

Skelmersdale Walk in Centre

Quality Report

The Concourse Shopping Centre
Skelmersdale
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Website: www.virginicare.co.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

Skelmersdale Walk in Centre is operated by Virgin Care Services Limited. The service has approximately 2000 patient contacts per month. Approximately one fifth of patient contacts were children.

The service provides a walk-in and wait service for minor illnesses and minor injuries. We inspected urgent care services.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 20 November 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Summary of findings

Services we rate

Skelmersdale Walk in Centre had not previously been inspected. We rated it as **Requires improvement** overall.

We found areas of practice that require improvement in relation to urgent care services:

- The service did not always have someone on site who was competent to assess and treat children.
- We had concerns in relation to the level of life support training provided for staff.
- We found the service did not routinely audit practice against national guidelines and evidence-based practice.
- The service did not ensure processes were put in place to measure and monitor patient outcomes.
- The service did not ensure patient pathways complied with best practice guidance to ensure patient treatment was up to date.

- The service did not maintain an accurate and complete list of risks relating to the health and safety of service users.

However,

- Staff treated patients with compassion and respect.
- The service promoted a culture of openness and improvement. Staff were enthusiastic about delivering a high quality service focused on patient centred care.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements to help the service improve. We also issued the provider with a requirement notice that affected the Skelmersdale Walk in Centre. Details are at the end of the report.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

Urgent care services

Rating

Summary of each main service

We rated Community Urgent Care as Requires Improvement on the 9th April 2019, this rating was removed when the location reclassified as a Primary Medical Service, rather than a hospitals location. The service provided a walk-in and wait service for minor illnesses and minor injuries Monday to Sunday 8am to 8pm. The service did not always have someone on site who was competent to assess and treat children. The service did not routinely audit practice against national guidelines and evidence based practice.

We had concerns in relation to the governance oversight of the service and the monitoring systems and processes in place.

However, staff felt supported by managers and noticed a cultural change since the service had been taken over. Staff were enthusiastic about providing person-centred care.

Summary of findings

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Requires improvement 

Skelmersdale Walk in Centre

Services we looked at

Urgent care services

Summary of this inspection

Background to Skelmersdale Walk in Centre

Skelmersdale Walk in Centre is operated by Virgin Care Services Limited. The service opened in 2017 but was previously operated by another provider. The service registered with CQC in April 2017.

The walk-in centre has had a registered manager in post since April 2017.

We carried out a short notice inspection of this service on 20 November 2018. The inspection was announced to minimise disruption to the service and ensure that the people we needed to speak to were available on site. This was the first inspection of Skelmersdale Walk in Centre, Virgin Care Services Limited.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in urgent care services. The inspection team was overseen by Nicholas Smith, Head of Hospital Inspection.

Why we carried out this inspection

This was the first inspection of Skelmersdale Walk in Centre, Virgin care services.

How we carried out this inspection

We carried out a short notice inspection of this service on 20 November 2018. The inspection was announced to minimise disruption to the service and ensure that the people we needed to speak to were available on site.

Information about Skelmersdale Walk in Centre

Skelmersdale Walk in Centre is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely

We spoke with eight staff including; registered nurses, health care assistants, reception staff and senior managers. During our inspection we observed two

patient consultations. We also received four 'tell us about your care' comment cards which patients completed during our inspection. During our inspection, we reviewed twelve sets of patient records.

This was the services first inspection since registration with CQC, which found that the service was not meeting some standards of quality and safety it was inspected against.

Summary of this inspection

On average 2,000 patients per month attended the walk-in centre. Most patients were seen within 30 minutes of arrival. The Skelmersdale Walk in Centre does not provide an x-ray service.

The service reported 38 incidents between September 2017 to October 2018. There were also no incidences of healthcare acquired infection reported during this time.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- Staff did not receive appropriate life support training in line with unscheduled care guidance. However, this was escalated during the inspection and training was arranged for staff post inspection.
- There was not always a paediatric competent staff member on all shifts. However, this was escalated during the inspection and rotas were changed to ensure a competent paediatric staff member was on site on all shifts.

Requires improvement



Are services effective?

- The service did not routinely audit practice against national guidelines and evidence based practice.
- The service relied on peer review to assess quality and safety of care and treatment.
- The proportion of contacts reviewed was not a representative sample. The service did not carry out other audits that would otherwise capture the information.

Requires improvement



Are services caring?

- Staff treated patients and relatives with compassion and respect.
- Staff provided emotional support to patients when needed to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Good



Are services responsive?

- The service was delivered to meet the needs of the local population.
- The service provided a phlebotomy (blood taking) clinic as there was no community service available locally.
- The service was focused on the individual needs of the patients in delivering care and treatment.

Good



Are services well-led?

- There were systems in place to identify, record and manage risks, but not all risks had been identified by managers and recorded on the risk register.

Requires improvement



Summary of this inspection

- There was a positive and supportive culture which focused on delivering person-centred care.
- The vision and values of the service were focused on delivering a high-quality service.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|----------------------|----------------------|----------------------|--------|------------|----------------------|----------------------|
| Urgent care services | N/A | N/A | N/A | N/A | N/A | N/A |
| Overall | Requires improvement | Requires improvement | Good | Good | Requires improvement | Requires improvement |

Urgent care services

| | |
|------------|--|
| Safe | |
| Effective | |
| Caring | |
| Responsive | |
| Well-led | |

Are urgent care services safe?

Mandatory training

- Staff did not receive effective training in all safety systems, processes and practices. We found life support training did not meet the unscheduled care facilities minimum requirements for units which see the less seriously ill or injured guidance (July 2009). These concerns were escalated to senior managers who arranged appropriate life support training for staff post inspection.
- Staff sepsis training compliance at the time of inspection was 56% and had not been identified on the local risk register. Post inspection the service provided evidence of a regional risk register that identified a general risk of low compliance for statutory and mandatory training for staff.
- Mandatory training was provided both online and face to face depending on the training required and managed by the service clinician leads. Overall compliance for mandatory training was 90%.
- Staff were given time to complete mandatory training and could access online training from home.

Safeguarding

- Staff were given appropriate adult and children safeguarding training relevant to their job role in accordance with the standards set out in Safeguarding children and Young People: Roles and Competencies for Health Care Staff (2014). Completion rates for safeguarding training were 86% for adult level one, 98% for adult level two, 75% for children level one,

100% for children level two and 81% for children level three. Staff had access to a regional Virgin Care Services Limited Safeguarding lead who was trained to level four as per intercollegiate guidance.

- The service had a draft policy awaiting approval for safeguarding vulnerable patients with special needs. Staff we spoke to were aware of safeguarding processes and gave an example of a safeguarding incident that had been reported to the local authority.
- The service had a safeguarding champion who could be contacted for advice and support.

Cleanliness, infection control and hygiene

- We saw all clinical and office areas were visibly clean and tidy.
- The service had a cleaning contract with an external cleaning company. There were three cleaning schedules which covered cleaning duties for the seven-day period. We saw cleaning rotas completed. On inspection we saw cleaning had not taken place during two weekends in the last six months. We saw an incident was reported for each occasion and actions were taken appropriately for the breach of contract
- There was an infection control champion who could be contacted for help and support. Hand hygiene audits were completed monthly. The latest audit for October 2018 showed the staff member audited was compliant.
- We observed staff bare below the elbow decontaminating their hands immediately before and after an episode of care in line with best practice guidance. Personal protective equipment was available if required.

Environment and equipment

Urgent care services

- The walk-in centre was located on the ground floor of a shopping centre with accessible access. The signage displayed outside contained the name of the previous provider at the time on inspection. The registered manager told us the signage would be changed after the lease had been signed. Mitigation for this was in place including a fire safety plan and maintenance checks.
- Car parking was available on the shopping centre car park for patients to use with parking restrictions (maximum of five hours).
- The service had suitable premises and equipment and looked after them well. The service had a separate waiting area for children and adults. Separate toilet facilities were available for patients and staff.
- There were six consultation rooms:
four were used for general patient consultations,
a treatment room was used mostly for phlebotomy; and
a resus room for more serious medical conditions with appropriate resuscitation equipment for adult and paediatric patients.
- Adult and child resuscitation equipment was available if needed including defibrillator. We saw documented evidence that appropriate frequency checks were performed on the resuscitation equipment.
- Other equipment including the electrocardiogram had appropriate service, maintenance and portable appliance testing.
- There was a sluice room where the biological spillage kit was stored and urine testing was performed[PA5]. The room was visibly clean and tidy. The premises and facilities were appropriately located and suitable for purpose they were used.
- There were service level agreements for the disposal of clinical, general and confidential waste. These were separated into storage bins and stored in a locked room prior to collection. Shredding confirmation notices seen on inspection for the disposal of confidential waste.

- Blood and urine samples were transported appropriately in a labelled container for medical packaging.
- The service had a fire alarm and safety management plan.
- The service had appropriate storage for oxygen with key pad access. The door was clearly labelled with appropriate signage and access instruction.

Assessing and responding to patient risk

- The service had a “red flag” process performed by reception staff, who were not medically trained. The receptionist decided if the patient required immediate escalation to see a nurse based on the information provided. The red flag process prompted staff to refer patients for assessment within 15 minutes when they presented with potentially life-threatening symptoms such as fitting, chest pain, shortness of breath and signs of stroke. Patients with such symptoms need immediate input from a trained clinician. We identified on inspection the training material did not reflect what happened in practice. We escalated this to the service managers who changed the training information during our inspection to reflect what staff did in practice.
- On inspection we observed reception staff did not screen patients as per the service standard operating procedure to escalate patients for urgent clinical assessment. Staff were unable to locate the information to screen patients when asked.
- Following initial red flag assessment, the patient would be seen by a health care assistant for an observation assessment before seeing a senior nurse. The observation assessment included performing a national early warning score or paediatric early warning score by a health care assistant.
- The health care assistants had not received training in recognition of acutely unwell or deteriorating patients. We saw national early warning score or paediatric early warning score had not been recorded in four of the twelve records we reviewed. It is important to record the scores to assess the patients clinical risk and respond appropriately.

Urgent care services

- We were informed by the registered manager the location did not have a triage nurse and a triage system was not in place.
- The service used the electronic system to highlight patient priority by colour coding using red and amber for urgent clinical assessment. The service had implemented the national early warning score 2, to improve detection of acutely ill patients and improve patient outcomes. This improved identifying clinical deterioration due to sepsis in adults. The service had a process in place to manage possible sepsis patients.

Nurse staffing

- Staffing was planned based on the number of patient contacts seen and calculated to accommodate staff breaks and continuing personal development training.
- Staffing rotas showed there was a minimum of two qualified nurses and a health care assistant on each shift. Additional staff were rostered for days when increased activity was expected.
- At the time of inspection there was a 1.8 whole time equivalent vacancy which was filled by regular agency staff.
- We found there was not always someone on site who was competent to assess and treat children. The last two weeks staff rota prior to our inspection showed gaps in cover for three out of fourteen days (21.4%).

Medical staffing

- The service had no medical staff working on site at the time of inspection. We were told medical support was provided by phone when needed from another location.

Records

- The service used an electronic system to record patient information and assessment. There was no pain or national early warning score 2 score on the system and these were recorded as part of the examination.
- We reviewed 12 patient records and found there was inconsistent record keeping for pain and national early warning scores 2 scores in the examination record.

- The service kept a record of samples sent to the laboratory for testing in a diary to keep track of following up patient results.
- Staff told us the day before the inspection there was a system failure and records were updated after the system was restored. The back up for the electronic patient record was a paper based system.

Medicines

- The service had reliable systems for appropriate and safe handling of medicines. The systems included the safe storage and prescribing of medicines. The service had a policy for drug management and safe and secure handling of medicines, both were due for review in 2021.
- Processes were in place for checking medicines and prescribing group directives seen were all current and signed by staff. The service had extended nurse prescribers to prescribe some medicines such as the morning after pill.
- We saw documentation which showed fridge and room temperatures were checked and recorded appropriately. We saw evidence of action taken when the fridge was out of temperature. The service had a procedure in place for managing medicine storage in the event of a fridge failure.

Incidents

- The service managed patient safety incidents well. Staff gave us an example where an ambulance had been called out to the site. There had been shared learning and changes to practice to improve the service.
- Staff told us they were confident in raising incidents and reporting any aggression from patients.
- We saw an example of incident theme and trend identification which had resulted in additional training for a staff member.

Are urgent care services effective?
(for example, treatment is effective)

Evidence-based care and treatment

Urgent care services

- On inspection staff provided evidence of clinical policies and procedures for infection control, medicines management, emergency contraception and safeguarding that referenced national guidelines and best practice. We were assured that staff were practicing in accordance with best practice guidelines in other areas. Post inspection we were provided with standard operating procedures for croup, anaphylaxis, chest pain, bronchiolitis, bradycardia and head injury which were dated November 2018.
- Staff we spoke to on inspection were unable to articulate care pathways used by the service.
- The service relied on peer review to assess quality and safety of care and treatment. The proportion of contacts reviewed was not a representative sample and did not cover a range of disease pathways and processes. The provider policy indicated the service would complete peer reviews against 120 patient contacts (24 nurse staff, five times a year). The service had on average 2,000 patient contacts per month which equated to less than 1% peer review sample.
- The service had a national audit calendar for infection prevention, safeguarding, medicines management, confidentiality, data flow mapping and record keeping. However, the record audit looked at ten patient records between the service and another sister site. The number of records reviewed was not a representative sample for the number of patient contacts at the location.
- At the time of inspection the clinical audit program at the location to review professional practice, onward referral and prescribing performance was in development.
- We reviewed twenty peer review records and saw two had not been signed by staff to confirm feedback had been given.
- Staff were aware of national guidelines and where to find them online.
- Staff told us there was a National Institute for Health and Care Excellence champion within the Virgin care service who staff could contact for support and advice.

Nutrition and hydration

- The service had provision for hydration. A water jug and plastic cups were provided in the reception area for patients to help themselves when needed.
- Staff told us they would advise patients to make an appointment with their GP for dietitian referral where there were concerns relating to diet and malnutrition.

Pain relief

- Staff assessed patients' pain using a pain score. Staff told us pain relief was given and advised based on the patient's pain score and assessment. Patients with chronic pain were referred to their general practitioner for review and repeat prescriptions.

Patient outcomes

- The service reported the time the patient arrived to the time the patient was seen. However, the statistics reported did not differentiate if the patient was seen by a health care assistant for an observation, or if the patient was seen by a nurse for clinical assessment.
- The service submitted monthly reports to the clinical commissioning groups with key performance indicator information. The service reported the number of patients seen within two hours and four hours from arrival. The service threshold for patients arrival to discharge was 94% within four hours. For the period of August 2018 to October 2018 the four hour arrival to discharge was 99.28% or above with 24 beaches.
- Repeat attendance was monitored and records were kept for patients who were transferred to hospital by ambulance. From September 2017 to October 2018 fourteen patients were transferred by ambulance to the local hospital, an average of two patients per month.

Competent staff

- We were told on inspection that not all staff on a shift had paediatric competency to assess and treat paediatrics. The last two weeks staff rota prior to our inspection showed gaps in cover for three out of fourteen days (21.4%). This was escalated to senior managers who ensured post inspection the staff rotas had a paediatric competent staff member on all shifts at the site.
- The service was unable to provide evidence of competence for health care assistants when asked on

Urgent care services

inspection. Service leads relied on the previous service provider having trained staff and completed assessment of their competencies, but were unable to provide evidence of this. Staff told us no specific training had been given for managing a deteriorating patient.

- We were told the health care assistants were completing a Virgin health care certificate, but this did not cover use of equipment, observation, national early warning or paediatric early warning score training.
- Nursing staff, health care assistants and receptionists had annual appraisals and personal development plans with six-month reviews.

Multidisciplinary working

- Staff worked with other Virgin centres to develop skill mix and experience.
- The service worked with other organisations to provide safe care and treatment. For example, a date was planned for the clinical director of a local trust to provide chest pain training for staff.
- The service had worked with a local ambulance trust to streamline the process of transferring emergency patients to hospital from the walk-in centre.

Seven-day services

- The service was open seven days a week from 8am to 8pm including bank holidays.

Health promotion

- The service provided patients with a variety of leaflets in different languages for smoking cessation and other national health promotion initiatives.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff training for mental capacity act and Deprivation of Liberty safeguards was 92% at the time of inspection.
- Staff we spoke to were confident in seeking consent for treatment and assessing capability. Staff told us if they were unsure using the Fraser guidelines and Gillick competence they would escalate their concerns to a senior manager.

- The service had a consent policy and chaperone policy.

Are urgent care services caring?

Compassionate care

- We observed two patient assessments as part of our inspection. We found staff were friendly and polite toward patients. Staff introduced themselves, their job role and assessed patients in a caring and sensitive manner.
- We spoke with one patient who told us they were a frequent attender and staff were “really, really supportive and did not fob them off and always took time to support them”.
- Patients privacy and dignity needs at reception were not fully met due to the layout of the reception desk. This was acknowledged by the service managers who were looking for a long-term solution. In the interim the service had put up notices asking for patients waiting to step back from the reception desk to give other patients privacy and dignity.

Emotional support

- Staff provided emotional support to patients to minimise their distress. One patient told us they found reception staff welcoming and pleasant, and felt supported and listened to when they were feeling unwell and stressed. This helped to calm them before being seen by a health care assistant or nurse.
- Staff told us they would signpost patients to other services when needed. For example, counselling, bereavement and support groups.

Understanding and involvement of patients and those close to them

- Staff involved patients and those close to them in decisions about their care and treatment.
- Patients we spoke to said staff explained everything to them and they were very satisfied with the care and treatment they received.

Urgent care services

- Patients who had dementia, learning disabilities and mental health concerns were seen as a priority to reduce anxiety. This provided a calmer experience for patients and those close to them when using the service.

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

Service delivery to meet the needs of local people

- The service managers were aware of the population demographic and planned the service to meet the needs of the local people.
- The service worked with the commissioners to provide a fully integrated service with a community team.
- The service provided a phlebotomy clinic, which was an uncommissioned service to support the needs of local people.

Meeting people's individual needs

- The service took account of patients' individual needs and supported patients when needed. We were told of an example where a patient had expected a prescription for antibiotics. The service responded by giving a public health leaflet "treating your infection". This listed the infection, the time the infection lasts, how to treat yourself better and when to get help.
- The service had a dementia champion for support and advice. Staff told us Patients with dementia and learning disabilities were seen depending on their priority needs. For example, those who were more anxious were prioritised as more urgent.
- The service provided information leaflets to patients depending on their clinical presentation, such as head injury.

Access and flow

- Patients could access the service by walking into the centre, completing a registration process and then waiting for an observation or assessment depending on clinical need.

- The service had on average 2,000 patient contacts per month during January 2018 to October 2018. Approximately one fifth of patient contacts were children.
- The service had a threshold of 94% to see patients and have them leave within four hours of arrival. The data we saw on inspection for August, September and October 2018 supported this had been achieved. The number of breaches had been identified and investigated.
- The service had an exclusion list and sign posted patients to the most appropriate service as needed. Staff told us how an ambulance had been called for a patient with a cardiac arrest. The service did not provide x-ray services and patients were signposted to a sister location.
- The service had between zero and six ambulance calls per month during the period of September 2017 and October 2018. This was an average of two ambulance calls per month. No audit was in place at the time of inspection to identify themes or trends.
- The service had an escalation policy and procedure that told staff what actions needed to be taken when a patient deteriorated.
- From 8 pm any patients coming to the walk-in centre were redirected to the out of hours service. For patients still waiting, a nurse triage system was in place. Depending on the triage assessment, patients were escalated to the out of hours service for immediate review or seen the following day.

Learning from complaints and concerns

- The service provided information leaflets for patients about their rights, responsibilities and how to make a complaint or express a concern.
- The service had a complaints policy. On inspection we saw complaints and concerns were actioned appropriately. For example, customer care training for reception and administration staff was given following feedback from the friends and family test.
- The service had received many thank you cards and told us they had received flowers and chocolates on some occasions.

Urgent care services

Are urgent care services well-led?

Leadership

- There was a service manager on site who was supported by a clinical lead and registered manager. The local team were supported by the Virgin care management team.
- The clinical lead and registered managers times was spilt between the walk-in centre and another location. Staff felt supported by managers and told us they were visible and approachable.

Vision and strategy

- The vision and strategy of the service was to integrate the service provided with community services to reduce the number of patients attending emergency departments.
- The registered manager had recently attended a strategy event hosted by the Clinical Commissioning Group to participate in cost and service improvements.
- The service was currently in the third phase of the urgent care centre transformation to provide an integrated service out of hours, acute visiting service community emergency response team.

Culture

- There was a positive culture within the service which focused on patient centred care.
- Staff told us they had seen a positive change with the new service provider and felt much more supported and listened to. Staff felt managers were approachable and could easily raise concerns which were actioned in a timely manner.

Governance

- At location level we were not assured there were adequate governance systems in place to identify areas of concern and continually improve the service. Following inspection we were provided with information at provider level for governance systems and processes. However, this information did not

provide the detail to enable the provider to have adequate oversight at location level. Therefore, we were still not assured that there were adequate governance systems in place.

- The service did not routinely audit practice against national guidelines and evidence-based practice.
- The service relied on peer review to assess quality and safety of care and treatment. However, the proportion of contacts reviewed was not a representative sample. The service did not carry out other audits that would otherwise capture the information. For example, there was no patient record audit performed. Peer reviews were also not consistently signed.
- There was not always someone on site who was competent to assess and treat children. This risk had not been identified by the service's internal governance structure. This was escalated to managers during the inspection who responded in ensuring paediatric trained staff were on site on each shift post inspection.
- The service governance structure and committees fed into Virgin care corporation. The service had a governance dashboard for the location which was reported monthly to the governance committee.

Managing risks, issues and performance

- The service had a risk register but did not have effective systems for identifying risks as some risks had not been identified by the managers. The risk register identified basic life support training for staff was needed but immediate life support training and paediatric competency had not been identified as a risk and mitigated.
- We were not assured the service had robust systems and processes in place in relation to audit and patient outcomes at location level. Post inspection we were provided with evidence at provider level. However, this did not provide the detail to enable the provider to have adequate oversight at the location. Therefore, we were still not assured that there were adequate systems and processes in place to manage risk, issues and performance at location level.

Managing information

Urgent care services

- The service did not have clear and robust local service performance measures that were reported and monitored. For example, the service monitored the number of patients seen within 15 minutes and 30 minutes from the time the patient was booked onto the system. This did not differentiate who the patient was seen by in line with best practice guidance.

Engagement

- The service had a citizen's panel that provided feedback from patients to improve the service.
- The service had an annual survey for staff to have their say and feedback to the organisation. Staff felt they were listened to and there was positive engagement.

Learning, continuous improvement and innovation

- The service provided blood test clinics each morning between 8am and 10am. This was not a commissioned service and assisted the local population in having blood taken in a timely manner as there was no community phlebotomy service. Samples were stored in a specimen's fridge and collected each day with other samples to be testing at the local hospital.
- The managers were keen to learn and improve the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure there are competent staff to deliver safe care and treatment for paediatric patients. Regulation 18 (1)(2)(a)
- The provider must ensure there are paediatric trained staff available for all shifts. Regulation 18 (1)(2)(a)
- The provider must ensure there are effective systems and processes in place to ensure good governance in accordance with the fundamental standards of care. Regulation 17 (1)(2)(a)(b)
- The provider must ensure processes are put in place to measure and monitor patient outcomes. Regulation 17 (1)(2)(a)(b)

- The provider must ensure there are pathways that comply with best practice guidance to ensure patient treatment is up to date. Regulation 17 (1)(2)(a)(b)
- The provider must ensure that the risk register maintained is an accurate and complete list of risks relating to the health and safety of service users. Regulation (1)(2)(a)(b)

Action the provider **SHOULD** take to improve

- The provider should monitor the time from arrival to clinical assessment.

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 |
|--|--|
| Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were systems in place to identify, record and manage risks, but not all risks had been identified by managers and recorded on the risk register.</p> <p>The service did not routinely audit practice against national guidelines and evidence based practice.</p> <p>The proportion of contacts reviewed was not a representative sample. The service did not carry out other audits that would otherwise capture the information.</p> <p>Regulation 17 (1) (2)(a)(b)</p> |
| Regulated activity | Regulation |
| Treatment of disease, disorder or injury | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staff did not receive appropriate life support training in line with unscheduled care guidance.</p> <p>There was not always a paediatric competent staff member on all shifts.</p> <p>Regulation 18(1)(2)(a)</p> |