keep patients safe and safeguarded from abuse.
- Medicines were securely stored.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Risks to patients were assessed and well managed.

### Are services effective?

Good



The service is rated as good for providing effective services.

- The service was meeting the urgent care targets which had been agreed with the local CCG.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

Good



The service is rated as good for providing caring services.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The service is rated as outstanding for providing responsive services.

**Outstanding**



- The service reviewed the needs of patients and engaged with the clinical commissioning group to secure improvements to services where these were identified. For example the need for paediatric specialist services had been recognised and these were being provided by specialist trained staff.
- The service was open 24 hours a day and seven days a week. It was accessible to patients with mobility difficulties.
- There were accessible facilities, an induction hearing loop and interpreter services.
- Children were assessed as a priority and the facility had designated children's seating and treatment area. Baby changing and breast feeding facilities were available.
- Information about how to complain was available and easy to understand and evidence showed the provider responded promptly and openly to issues raised.
- Learning from complaints was shared with staff, organisation-wide and with other stakeholders.

## Are services well-led?

The service is rated as good for being well-led.

**Good**



- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff and any appropriate action was taken.

# Summary of findings

- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## What people who use the service say

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 27 comments cards from patients which were largely positive about the service experienced. Patients' commented that they found the service to be friendly and efficient. However three patients had expressed their dissatisfaction on the waiting times at the service.

We also spoke with ten patients during the inspection. All ten patients reported that they felt that all the staff

treated them with respect, listened to them and involved them in their treatment. Patients commented that the service was easy to find and was easily accessible with public transport.

Data from the provider for the period of January 2017 to March 2017 showed:

- 94% found the receptionist professional and helpful.
- 97% found the nurse they saw to be professional, helpful and caring
- 75% found that they had been given enough time to ask questions about their condition and treatment.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Maintain arrangements for the safe tracking of prescription logs.

## Outstanding practice

- The service had developed a paediatric observation bay, following the removal of onsite acute paediatric services at Ealing Hospital in July 2016. The service had recognised the need to develop robust

pathways to manage and transfer very sick children to nearby paediatric units. The service had a specific paediatric observation area with dedicated paediatric nursing staff.

# Ealing Urgent Care Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to Ealing Urgent Care Centre

Ealing Urgent Care Centre (UCC) is commissioned by Ealing Clinical Commissioning Group (CCG) to provide an urgent care service within the London borough of Ealing. The service is located at Ealing Hospital and is in a shared location with the A&E department. The service is regulated by the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

No patients are registered at the service as it is designed to meet the needs of patients who have an urgent medical concern but do not require accident and emergency treatment. Patients attend on a walk-in basis. Patients can self-present or they may be directed to the service, for example by the NHS 111 or their own GP. Patients presenting to the service are 'streamed' by either a nurse or care practitioners to determine the urgency and nature of their presenting complaint.

The Ealing Urgent Care Centre attends to around 62,500 patients per year. The service is provided by Greenbrook Healthcare which provides centralised governance for the service. On site the service is led by a UCC service manager,

a UCC lead GP and a UCC lead nurse who have oversight of the urgent care centre and a team of UCC doctors/nurses, care practitioners; paediatric nurses and administration and reception staff.

The nursing staff were employed via the London Northwest Health Trust (acute trust) and all other clinicians were directly employed by Greenbrook Healthcare. However there were draft proposals to move nurse recruitment from the acute trust to Greenbrook Healthcare to maximise chances of successful recruitment.

The Ealing Urgent Care Centre treats and discharges 62% of all Accident and Emergency site attendances at Ealing Hospital. A small proportion (9%) of UCC attendances require hospital intervention and are referred accordingly to other departments.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 20 & 29 June 2017. During our visit we:



# Detailed findings

- Spoke with a range of staff including the medical director, one of the GPs, an emergency practitioner, a receptionist, the patient champion, the service manager, the quality and governance manager and the UCC lead nurse.
- Observed how patients were greeted
- Spoke with patients who used the service and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Please note that when referring to information throughout this report, for example any reference to the National Quality Requirements data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording incidents. We saw that the service recorded all incidents on manual logs maintained on excel and word documents. The service used a local and centralised system to report and monitor incidents to ensure the quality of incident reporting was vigorous and consistent.

- Staff told us they would inform the lead of the shift of any incidents and near misses and there was an electronic recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support; an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.

- The service carried out a thorough analysis of incidents and ensured that learning from them was disseminated to staff and embedded in policy and processes for the whole organisation and the specific site the incident related to. The organisation's integrated clinical governance committee reviewed all incidents. No incidents were actioned as closed until the evidence of action taken was reviewed by the clinical governance committee.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. Each month the organisation's clinical leads summarised learning from clinical incidents to share with all staff including bank staff as part of the organisation's commitment to continuous quality improvement. We saw that some of the learning points were displayed in staff only areas to ensure that all had access. The service also shared their incidents and any lessons learnt by emailing them to staff to ensure information was readily available.

- We saw that relevant incidents and any learning were also shared with the accident emergency unit at the hospital.
- We reviewed safety alerts reported in the previous 12 months and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, an urgent referral that should have been faxed had been filed away. The following day the patient called to say they had not heard from the relevant clinic with the appointment which was supposed to have been booked within 24 hours. Following this the referral was retrieved and an appointment was made for the patient. After this incident the urgent care centre advised staff and updated procedures to ensure that referrals should never be filed without escalating to a colleague or senior manager and that the referring clinician should always ensure the fax has been sent.

### Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a local safeguarding lead supported by an organisational safeguarding lead and the Medical Director. Staff knew who to approach for advice or support for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs, the nurse practitioners and the care practitioners were trained to child protection level three. Non clinical staff were trained to level two.
- The service had made 73 safeguarding referrals between June 2016 to May 2017 of which 39 were child and 34 adult referrals. All safeguarding referrals were also logged in the provider's recording system which provided an organisational overview.

# Are services safe?

- Patients were advised through notices in the service that they could request a chaperone if required. Nursing staff acted as chaperones. All staff who acted as chaperones had been provided with face to face training for the role and had received a Disclosure and Barring Service (DBS) check. (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 service centre maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control lead who was the UCC lead nurse. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance e.g. annual servicing of fridges including calibration where relevant.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate Recruitment checks were carried out by the urgent care centre's centrally-based human resources department.

## Medicines Management

- The arrangements for managing medicines at the urgent care centre, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for managing updates to medicines and guidelines as recommended by, for example; the Medicines and Healthcare Products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- The service carried out regular prescribing audits to ensure prescribing was in line with best practice guidelines. For example, the centre routinely audited antibiotic prescribing to ensure

- Blank prescription paper was securely stored and had to be signed out by the prescribing clinicians. However we noted that there were gaps in their logs where some prescriptions had not been fully logged. The service was aware of this and were making improvements to ensure all prescriptions were logged.
- Patient Group Directions were used by nurses to supply or administer medicines without prescriptions. PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment that required calibration was calibrated according to the manufacturer's guidance. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella are bacteria which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.

## Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency.
- All staff received annual basic life support training, including use of an automated external defibrillator.

## Are services safe?

- A defibrillator was available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and contact details for all other relevant services.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

We saw that the latest guidelines were discussed at clinical governance meetings and shared with staff through the staff bulletins.

### Management, monitoring and improving outcomes for people

The service was required to report monthly to the clinical commissioning group on its performance against standards which included staffing, training, supervision, audit activity, incidents, complaints and patient feedback. The service was meeting the four hour targets and streaming. Current performance was 99.4 % (target 98%) over the last 12 months. Streaming (the decision to direct a patient for assessment and treatment by a particular service), had been 98.5% for adults and 97% for children over the last 12 months.

- The service carried out audits of patient consultations for clinical staff using a nationally recognised audit tool. We saw that there been 10 audits in the last 12 months covering various topics including x-ray imaging, cold chain, streaming and consultations. For example we saw that audits of clinical records had identified clinicians who required additional support and this was offered where required.
- The service also had a policy to ensure all clinicians had a documented notes audit by a clinical lead within three months of commencing work and this included all bank staff. All employed staff also had consultation notes audit as part of annual appraisal. Staff told us that feedback was provided in one to one sessions, but if there were wider areas for learning these could be shared with the whole team.

- The service participated in several mandatory corporate audits including medicines management, safeguarding and infection control to review systems in place. We saw evidence that actions were being monitored from these audits.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had a corporate induction in place for permanent and all bank staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- The service shared relevant information with other services in a timely way. Where patients used the services, a report detailing the care that they received was sent to the patient's GP. Staff worked together and with other health and social care professionals to understand and meet the range

# Are services effective?

(for example, treatment is effective)

and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred.

- Reception staff and the patient champion signposted patients to alternative services where these were not provided.
- The electronic record system enabled efficient communication with GP practices and other services.
- The service had developed guidance to ensure that where patients were streamed to Accident and Emergency and there was a clear care pathway. The provider met regularly with managers of the Accident and Emergency service.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms and cubicles to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. However when patients attended the centre they were initially streamed by a nurse who was sitting in the reception area that faced the patient waiting area. The provider told us that front door streaming had been specified by the commissioners.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

All of the 27 patient Care Quality Commission comment cards we received were positive about the care with which they had been provided.

We also spoke with ten patients on the day of our inspection, and these patients reported that they had been treated with courtesy and dignity. All of the patients we spoke with said they found the service useful and it meet their needs.

The patient champion at the service had analysed feedback from the friends and family survey. The results showed that patients were happy with the service. For example, 96% of patients were likely and extremely likely to recommend Ealing UCC.

Data from the provider for the period of January 2017 to March 2017 showed:

- 94% found the receptionist professional and helpful.
- 97% found the nurse they saw to be professional, helpful and caring
- 75% found that they had been given enough time to ask questions about their condition and treatment.

### Care planning and involvement in decisions about care and treatment

- Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.
- The service provided facilities to help patients be involved in decisions about their care:
- Staff told us that translation services were available if required for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

Notices and patient information leaflets were available in the patient waiting area that advised patients on how to access a number of support groups and organisations. The service offered a children only observation bay to ensure children and their families were looked after by specially trained and dedicated paediatric nursing staff.

The service had also developed the role of the patient champion and this created an opportunity to not only redirect patients safely to their own GP but to support patients to reach other schemes in the community.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. We found the service was responsive to patients' needs.

- For example, the service was aware that it had large number of repeat attendees. Some of these patients were not registered with a GP. The patient champion at the centre was working to identify those patients that required help registering with local GPs to ensure they received the care they required.
- The service had also developed a paediatric observation bay, following the removal of onsite acute paediatric services at Ealing Hospital in July 2016. The service had recognised the need to develop robust pathways to manage and transfer very sick children to nearby paediatric units. The service was clearly signposted around the hospital and from the car parks.
- The service was accessible to patients with mobility difficulties.
- The service had identified the need to have their own wheelchair and this had been purchased and was kept within the unit.
- The service had access to its own ambulance that was used to transport patients between services when required.
- The waiting area for the service was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. There was enough seating for the number of patients who attended on the day of the inspection.
- The service had nursing staff working from the reception area to ensure patients were visible and monitored more easily.
- Toilets were available for patients attending the service, including accessible facilities with baby changing equipment.
- Translation services were available for patients whose first language was not English.

### Access to the service

- The service was open 24 hours a day seven days per week. Patients attended on a walk-in basis and underwent a clinical assessment ('streaming'). Patients assessed as suitable for treatment in the urgent care centre, were streamed to see an emergency nurse practitioner, emergency care practitioner or GP.
- When patients arrived at the service there was clear signage which directed patients to the reception area marked on the floor. Patient details (such as name, date of birth and address) and a brief reason for attending the centre were recorded on the computer system by one of the reception team. A receptionist took a brief set of safety questions to determine 'red flags' indicating the patient needed to be seen by a clinician immediately.
- The service had a policy that ensured that once signed in children under two years of age were provided with an immediate full assessment by a paediatric nurse and rapid access doctor.
- Patients identified as being critically ill were urgently transferred to the emergency department.

### Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns. Complaints were reported locally and analysed by the service manager. The providers of the centre had a specific staff member who then analysed and reported all complaints to the providers clinical governance committee.

- The service's complaints policy and procedures were in line with recognised guidance and contractual obligations for urgent care centres and out of hours services in England.
- There was a designated responsible person who handled all complaints in the service.
- We saw that information was available to help patients understand the complaints system in the waiting areas.

We looked at 24 complaints received in the last 12 months. Complaints had been appropriately handled, dealt with in a timely way and in line with the complaints policy. Patients were given a written apology and informed of the outcome and any actions taken as a result. Lessons were learnt from complaints and shared with staff, on an





## Are services responsive to people's needs? (for example, to feedback?)

individual basis if required. We also saw that the service circulated information to all relevant staff including bank staff to ensure they were aware of learning points identified from recent complaints. For example; recent learning had related to streaming staff who were being advised to

always get verbal confirmation of the injury site and side from the patient as it had been noted that sometimes patients can point to a site but this can be misleading depending with the way the clinician is seated.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The service had a mission statement and staff knew and understood the values.
- The service had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Our discussions with staff and patients indicated the vision and values were embedded within the culture of the service. Staff told us the service was patient focused and they told us the staff group were well supported.

### Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There was a clear management structure at local level which included a UCC service manager, UCC lead GP and UCC lead nurse. The local team were supported by the Greenbrook Healthcare wider clinical governance structure which included a medical director, deputy director of operations and a quality governance manager.
- Service specific policies were implemented and were available to all staff. These policies and protocols were developed by Greenbrook Healthcare at a corporate level and had been rolled out to the individual service where the service manager had adapted them.
- A comprehensive understanding of the performance of the service was maintained. The service reported monthly to the Clinical Commissioning Group (CCG) and NHS England and they were aware of areas where targets had not been met and had plans to address this.

- The service had a comprehensive audit strategy and plan. There was a clear feedback trail from this audit, and learning was shared with both individuals and all staff as relevant. This included a newsletter to all staff as well as e-mail alerts.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection, the organisation's managerial team demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that there were clear lines of responsibility and communication.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. The service had systems to ensure that when things went wrong with care and treatment:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure and staff felt supported by management.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

### Seeking and acting on feedback from patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- Patients were provided with an opportunity to provide feedback, and if necessary complain.

# Are services well-led?

Good 

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

- Staff told us that they were proud of the service being delivered and that they felt engaged in decisions relevant to how the service might be delivered in the future. Staff also told us that the team worked effectively together.
- During our inspection we observed a team `huddle` that was held twice daily at the unit. This meeting was used to discuss clinical and staffing issues for that particular day. This was an opportunity for the service to review their daily performance and make any required improvements to ensure late referrals and potential breaches of targets were resolved. This was also an opportunity for staff to debrief any experience that they might have found uplifting or disappointing.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The organisations senior management team was forward thinking. For example the organisation was working on recruiting a greater number of substantive emergency nurse practitioners to improve continuity .There were draft proposals to move the recruitment of nurses from the London Northwest Health Trust to Greenbrook Healthcare to maximise the chances of successful recruitment.

The service was also planning to gain electronic access to appointments in local GP practices to facilitate the safe redirection of appropriate patients from UCC to local GPs.