

Dudley Urgent Care Centre

Quality Report

Dudley 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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
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 Dudley Urgent care centre on 28 June 2016. Overall the service is rated as good.

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

- The service had clearly defined and embedded systems, processes and services in place to keep people safe and safeguarded from abuse. There were effective arrangements in place to the support processes for identifying, recording and managing risks.
- Although evidence demonstrated that the service effectively managed incidents and significant incidents, we found that regular meetings with front line staff such as receptionists and clinicians were not in place. Although staff felt valued and supported we found that they were often reliant on the lead GP and lead nurse to when dealing with incidents. This highlighted that staff were not always following a

formal reporting process to identify and manage incidents and general concerns and that learning from significant incidents and incidents was not shared widely enough to prevent incidents from recurring.

- We observed the premises to be visibly clean and tidy. We found that the service was in the process of appointing a named infection control lead for staff to report infection control concerns to and seek best practice advice and guidance from.
- Some medicines management protocols were in place which covered prescribing responsibility between secondary and primary care. However, the service did not have a licence to stock controlled drugs and we found that there was not a formal process in place for obtaining controlled drugs within the out of hours service for example, to support end of life care patients.
- The service complied with the National Quality Requirements. A programme of continuous case audits and prescribing reviews was in place, findings were used to monitor quality and to make improvements.

Summary of findings

- We saw that staff treated patients with kindness and respect, and maintained confidentiality. Completed comments cards and patients we spoke with during our inspection described the service as excellent and efficient.
- We saw clear signposting in place to direct people on where to find the urgent care centre and how to access the out-of-hours service. The urgent care centre was easily accessible to patients with mobility difficulties, including wheel chair access. There were hearing loop, translation services and baby changing facilities available.
- The process for managing complaints reflected recognised guidance and contractual obligations. Records demonstrated that complaints were satisfactorily handled and responses demonstrated openness and transparency.

The areas where the provider should make improvements are:

- Ensure that learning from significant incidents and general incidents are shared widely enough to prevent incidents from recurring.
- Ensure formal reporting processes are fully embedded in the service so that staff feel confident to formally report concerns when things go wrong.
- Ensure a lead is in place to manage infection control concerns and promote best practice infection control standards.
- Ensure key processes are formalised and easily accessible to staff in the event that controlled drugs are required for a palliative care patient during the out of hours period.

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?

- There were systems in place to monitor safety. The service had clearly defined and embedded systems, processes and services in place to keep people safe and safeguarded from abuse. Staff demonstrated they understood their safeguarding responsibilities and had received training relevant to their role.
- We found that regular meetings with front line staff such as receptionists and clinicians were not in place. This posed the risk that learning from significant incidents and general incidents was not shared widely enough to prevent incidents from recurring.
- We observed the premises to be visibly clean and tidy. There was an infection control policy in place however we found that the policy did not refer to a named lead for staff to report infection control concerns to and seek best service advice from. Staff we spoke with explained that they were currently working with the Clinical Commissioning Group to appoint a named lead.
- There were a number of procedures in place for monitoring and managing risks to patients and staff safety. The service had adequate arrangements in place to respond to emergencies and major incidents. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- The service effectively followed a range of standard operating procedures for the management of medicines. The service did not have a licence to stock controlled drugs and we found that there was not a formal process in place for obtaining controlled drugs within the out of hours service for example, to support end of life care patients.

Requires improvement



Are services effective?

- Staff had access to guidelines from NICE as well as local and national formulary guidelines which they used when delivering care and treatment to meet patients' needs.
- The provider had a good understanding of their performance against national quality requirements (NQRs). Performance data highlighted that the service complied with the

Good



Summary of findings

requirements they were monitored against. A programme of continuous case audits and prescribing reviews was in place, findings were used to monitor quality and to make improvements.

- There was an appointed clinical education lead in place that helped to deliver and facilitate training for staff. Clinical supervision was offered by lead clinicians who were visible throughout the service and they were also available on an on-call basis to offer support and help with clinical queries.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff accessed special notes which contained important information about patients from their usual GP. The service had access to patient summary care records, which helped to review the patient's medical history when providing care.

Are services caring?

Good



- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Information for patients about the services available was easy to understand and accessible. We saw clear signposting in place to direct people on where to find the urgent care centre and how to access the out-of-hours service.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- Completed comments cards and patients we spoke with during our inspection described the service as excellent and efficient. Staff were described as friendly, helpful and caring.

Are services responsive to people's needs?

Good



- The urgent care centre was easily accessible to patients with mobility difficulties, including wheel chair access. There were disabled facilities, hearing loop, translation services and baby changing facilities available.
- Home visits were undertaken for those assessed as requiring them. Children were seen as a priority and the service had a segregated paediatric waiting area to support the streaming of children who attended the urgent care centre.

Summary of findings

- The provider took account of differing levels in demand in planning its service; peak demand plans covered local planned events, national celebrations and national holidays. The provider supported other services including the local accident and emergency department at times of increased pressure.
- There were direct referral pathways in place for patients experiencing poor mental health who attended the urgent care centre or the out of hours service.
- The process for managing complaints reflected recognised guidance and contractual obligations. Records demonstrated that complaints were satisfactorily handled and responses demonstrated openness and transparency.

Are services well-led?

Good



- Staff we spoke with said they felt valued and supported. Staff demonstrated a commitment to providing a high quality service to patients. There was a clear staffing structure. The local management team were visible in the service and conversations with staff demonstrated that they were aware of the service's open door policy.
- We found that staff would often wait to report concerns verbally with the GP lead, nurse lead or service manager and discussions with staff indicated that they were often reliant on the lead GP and lead nurse to deal with incidents.
- Service specific policies and operational manuals were well implemented and regularly reviewed. We saw that operational guides were available for staff working remotely so that they could easily access key information and contact numbers if required whilst conducting home visits. Staff were familiar with key policies discussed during our inspection.
- There were effective arrangements in place to the support processes for identifying, recording and managing risks.
- Leadership training was offered to senior staff members and the service also provided training opportunities in the Out of hours period for GP registrars, pre-registration nurses and undergraduate pharmacy students.

Summary of findings

What people who use the service say

We looked at the data from the GP national patient survey published in January 2016 found :

- 55% of patients said they were satisfied with how quickly they received care from the out-of-hours provider, compared to the national average of 61%.
- 82% of patients said they had confidence and trust in the out-of-hours clinician they saw or spoke to, compared to the national average of 86%.

- 58% of patients were positive about their overall experience of the GP out of hours service, compared to the national average of 67%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with 10 patients during our inspection and service users completed 10 CQC comment cards. Patients and the comment card gave positive feedback with regards to the service provided.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Ensure that learning from significant incidents and general incidents are shared widely enough to prevent incidents from recurring.
- Ensure formal reporting processes are fully embedded in the service so that staff feel confident to formally report concerns when things go wrong.
- Ensure a lead is in place to manage infection control concerns and promote best practice infection control standards.
- Ensure key processes are formalised and easily accessible to staff in the event that controlled drugs are required for a palliative care patient during the out of hours period.

Dudley 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 advisor, a second CQC Inspector and a CQC Inspection Manager.

Background to Dudley Urgent Care Centre

Dudley urgent care centre is situated in Russells Hall Hospital which is based in the Dudley area of the West Midlands. The service provides urgent care and out-of-hours GP services. The out-of-hours service is contracted to provide cover for its GP member practices only. The service is part of the Malling Health group, a provider of over 40 contracts delivering Primary, Urgent and Unscheduled Care interventions.

The Urgent care centre offers non-emergency care for walk-in patients with minor illnesses and injuries that need urgent attention. These services are available to patients 24 hours a day, 7 days a week. Patients can attend the urgent care centre directly; which is accessed through the Emergency Department at the hospital. On attending the front desk, patients are triaged by a clinician and referred to the urgent care centre or to the Emergency Department; based on their symptoms. Patients can also be referred to the urgent care centre by the NHS 111 service. NHS 111 is a telephone-based service where callers are assessed, given advice and directed to a local service that most appropriately met their needs.

The out-of-hours service is available for registered patients from all member GP practices within the Dudley Clinical Commissioning Group area. This service is operational on

evenings from 6:30pm through to mornings until 8am and for 24 hours during weekends and bank holidays. Patients access the out-of-hours service through the NHS 111 telephone number. On ringing 111, patients are assessed, given advice and directed to a local service that most appropriately met their needs; this includes directing patients to the out-of-hours service when appropriate. When patients are directed to the out-of-hours service they are initially triaged by an out-of-hours clinician; the outcome of this process can result in either inviting the patient to be seen at the urgent care centre, conducting a home visit to the patient, giving the patient telephone advice or emergency services; such as the need for an ambulance for patients who need emergency care.

The service has approximately 70 staff some of which are directly employed with the organisation. The management and workforce for both the out-of-hours service and the urgent care centre are the same. GPs work for the service on a self-employed basis. The local management team consists of an Urgent Care Lead (Director), an Education and Nurse Lead, a GP Lead and a Service Manager. The clinical team consists of male and female GPs, advanced nurse practitioners and health care assistants. The service is supported by a team of 19 non-clinical staff members who cover a mixture of reception, administration, IT and driving duties.

Data provided by the service indicated that between April 2015 and April 2016 approximately 12,420 calls were handled in the out-of-hours service and approximately 85,580 cases were dealt with across the urgent care and out-of-hours service.

The service also provides training opportunities in the out-of-hours period for GP registrars, pre-registration nurses and undergraduate pharmacy students.

Detailed findings

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. 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?

The inspection team:-

- Reviewed information available to us from other organisations such as Healthwatch Dudley and the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 28 June 2016.
- Spoke with staff and patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the service's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was a process in place for reporting significant incidents, concerns and accidents. These were recorded using incident reporting software and this was used to report incidents that were raised internally and externally. Staff talked us through the process and showed how incidents were reported through the system. Staff we spoke with were aware of their responsibilities to raise concerns. However, we found that front line staff did not actively use the incident reporting system to formally record incidents; instead staff members would verbally report incidents to a member of the management team who would record the details on the system.

We viewed a summary of three incidents that had occurred since June 2015. These incidents related to the urgent care centre only and staff explained that they had not had any reportable incidents occur during the out of hours period between (in the evening from 6pm through to the morning until 8:30am). Of the incidents we reviewed, we saw that specific actions were applied along with learning outcomes to improve safety in the service. For example, records of a significant incident highlighted how blood sugar tests were conducted on all patients who were seen at the urgent care centre with diabetes and with symptoms of diabetes; this process was strengthened after an incident occurred in relation to a documentation error. Furthermore, clinicians were also instructed to document when these tests were offered and also declined.

Members of the management team met regularly to discuss themes and learning from significant incidents. However, meetings with front line staff such as receptionists and clinicians were not in place and this posed the risk that learning was not shared widely enough to prevent incidents from recurring. Members of the management team had recognised the need to improve internal communication and shared learning. Staff explained that due to difficulties scheduling meetings across different shift patterns they were planning on developing a monthly staff newsletter to outline key themes, learning points and general updates to staff. Shortly after our inspection the service shared minutes of a staff meeting which took place

soon after the inspection visit; minutes highlighted that staff were informed that they could contribute to the monthly newsletter and that the service was in the process of developing this.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. We saw evidence of policies outlining who to contact for further guidance if staff had concerns about a patient's welfare. Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role.
- One of the GPs was the lead member of staff for safeguarding. The GP attended safeguarding meetings and provided reports where necessary for other agencies. Referral forms were also available for reporting concerns to the appropriate agencies responsible for investigating safeguarding concerns. We saw that the provider was proactive in reporting concerns where it was considered a patient may be at risk of harm. Information shared from the service highlighted that since December 2015, 13 safeguarding referrals were made and lead clinicians were actively involved in following up on safeguarding and the outcomes that were reached for each referral.
- Safety alerts such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), were received from head office and disseminated by the service manager. Staff we spoke with explained that they rarely needed to take action as a result of an alert, as few were relevant to the service they provided in urgent and out of hours care.
- Notices were displayed to advise patients that a chaperone service was available if required. Staff members had been trained on how to chaperone. We saw that disclosure and barring checks (DBS) were in place for all members of staff including those who acted as a chaperone.
- We viewed five staff files which showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.

Are services safe?

- The service used locum GPs to cover when GPs were on leave. Staff explained that on occasions when locums were used this was done through 16 locum agencies that they regularly used. The service shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs. The service also had a set of contractual terms and conditions for each locum agency; these were provided to the inspection team as part of the inspection provider information request.
- We observed the premises to be visibly clean and tidy. Staff assured us that cleaning specifications were in place to support the cleaning of the premises and specific medical equipment. As records were kept by the cleaners employed by the hospital, we did not see evidence of these during the inspection. However we did see that completed records were in place to demonstrate that the clinical rooms were cleaned on a daily basis. We saw calibration records to ensure that clinical equipment was checked and working properly.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. Infection Control training was mandatory on induction and we saw records to support that staff had completed this training. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.
- There was an infection control policy in place however we found that the policy did not refer to a named lead for staff to report infection control concerns to and seek best service advice from. We discussed further during our inspection and staff explained that they were working with the clinical commissioning group to appoint a named lead. In the meantime, staff advised that infection control concerns were verbally reported to clinical management. We saw records of completed audits and actions taken to address any improvements identified as a result.
- The service had systems in place which were governed by a range of policies and standard operating procedures for the management of medicines and shared care agreements which covered prescribing responsibility between secondary and primary care.
- There were systems in place for managing medicines for use in an emergency, as a stat dose (one off dose) and for dispensing with a prescription (where patients were unable to access a pharmacy). Records were maintained of medicines used and signed by staff to maintain a robust audit trail. The medicines were stored securely in an area in which temperatures were monitored to help ensure their effectiveness; access to the medicines was limited to specific staff. A weekly stock check was conducted by the lead nurse and we saw supporting records in place to identify when stock needed to be replenished. There was evidence of stock rotation and medicines we checked at random were all within date.
- We looked at the bags used by clinicians to dispense medicines during home visits; we found that they were stored securely and that medicines were stored in line with manufacturer guidelines. The bags were adequately stocked with records in place to monitor usage and stock requirements. Discussions with staff and supporting records demonstrated that the bags were restocked each night by an advanced nurse practitioner on duty.
- The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England. We saw that prescription stationery was securely stored and adequately monitored.
- During core hours between 6am and 10pm the service was supported by the Specialist Palliative Care Drugs Supply (SPCD) Network. This gave the service access to a network of community pharmacies who dispensed palliative care prescriptions and held agreed stocks of specialist palliative care medicine and. This service operated seven days a week. We saw that information guides were displayed in consulting rooms; this contained a list of controlled drugs available through the SPCD pharmacy network as well as a list of pharmacies and contact details.
- As the service did not stock controlled drugs we discussed the need for controlled drugs between 10am and 6pm at the urgent care centre and also how these were managed within the out of hours service for example, with end of life care (after 6pm, until 8am). Staff explained that in most cases when conducting home visits to palliative care patients, the patient would usually have controlled drugs appropriately stored at

Are services safe?

home. As a contingency staff explained that an FP10 prescription form would be completed in order to collect the relevant medicines from the nearest pharmacy; staff advised that there were 24 hour pharmacies available to offer support. Although staff were able to talk us through this process they also confirmed that they had not needed to follow the contingency plan to date. However, we found that this process was not formally documented as a policy or standard operating procedure and posed a risk of new and agency staff not being aware of what process to follow should such circumstances occur. Additionally, we found that there were no formal processes in place in the event that the patient had difficulty collecting their prescription.

Monitoring risks to patients

There were a number of procedures in place for monitoring and managing risks to patients and staff safety.

- There was a health and safety policy and the service had records of risk assessments to monitor safety of the premises. Risk assessments covered fire risk and risks associated with infection control such as legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We saw records to show that regular fire alarm tests and fire drills had taken place. 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 that enough staff were on duty.
- Records demonstrated that electrical equipment was checked to ensure it was safe to use and all clinical equipment was checked to ensure it was working properly. Equipment used by clinical staff was routinely checked by the clinicians and receptionists on duty. We saw records in each room which contained a list of equipment and we saw that staff completed these to demonstrate that regular checks had taken place. Staff we spoke with confirmed that they had appropriate equipment to do their job and there were back up kits in place so that replacements were readily available if needed.
- The provider had four cars for use in home visits. We looked inside two of the vehicles; we observed them to be visibly clean and tidy and adequately stocked with

equipment needed for the day. Vehicle checks were undertaken by the driver before leaving the urgent care centre base; they also stocked the car with equipment and medicines required. Records were kept which reflected a system of adequate vehicle checks and staff were able to record and report any vehicle issues that needed reporting. Records confirmed that the vehicles were appropriately insured and that they had MOT, tax and breakdown cover in place.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw that the service had a rota system in place for all the different staffing groups to ensure enough staff were on duty. Rotas were planned three months in advance and agreed by the Lead GP.
- The systems in place to prevent staff from working excessive hours were reliant on the honesty of clinical staff to work within their medical defence cover. We saw that a record management system was used by staff in the rota team to monitor hours worked in line with medical defence cover and the service's local policy, this was done by conducting a regular manual check on the system. The local policy indicated that staff could not work an excess of 60 hours a week or more than five 12 hour shifts within a week. Discussions with clinical staff also highlighted that the hours they worked were well monitored to prevent them from working excessive hours. Additionally, we saw that the record management system was designed to alert the rota team of any key checks and records that were due to expire, such as medical indemnity insurance for clinicians. This reminded staff to ensure relevant records were received, reviewed and uploaded to the system before the clinician was factored in to the rota.

Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the service. Staff had undertaken training for dealing with violence and aggression and could access hospital security if necessary.

Are services safe?

- The service had a business continuity plan in place for major incidents such as power failure, telephony outage and building damage. The plan included detailed contingency planning and emergency contact number. There were also back up mobile phones in place and we saw that a disaster recovery box was also available in the management office.
- The service had an emergency trolley which included emergency medicines, a defibrillator and oxygen with adult and children's masks. The emergency trolley and its contents were easily accessible to staff in a secure areas of the service and staff we spoke with knew of their location. The medicines we checked were all in date and records were kept to demonstrate that the emergency equipment and the emergency medicines were regularly monitored.
- There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Discussions with clinical staff demonstrated that they 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 service guidelines.

There were systems in place to keep all clinical staff up to date with guidance and standards including a programme of regular training updates. Staff we spoke with demonstrated that they could easily access guidelines from NICE as well as local and national formulary guidelines which they used when delivering care and treatment to meet patients' needs. We saw evidence of training records for healthcare assistants who were trained to carry out baseline observations when patients arrived at the service. Health care assistants also had access to information relating to vital signs, symptoms and conditions; this supported them to easily escalate concerns to clinicians.

Management, monitoring and improving outcomes for people

The service used information collected as part of the National Quality Requirements (NQR) and other quality indicators to monitor the quality of the service patients received. NQRs are requirements set out by the Department of Health in 2006 to ensure that GP out-of-hours services are safe, clinically effective and delivered in a way that gives people a positive experience.

We reviewed the service's performance against NQRs, some of which had come into effect for the provider from February 2016. This was because the clinical commissioning group did not require the service to report against all of the NQRs; such as NQR 12 until April 2016. The provider was compliant with NQRs one to seven which cover requirements such as reporting regularly to commissioners, ensuring that all out of hours consultations are submitted to the patient's GP by 8am the next working day and ensuring that regular quality audits are taking place.

We also looked at NQR 12 in detail, this requirement related to timely patient care. Performance for the month of February showed:

- 88% of emergency cases received a face to consultation at the Urgent care centre or in the patient's place of residence within one hour.
- 100% of urgent cases received a face to consultation at the Urgent care centre or in the patient's place of residence within two hours.
- 96% of less urgent cases received a face to consultation at the Urgent care centre or in the patient's place of residence within six hours.

Performance for the month of March showed:

- 92% of emergency cases received a face to consultation at the Urgent care centre or in the patient's place of residence within one hour.
- 93% of urgent cases received a face to consultation at the Urgent care centre or in the patient's place of residence within two hours.
- 98% of less urgent cases received a face to consultation at the Urgent care centre or in the patient's place of residence within six hours.

Performance for the month of April showed improvement across all three NQRs:

- 100% of emergency cases received a face to consultation at the Urgent care centre or in the patient's place of residence within one hour.
- 100% of urgent cases received a face to consultation at the Urgent care centre or in the patient's place of residence within two hours.
- 100% of less urgent cases received a face to consultation at the Urgent care centre or in the patient's place of residence within six hours.

Clinical leads conducted monthly case audits which focussed on quality of triage calls, telephone consultations and face to face consultations (at the urgent care centre or home visits). Those who received scores of less than 60% had been intensively monitored. We saw examples of three sets of case audits where a total of 10 cases were audited for each of the three clinicians over a period of one month; the audits all contained a score of above 90%. There was a robust audit schedule in place to demonstrate that the audits were repeated each month. Additionally, clinical leads also adapted the same approach when auditing one another's cases. Information from these audits helped to drive standards of care.

We saw records of a prescribing review which was made available to us by the clinical commissioning group as part

Are services effective?

(for example, treatment is effective)

of our pre-inspection information request. The review highlighted that towards the end of 2015 there had been an increase in the number of prescription items issued for antibiotics. In December 2015, 11 prescriptions for antibiotics were issued for viral diagnoses. Findings were disseminated to the service's clinical leads and prescribing was continually reviewed and discussed during monthly clinical quality meetings. To make improvements, clinicians were reminded of the importance of adhering to local and national prescribing guidelines and links to prescribing formularies were uploaded on to all desktop computers for clinical use in the urgent care centre.

We also saw that an additional audit was conducted which focussed on prescribing for sore throat symptoms. Data from July 2015 highlighted that 75% of prescriptions issued for antibiotics were appropriate. The audit had not been repeated to review progress and any further areas for improvement; this was therefore not a representation of a full cycle audit. However, we saw that audit actions included a requirement for prescribing formulary adherence rates to be reported on a monthly basis to the clinical commissioning group. Records from June to August 2015 indicated a steady prescribing rate of antibiotics that reflected local prescribing guidelines. Furthermore, clinicians were coached to use recognised prescribing tools when managing specific symptoms such as sore throats. The organisation also employed a pharmacist who offered advice and support to the urgent care and out of hours service. Prescribing was also supervised by the Lead GP and the pharmacist assisted the service with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing.

To continue to improve prescribing rates across the Urgent Care service members of the clinical team had contacted the clinical commissioning group in February to request a point of care blood testing machine which would allow clinicians to check patients' CRP level. (CRP is a blood test used to identify inflammation or infection in the body). Staff explained that they were waiting for a response to the request as use of the machine would help them to better assess the need for antibiotics at the point of care rather than offering treatment empirically.

Effective staffing

At the time of the inspection there were 1273 whole time equivalent (WTE) clinical staff employed by the service. This included eight advanced nurse practitioners who covered

an average of 569 hours per month and 13 GPs who covered an average of 704 hours per month. Members of the management team highlighted that most of their clinical staff were employed to undertake fixed shift sessions. Staff explained that this provided them with flexibility around sessions and continuity to match demand. The service used locum GPs to cover when GPs were on leave. .

The service had a comprehensive induction programme for newly appointed members of staff and a detailed induction pack for locum staff. The induction materials covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules. Staff also had access to and made use of e-learning training modules; whilst some clinical staff explained that they were given protected time to complete online training modules, some clinical staff highlighted that they needed to complete online training modules in their own time.

There was an appointed clinical education lead who delivered training to receptionists, health care advisors and advanced nurse practitioners. The lead also facilitated training for GPs and all staff had access to and made use of e-learning training. Training records were well maintained of the different staff groups so it was easy to identify who was and wasn't up to date with their training requirements including training in basic life support and safeguarding. Compliance against training was high and staff often received reminders when their training was due.

Clinical supervision was offered by the clinical education lead and the lead GP, these staff members were visible throughout the service and they were also available on an on-call basis for any clinical queries. We saw supporting policies in place which outlined the process for clinical supervision and that each GP was assigned to a clinical supervisor and an external experienced GP Trainer (Educational Supervisor). Some staff had received an annual appraisal and some were overdue however we saw that these had been booked in. Clinical staff who worked for the Out of hours service received a formal review of performance on a six monthly basis. The reviews included a peer review, audit review and supervision support.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to staff through the service's patient record system. Although staff we spoke with said they found the systems for recording information generally easy to use, we found that staff were required to follow a manual data entry process in order to transfer patient information on to the patient record system. Members of the management team highlighted that although no specific incidents had occurred as a result of this process, it was often time consuming for staff on the front desk who would be required to manually input records with each patient's attendance.

- Staff accessed special notes that contained important information about patients from their usual GP. Special notes are a way in which patients' usual GP can raise awareness about their patients who might need to access the out-of-hours service, such as those nearing end of life or with complex care needs. It may also include details of advance directives in which patients have recorded their wishes in relation to care and treatment.
- The service had access to patient summary care records, which helped to review the patient's medical history when providing care.
- The service worked collaboratively with other services. Patients who could be more appropriately seen by a GP were referred from the hospital's accident and emergency departments. If patients needed specialist

care the out-of-hours service could refer to specialties within the hospital. Staff also described a positive relationship with the mental health team if they needed support during the out-of-hours period.

- The service held information on pharmacy opening hours and locations so that clinicians could inform patients of the nearest pharmacy when needed.
- NQR data showed the service was consistently achieving in excess of 99% for transferring clinical information relating to patient consultations to GP services by 8am the following morning.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had access to Mental Capacity Act training and records demonstrated that staff had completed annual training modules as part of the service's training programme. Staff told us that they had access to information such as advance directives and do not attempt resuscitation orders through special notes when providing care and treatment. We also saw that a protocol was in place to provide guidance to staff on advanced directives. When providing care and treatment for children and young people, staff spoken with were aware of assessments of capacity to consent in line with relevant guidance.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed a friendly atmosphere throughout the service during our inspection. We saw clear signposting in place to direct people on where to find the Urgent care centre and how to access the out-of-hours service.

- 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.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Staff were mindful of maintaining patient confidentiality and had undertaken information governance training.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- We found that due to the layout of the reception area, conversations at the reception desk could sometimes be overheard. Reception staff advised that a private area was available to patients who wanted to discuss sensitive issues or appeared distressed.
- Staff received training in equality and diversity during their induction and this training was part of the annual training updates required for all staff.

The national GP patient survey asks patients about their satisfaction with the out-of-hours service. We looked at the most recent data available from the GP national patient survey published in January 2016. This data was collected between January and March 2015 prior to the current providers contract, results showed that:

- 55% of patients said they were satisfied with how quickly they received care from the out-of-hours provider, compared to the national average of 61%.
- 82% of patients said they had confidence and trust in the out-of-hours clinician they saw or spoke to, compared to the national average of 86%.
- 58% of patients were positive about their overall experience of the GP out of hours service, compared to the national average of 67%.

We spoke with four patients on the day of our inspection. They told us they were satisfied with the care provided by the service; patients said their dignity and privacy was respected. Patients described the service as excellent and advised that they were seen quickly. Staff were described as friendly, respectful and caring. We received 10 completed CQC comment cards, all cards contained positive comments. Comments described also described the service as excellent and staff were mostly described as professional, helpful and caring.

Care planning and involvement in decisions about care and treatment

Clinicians made use of special notes to support decisions about care and treatment. Conversations with patients indicated that they felt listened to during their consultation and that they felt involved in decisions about care and treatment. Comment cards also emphasised how staff took the time to listen to patients at the reception desk and during consultations.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Staff we spoke with advised that in the event of death they would signpost patients to bereavement counselling services and offer practical advice as well as recommending contacting the patient's usual GP to offer support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and worked with the local clinical commissioning group (CCG) to secure improvements to services.

- The urgent care centre was easily accessible to patients with mobility difficulties, including wheel chair access.
- There were disabled facilities, hearing loop and baby changing facilities available.
- Translation services were available and guidance for staff on how to access it was available for those whose first language was not English. Patient leaflets could also be printed in a range of different languages and during our inspection some members of staff highlighted that they could also speak additional languages.
- The service also utilised Typetalk, a telephone relay service which supports deaf, deafblind, deafened, hard of hearing and speech impaired people to communicate with others via telephone. Additionally, we found that as a result of a complaint the service had recognised the need for staff to undergo a course on basic sign language and a course had been scheduled to take place in September 2016. In the meantime managers were reviewing what types coaching could be provided to staff in order for them to effectively support people with hearing impairments who used the service.
- Home visits were undertaken for those assessed as requiring them. Children were also seen as a priority and the service had a segregated paediatric waiting area to support the streaming of children who attended the urgent care centre.
- The provider took account of differing levels in demand in planning its service; peak demand plans covered local planned events, national celebrations and national holidays.
- The service was able to access the mental health crisis team or single point access for rapid response community matrons. There were direct referral pathways in place for patients experiencing poor mental health who attended the urgent care centre or the out of hours service.

- The provider supported other services including the local accident and emergency department at times of increased pressure. Staff were able to assess patients who were queuing within the emergency department to see if they could be treated in urgent care during particularly busy periods.
- Staff conducted comfort calls to patients who were for instance, awaiting a home visit; staff explained that they were often able to reassure patients that they would be seen to during comfort calls and give them a further indication of when the visit would take place.

The provider offered additional services including:-

- Primary care services and support to patients who were part of an excluded patient scheme, this service was provided during core hours and Out of hours periods.
- The service was part of a care and nursing home pilot whereby care was provided in the out of hours period to 85 residential care and nursing homes between December 2015 and April 2016. Members of the management team explained that a pilot review was currently underway to analyse key outcomes and assess the impact of the pilot.

Access to the service

Patients could access the urgent care centre directly through the Emergency Department at the hospital and patients were also referred to the Urgent care centre through the NHS 111 service. (NHS 111 is a telephone-based service where callers are assessed, given advice and directed to a local service that most appropriately met their needs. For example, this could be a GP service (in or out of hours), walk-in centre or urgent care centre, community nurse, emergency dentist, emergency department, emergency ambulance, late opening pharmacy or home management). The Urgent care centre offered non-emergency care for walk-in patients with minor illnesses and injuries that need urgent attention. The urgent care centre offered its service to patients 24 hours a day, 7 days a week.

The department for Out of hours care was also situated at the urgent care centre. Patients accessed the Out of hours service through the NHS 111 telephone number. The Out of hours service was operational on evenings from 6:30pm through to mornings until 8am. As well as the urgent care service, the Out of hours service was operational for 24

Are services responsive to people's needs?

(for example, to feedback?)

hours during weekends and bank holidays. The Out of hours service was available for registered patients from all general practices within the Dudley clinical commissioning group area. Staff explained that occasionally they would see patients outside of the catchment area to avoid having to turn patients away and for ease of care.

Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns. The services complaints policy and procedures were in line with recognised guidance and contractual obligations.

- The lead GP was the designated responsible person who handled all complaints in the service and members of the administration team supported the process. Complaints and how they had been managed were reported to the CCG as part of contract monitoring.
- We saw that information was displayed and available to help patients understand the complaints system. A leaflet was available at the Urgent care centre for patients to take away which detailed expected timescales and where patients may escalate their concerns if they are unhappy with the response they have received.
- We saw a summary of 60 complaints which were received between July 2015 and April 2016. Complaint records demonstrated that they were satisfactorily handled and responses demonstrated openness and transparency.
- The complaint summary also highlighted that where appropriate the clinical leads also met with complainants at the urgent care centre to discuss concerns and resolve complaints face to face. We saw that any staff members who were involved in a complaint were part of a robust investigation process and kept informed of the outcome, where required action was taken and lessons learnt were recorded on the complaint records.
- Staff analysed themes from complaints and implemented actions to make improvements. For example, to help with complaints regarding waiting times a process of comfort calls were introduced to ensure patients and service users were kept informed when awaiting services such as home visits.

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's vision was to provide patients with high quality care from a team of well engaged and experienced staff. The service's vision had been developed to map the NHS Five Year Forward View and the new Integrated Urgent Care agenda. Throughout our inspection staff spoke positively about working at the service. Staff we spoke with said they felt valued and supported. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

Governance arrangements

There was an overarching governance framework which supported the delivery of the service. The framework had recently been reviewed and was due to be relaunched at the end of July 2016.

- There was a clear staffing structure. The local management team consisted of two clinical leads; a Lead GP and a Lead nurse, a Head of Urgent Care and a service manager. All staff members covered both Urgent Care and Out of hours services.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Service specific policies and operational manuals were well implemented and regularly reviewed. Although policies were easily accessible to staff through hard copies, they were also stored on the services shared drive and record management system. Members of the management team explained that they were transferring policies over to their new record management system and that some staff were in the process of obtaining log in accounts for the system as the system. Staff were familiar with key policies discussed during our inspection including safeguarding and whistleblowing policies.
- We saw that operational guides were available for staff working remotely so that they could easily access key information and contact numbers if required whilst conducting home visits.
- There were records in place to support the services arrangements for identifying, recording and managing

risks. We saw that a risk register was in place which contained six recorded risks which had been recorded between January and April 2016. There were four highest ranked risks on the register which were assessed as a medium risk level. These related to areas such as security and capacity within the reception area. To mitigate these risks zero tolerance posters had been displayed, staff were trained on how to deal with aggressive or abusive patients and to support capacity the service was able to utilise the outpatient department as an overflow area during very busy periods.

- The provider had a good understanding of their performance against NQRs. These were discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements. We reviewed contract monitoring and quality monitoring reports which ranged from April to June 2016; this showed the service was consistently performing well and meeting NQRs.

Leadership, openness and transparency

The local management team encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the service and conversations with staff demonstrated that they were aware of the service's open door policy.

Although staff we spoke with said they were confident in raising concerns and suggesting improvements openly with members of the management team, conversations with staff highlighted that they would often wait to report concerns verbally with the GP lead, nurse lead or service manager. Overall, discussions with staff indicated that they were often reliant on the lead GP and lead nurse to deal with incidents. This highlighted that staff were not always following a formal reporting process and posed the risk of failing to formally report positive or negative incidents, as well as general concerns. For example, during our inspection we identified that although equipment checks were recorded, there was no process in place to record faulty equipment. Staff we spoke with explained that although most equipment was new and no faulty instances had occurred, they would notify the lead nurse if a fault was identified. This highlighted potential gaps in the process as there was no process in place to cover periods when the lead nurse was not on shift.

Are services well-led?

Good 

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

There was a regular programme of service meetings; these included monthly stakeholder meetings, monthly quality and contractual meetings with the clinical commissioning group, quarterly safeguarding forums and clinical forums with the emergency department. Although members of the management team met regularly to discuss themes and learning from significant incidents. Meetings did not take place with front line staff such as receptionists and clinicians to discuss and share learning from incidents. Members of the management team had recognised the need to improve internal communication; staff explained that they were planning to develop a monthly staff newsletter as a way of communicating shared learning to staff.

Members of the management team explained that whilst it was sometimes difficult to formally meet with staff due to varied shift patterns, the service also communicated with staff through email and through a quarterly corporate staff newsletter and we saw evidence of this during our inspection.

Staff we spoke with during our inspection explained that although there was a lack of formal meetings, staff generally communicated well with one another on a daily basis. Clinical leads also confirmed that they had an informal catch up on a weekly basis. Additionally, when meetings took place minutes were available to staff to read through which they could access via the services shared drive.

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

Members of the management team explained that they valued feedback from patients, the public and staff. Patient feedback was sought through NHS Choices reviews and through the NHS Family and Friends Test which were available to complete through survey cards at the urgent care centre and cards were also distributed during home visits. We also saw that a comments box was also in the reception area however no comments had been submitted for review.

Results from NHS Choices indicated that at the point of our inspection, the service had received a total of 11 reviews and had received an average of 3.5 stars out of five. Most of the reviews were positive and three contained negative feedback on waiting times.

We looked at the results from the most recent NHS Family and Friends Test which included 42 responses to the survey test between January 2016 and June 2016. Results highlighted that overall, most of the feedback was positive with 29 out of 42 (69%) of the responses containing positive comments.

- We noticed that eight out of the nine responses in relation to specific waiting times were poor, indicating that patients sometimes had to wait a long time to be seen. We noticed that these responses often related to weekends during busy periods.
- However, 95% of the respondents who answered questions about care and treatment gave positive comments. We also noticed that some of these comments described the service as efficient and highlighted that patients were seen quickly.
- Additionally, the service received positive responses in relation to interactions with staff.

In July 2015 the local Healthwatch service (Healthwatch Dudley) conducted a visit to the urgent care centre across a period of seven days to gather people's views and experiences of accessing the service. The visit included conducting observations, speaking with staff and patients and a questionnaire survey was also distributed by the Healthwatch team which 171 patients participated in as part of the urgent care visit. We saw that some of the recommended actions had been taken on board by staff at the urgent care centre. For example, during our inspection we noticed that as the urgent care centre was situated far away from the main emergency department entrance. There were wheelchairs available for people with mobility difficulties within the main emergency department reception area also.

Staff were able to give feedback informally and through formal processes such as during appraisals, reviews and one to ones. Members of the management team explained how they acted on staff feedback by redeveloping job roles to make them more defined; this empowered staff to have specific responsibilities and contribute towards specific service areas. For example, it was identified through staff feedback that some healthcare assistants were carrying out a lot of data entry previously. In response to staff feedback, roles were defined to ensure that health care assistants

Are services well-led?

Good 

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

were instead utilising their skills more effectively. This enabled them to instead conduct observations when patients arrived at the service in line with their role as trained health care assistants.

Continuous improvement

Members of the management team highlighted how the organisation had started to focus more on training and development for staff. For example, some senior staff

members had the opportunity to undertake an upcoming leadership course at an established university. The service also provided training opportunities in the Out of hours period for GP registrars, pre-registration nurses and undergraduate pharmacy students. Those undertaking this training were placed on shifts with a lead clinician. To date training had been provided to 40 GP registrars, five pre-registration nursing students and 22 undergraduate pharmacy students.