Urgent Care Service

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Isle of Wight NHS Trust Urgent Care Service on 7 and 8 March 2017. This inspection looked at the walk-in service of the urgent care service only. This walk-in service is rated as requires improvement.

At the time of inspection the walk- in service was set up to allow residents and visitors to the Isle of Wight to see a GP during the hours of 8 am to 8 pm Monday to Fridays (excluding bank holidays).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- Risks to patients were assessed and managed, with the exception of those relating to staffing. We found that there were gaps in staffing levels and rotas. On some occasions there was not a GP to see patients.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The majority of patients said they were treated with compassion, dignity and respect.
- The service had a number of policies and procedures to govern activity, but some were overdue a review.
- 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.
- GP care was delivered in line with current evidence based guidance.
- There was a revised leadership structure since October 2016 and staff felt supported by the management arrangements.
- The Trust sought feedback from staff and patients, which it acted on.
- The Trust was aware of and complied with the requirements of the duty of candour.
- The Trust was reviewing the future of the service along with the local clinical commissioning group.

The areas where the provider must make improvements are:

- Develop systems to ensure the quality of the service such as to carry out clinical audits and re-audits to improve patient outcomes.
- Ensure all nursing staff, including agency & bank staff, are properly trained for their roles.

Summary of findings

- Ensure that all staff received regular appraisals.
- Ensure adequate staffing levels are maintained to deliver the service

In addition the provider should:

- Provide service information for patients in appropriate languages and formats.
- Ensure the standard operating procedure for safe and timely triage of patients is applied consistently.

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?

Requires improvement

The service is rated as requires improvement for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff and systems with along with Accident and Emergency department to keep patients safe.
- The service had clearly defined and systems, processes and services to minimise risks to patient safety.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The Trust had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Inadequate

The service is rated as inadequate for providing effective services, as there are areas where improvements must be made.

- There was no evidence that audit or other quality reviews were driving improvement in patient outcomes.
- There were gaps in staffing of the service, in that on some occasions there were no GPs available to see patients and reception staff were not always at the correct levels to work for both the Urgent care Service and accident and emergency department.
- GPs provided care to walk-in patients based on current evidence based guidance however there was not a lead GP to oversee the consistency of practice.
- There were clear protocols to support what conditions could be dealt with by service.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for some staff.

Summary of findings

Are services caring?

Good

The service is rated as good for providing caring services.

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Clinicians were able to prioritise patients and make the best use of resources. We saw that seating in the waiting area at the treatment centre was positioned to allow reception staff to see patients which helped them identify those who might need earlier intervention due to a deteriorating medical condition.
- Data supplied by the service showed that in February 2017 the service was achieving the threshold targets of 95% in appointment waiting times and advice performance.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- Access to the walk-in service was determined by a triage nurse. Patients could access the walk-in-centre between 8am and 8pm on 5 days a week excluding bank holidays.
- There were occasions when the patient had to see other health professionals as there was no GP on duty.
- The service understood its population profile and had used this understanding to meet the needs of its population.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed since October 2016 showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The service is rated as requires improvement for being well-led.

- The walk in service had changed along with other parts of the urgent care service operated by the Trust in October 2016. The systems had been reviewed but not all had been imbedded. The walk in service remained in a state of flux and since the inspection we were informed of the need for financial reasons that the walk in service would not continue in its current provision from 1 June 2017.
- The Trust had not been able to secure the needed GP staff level or a permanent GP lead for the service this had effected the overall governance and leadership of the service.

Summary of findings

- The service had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The service had a number of policies and procedures to govern activity, but some of these were overdue a review.
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings.

Urgent Care Service

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a second CQC inspector.

Background to Urgent Care Service

Isle of Wight NHS Trust is the only integrated acute, community, mental health and ambulance health care provider in England. Established in April 2012 the Trust provides a full range of health services to an isolated offshore population of 140,000.

The Urgent Care Service (UCS) we inspected was, until October 2016, part of a Joint Venture Agreement between the Isle of Wight NHS Trust and Lighthouse Medical Ltd. The service was formally known as Beacon Healthcare located in the Beacon Centre and also included the out of hour's service.

In October 2016 the Isle of Wight NHS Trust took over the sole running of the out of hour's service and walk in centre and renamed it The Urgent Care Centre.

At the time of our inspection the walk-in services employed three GP's covering the daily duties. The practice also should have an Advanced Nurse Practitioner (ANP). We were told that a new ANP had been recruited and was due to start work in the service once a contract had been signed.

Nurses from the accident and emergency department were performing triage of patients attending the walk in service.

Patients attending the UCS as a walk-in service may have been advised to do so by a health professional – doctor, dentist, optician, pharmacist, nurse, paramedic, etc. - or the NHS 111 service. However patients could self-refer to the walk in service. Those attending the Urgent Care Service, depending on their needs, are triaged by a nurse and are then seen by a GP subject to the outcome of the triage. The walk – in service is open Mondays to Fridays from 8.00am until 8.00pm (excluding Bank Holidays). The UCS will redirect individuals to other services where the individual does not have an urgent care need and their problem can be better dealt with by another service.

The UCS is located at St Mary's Hospital, Parkhurst Road, Newport, Isle of Wight, PO30 5TG.

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 including the clinical commissioning group to share what they knew. We carried out an announced visit on 7 and 8 March 2017. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, nurses, senior trust managers, administrators and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed information and evidence provided by the Urgent Care 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?

Requires improvement

Are services safe?

Our findings

Safe track record and learning.

There was a system for reporting and recording significant events.

- Staff told us they would inform the service manager of any incidents and there was a 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).
- From the sample of six documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The operations manager told us that there had been no recent significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, both January and February 2017 had seen significant rises in performance. In February 2017 the service was tracking above the required 95% threshold on 8 out of the 10 sections. For example 493 out of 497 patients were seen in the walk-in centre within the four hour target for non-urgent problems. .

Overview of safety systems and processes.

The service had clearly defined systems, processes and services in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The Matron for Medicine CBU was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best service. There was an IPC protocol and staff had received up to date training. An IPC audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit took place on 22 February 2017 with a follow up audit on 3 March 2017.

The arrangements for managing medicines, including emergency medicines and vaccines, in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling prescriptions which included the review of high risk medicines. Prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The GPs working in the service could access a preloaded medicine (MDG) cabinet in the department which contained a range of acute and routine medicines provided by the hospital pharmacy. The cabinet is an automated medication and supplies dispensing system which is linked to the pharmacy ordering system. This ensures that when a medicine was used it would be automatically reordered. The cabinet was also secure and could only be accessed by authorised personnel.
- The GPs were supported by the issue of standard operating procedures supplied by the Trust in line with the trusts medicines policy.

We looked at six staff files of GPs employed by the service. Two of these were permanent employees and the other

four were bank staff. Of the six only one had been employed by the provider since they had started providing the service in October 2016; the other staff had been transferred across from the previous provider.

The previous provider had taken all relevant paper work related to its employees, and therefor recruitment files were incomplete for the five staff who had been employed by them. The service had a system in place to ensure that no new members of staff commenced employment without receiving human resources sign off, which verified that all necessary recruitment checks had been undertaken and were satisfactory. We spoke with the Deputy Human Resources Director who said that this was the system for the whole Trust. Recruitment processes were managed by the hospitals human resources department. All staff were required to apply for vacancies via NHS Jobs and recruitment checks were also in line with NHS standards. The file of the person who had been employed by the provider had all relevant information, which included a check on the performers list, a Disclosure and Barring Service check and evidence of satisfactory conduct in previous employment.

The service was planning on requesting all GPs who worked for them to complete a new registration processes to ensure all required checks were in place.

Monitoring risks to patients.

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The service had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the service. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system however this was an area of concern as we were told that on occasions there was insufficient staff available to cover all the shifts. This was discussed in the business meeting of 28 February 2017 and the fact that there were gaps was acknowledged by the Trust.
- We were told that the urgent care service were able to call on the services of a doctor from the accident and emergency department if required but this meant that it was possible that patients were being seen by hospital doctors and not GPs. Patients in this case were assessed for the most appropriate treatment and referral for their needs.

Arrangements to deal with emergencies and major incidents.

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The urgent care service was next to the hospital accident and emergency department so the service had shared arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and what the procedures were to obtain help in an emergency.
- Emergency medicines were easily accessible to staff in a secure area of the service 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 supplied by the Trust for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment.

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines.

The service had systems 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.

The service had a triage room situated in the reception area. This is where patients are assessed prior to seeing a GP. The triage was performed by a nurse from the Accident and Emergency Department. At the time of our inspection there were no Advanced Nurse Practitioners.The nurse would ask a series of questions about why the patient was presenting, how long they had had the symptoms and may do some observations depending on the complaint. The nurse would then make a decision re whether to direct the patient to the emergency department, to a GP or back to the patient's own GP or other service. We found that the triage process relied on the experience and training received by the individual nurses and there was no quality standard practice to work to. If an agency nurse was being used they were not meant triage. It was therefore possible that a patient could be triaged by a nurse who had not received the appropriate training and had the correct level of competency.

We were not supplied with any clinical audits conducted by the service; we were told this was because the urgent care service had changed management arrangements in October 2016. However action had been taken in relation to an infection control audit.

Effective staffing.

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

- The Trust had an induction programme for all newly appointed staff including locums. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. Not all staff had received an appraisal within the last 12 months. The Trust did not have a separate list of appraisals for the walk – in service staff. We were told that staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. All Trust staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan care and treatment. The service referred patients back to their own GP where the symptoms presented required this. The service could also refer patients to the emergency department if required and we were told that there was a good working relationship with that department.

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 service nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives.

The service identified patients who may be in need of extra support and signposted them to relevant services. For example: There were numerous leaflets and posters in the waiting areas directing patients to other services and giving advice. We saw posters and information leaflets in the waiting area about smoking cessation and obesity.

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Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion.

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- We did not see any foreign language leaflets. The Trust should provide service information in appropriate languages and formats in all its departments.

A patient survey conducted in December 2016 regarding the urgent care service showed that of the 28 patients that took part 100% stated that they would be likely recommend the service to another person.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

The needs of the local population were understood and systems were in place to address identified needs in the way services were delivered. For example, the service was integrated with all medical services on the Isle of Wight. It was located in the centre of the Island and worked within the hospital trust. This integrated care provided a twenty four hours seven days a week service for people on the Isle of Wight.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the service engaged with them and other practices to discuss local needs and service improvements that needed to be prioritised.

In the time running up to the change of provider in October 2016 the Trust had notified the population of the changes and encouraged patients to use their own GP practices and pharmacies to resolve their needs.

This had resulted in the number of patients attending the service dropping from an average of 54 patients per day seen in January 2016 to an average of 18 patients per day being seen in January 2017. We found the service was in the main responsive to patient's needs and had systems in place which endeavoured to maintain the level of service provided. However there was not always a GP on duty when the walk in service was open. We were told that the urgent care service were able to call on the services of a doctor from the accident and emergency department if required but this meant that it was possible that patients were being seen by hospital doctors and not GPs. Patients in this case were assessed for the most appropriate treatment and referral for their needs.

Access to the service.

The urgent care service was available to all Isle of Wight residents and visitors from 8am until 8pm, Monday to Friday (excluding weekends). Once the walk in service was closed patients were directed to NHS 111 to access out of hour's services.

Comprehensive information was available to patients about the urgent care service on the St Mary's Hospital website.

Listening and learning from concerns and complaints.

The service had a system for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Minutes of team meetings showing that complaints were discussed to ensure all staff were able to learn from complaints and contributed to determining any improvement action required.

Complaints were handled by the Isle of Wight NHS Trust as part of its service provisions for the urgent care service and they were not handled directly by the staff. Any patient complaint was passed to the patient quality department at the Trust. They would acknowledge receipt of the complaint and then pass the information to the urgent care services operation manager to investigate. We saw that information was available to help patients understand the complaints system.

The Trust recorded the complaint to ensure that it was properly and appropriately dealt with. A schedule was kept of complaints with details of actions taken and lessons learnt as a result of the investigation.

All though there were no complaints recorded specifically about the walk in service we were inspecting we discussed with managers that any complaints made would be satisfactorily handled, dealt with in a timely way, with openness and transparency when dealing with the complaint. That lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

- The service had a mission statement which staff knew and understood the values.
- The walk in service had changed along with other parts of the urgent care service operated by the Trust in October 2016. The systems had been reviewed but not all had been imbedded. The walk in service remained in a state of flux and since the inspection we were informed of the need for financial reasons that the walk in service would not continue in its current provision from 1 June 2016.
- The Trust had worked closely with the local clinical commissioning group to determine the best option for the Isle of Wight population and visitors.

Governance arrangements.

The Trust had an overarching governance framework which supported the delivery of the strategy and good quality care. For the walk in service this strategy outlined the structures and procedures but had not been effective in all areas:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Although at the time of our inspection there was no dedicated clinical GP Lead. The role was being covered by a GP member of the clinical commissioning group (CCG) since January 2017. We spoke with the GP and found that the role was one of providing a strategic overview of the service rather than undertaking day to day clinical management responsibilities such as individual clinical supervision.
- Trust policies were implemented and were available to all staff. These were updated and reviewed regularly. The urgent care service was still using some of Beacon Healthcare protocols which required updating for example the Reception “walk-in” patient streaming flow chart and GP Out of Hours Bank Registration Handbook.
- A comprehensive understanding of the performance of the overall Urgent Care Service was maintained. Service meetings were held monthly which provided an opportunity for staff to learn about the performance of the service.
- However there was no programme of continuous clinical and internal audit that could be used to monitor quality and to make improvements
- All nursing staff, including agency & bank staff, required to be properly trained for their roles.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the Trust were aware that that there was challenges to staffing in the service.
- We saw evidence, from minutes of a meetings that allowed for lessons to be learned and shared following complaints.

Leadership and culture.

The Trust 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 support training for all staff on communicating with patients about notifiable safety incidents. The Trust encouraged a culture of openness and honesty.

- The Trust gave affected people reasonable support, truthful information and a verbal and written apology.
- The Trust kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure but staff did not always feel supported by management.

- Staff told us the service held team meetings. We saw evidence that the service held a range of meetings which were minuted.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings and but did not feel confident and supported in doing so.

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

The Trust encouraged and valued feedback from patients and staff. It proactively sought feedback from the population of the Isle of Wight.

Are services well-led?

Requires improvement

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

Data supplied by the service showed that in February 2017 the service was achieving the threshold targets of 95% in appointment waiting times and advice performance.

The clinical commissioning group (CCG) had opened a public consultation to discontinue commissioning of the Walk-In service during the weekdays. The outcome of the consultation has been reviewed by the CCG Clinical Executive at the end of March 2017 to ascertain whether the CCG will go ahead with the proposal to discontinue the provision of the weekday Walk-In service.

Following the inspection the decision was made to discontinue the walk in service Monday to Friday 8am to 8pm and it will operating only as a weekend service Saturday and Sunday under the Out of Hour's procedures.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service. Minimal quality improvements actions such as clinical audits have been completed This was a breach of regulation 17(1) and 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this part. The provider had not ensured adequate staffing levels are maintained to deliver the service Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform. Not all nurses used in the triage process had received the appropriate training. Not all staff received regular appraisals.

This section is primarily information for the provider

Requirement notices

This was a breach of regulation 18 (1) and 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.