

NHS Urgent Care Centre

Quality Report

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NG24LA

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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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection on 12 May 2016 following concerns raised anonymously. These concerns focussed on the staffing levels at the centre as well as safety during the building works. We will be undertaking a full comprehensive inspection of this service in due course.

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

- There was a leadership structure and vision which the provider had established however staff told us there was a distance between the management and the clinicians which led to a feeling of isolation and in some cases a perceived lack of support for staff.

Summary of findings

- There was an open and transparent approach to safety and effective systems in place to report, record and investigate incidents.
- The building had undergone significant development to enable the delivery of care. We saw evidence that steps had been taken to ensure patient and staff safety, during building work. Staff told us there were times when the building work intruded on delivering a safe service to patients.
- There was evidence to show delays in initially assessing patients during peak times which could lead to sick patients not being identified and appropriate care implemented. In the previous three months 29.5% of patients waited over 30 minutes for initial assessment. This was an area the provider was looking to improve.
- Staff told us there were often days where staff struggled to meet patient demand. We saw evidence that on weekends the centre had been unable to cover clinical staff who were off sick, leaving remaining staff to cover the shortfall of up to 25 hours in addition to their normal working hours.

- The centre provided a range of care, treatment and diagnostic tests such as x-rays and the treatment of minor burns and head injuries and had adopted safeguards to ensure diagnoses were not missed.

There were areas where the provider must make improvements;

We found that the provider did not have effective systems to enable them to assess monitor and manage risks in relation to;

- ensuring there was sufficient cover to enable patients to be initially assessed in a timely way at peak times
- maintaining effective oversight of staffing levels to ensure these were appropriate and cover in emergencies could be arranged
- ensuring staff were supported to undertake their roles and responsibilities

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

NHS 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 second CQC inspector an emergency department doctor specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to NHS Urgent Care Centre

The Urgent Care Centre in Nottingham opened in October 2015 and provides care to the population of Nottingham City and county areas. It is commissioned by the Nottingham City Commissioning Group (CCG). The centre was commissioned to provide care to 75000 patients annually and is currently averaging 60000 patients a year. The service is operated by Nottingham City Care which is a community health service provider providing a range of community services in the Nottinghamshire area.

The centre provides assessment and treatment for urgent health conditions such as: minor burns and scalds and skin infections to suspected broken bones, sprains and strains. The centre has x-ray services on site and is staffed primarily by health care assistants, nurses, advanced nurse practitioners and doctors, supported by a reception, management and administrative team. There is parking outside the centre and the main railway station is nearby, all care is provided on a ground floor of a shared building.

The building has recently had major renovation work conducted to bring the facilities up to the requirements of an urgent care centre, with the addition of consulting rooms, x-ray facilities and treatment rooms.

The centre is open between 7am and 9pm 365 days a year and no appointment is required. The service operates from:

Seaton House

City Link

Nottinghamshire

NG24LA

Why we carried out this inspection

We undertook this focused inspection in response to receiving several complaints and concerns from various sources. These concerns were in relation to insufficient staffing to deal with patient demand and meet safe waiting times as well as the way safety was being managed during the building work.

How we carried out this inspection

We carried out an announced visit on 12 May 2016.

During our visit we:

- Spoke with a range of staff and with ten patients who were using the service on the day of inspection.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

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

Are services safe?

Our findings

Monitoring risks to patients

- During the inspection we looked at the way care was provided during the building works and looked at several audits that had taken place and risk assessments that had been undertaken during the more disruptive periods of work, when the centre had continued to operate. The premises were noted to be clean and tidy despite the ongoing work and patient care was provided in a way which allowed confidentiality at reception and safe care throughout the assessment and treatment of patients.
- The centre monitored the time patients waited to be triaged following their arrival at the centre. There was a contractual target of 15 minutes for children and 30 minutes for adults to be triaged with a limit of 95% of all patients achieving this. Records showed in the previous quarter the average percentage of adult patients waiting over 30 minutes was 29.5% and this figure was 27% for child patients. Evidence showed that on a normal weekday the target had been regularly achieved. However busier than anticipated weekends, combined with staff sickness had shown waiting times for assessment of up to two hours.
- Some risks were identified, recorded and managed with evidence to show mitigating actions had been implemented. For example we saw infection control audits which had been undertaken in the last 12 months and appropriate actions taken to ensure compliance.
- However others, which potentially impacted on patient safety and staff welfare had not been effectively considered and acted on. For example during weekend and evenings the staff welfare and centre management fell to a lead nurse who was nominated on a rota basis. We were told by staff that the demand was often so great during these times that the lead nurse had to prioritise clinical care over management responsibilities

and often to the detriment of staff. We saw one example during a bank holiday weekend where it took eight hours before anybody realised a nurse had not attended work. This along with other staff sickness meant there was 20 hours less clinical time available for patients on that day. We were concerned that the service was not coping with demand in spite of providing a service to only 80% of patients they were commissioned for and anticipated in the near future.

- Following our inspection the provider told us they had increased the clinical hours available during evenings, weekends and bank holidays. This had been a part of the development plan for the centre as additional space was made available following the completion of building work.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in a secure area of the practice.
- The centre had a defibrillator and oxygen available on the premises with various sizes of oxygen masks along with other resuscitation equipment available on a specifically designed 'crash trolley' to ensure items were available in an emergency. A first aid kit and accident book were available.

The centre had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers and a paper copy was kept off site.

Are services well-led?

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

Our findings

Vision and strategy

The provider had a vision to build healthier communities through providing community health services improving long term health and wellbeing.

- The provider had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Values included integrity, expertise, unity and enterprise were championed by the management team, However staff told us they did not feel part of such values and relied on each other for peer support on a regular basis as they did not feel there was adequate provision within the centre.

Governance arrangements

The practice had an overarching governance framework which outlined the structures and procedures in place:

- There was a staffing structure and staff were aware of their own roles and responsibilities, regular appraisals were undertaken to ensure training was implemented as required and to develop staff.
- Policies were implemented and were available to all staff through the computer system.
- The provider maintained oversight of the performance of the centre but the systems to ensure there was sufficient cover were not always effective. For example, recorded evidence showed that an additional 10 hours of nursing time was allocated on a weekend day when compared to a weekday, and to meet demand staff sometimes had to remain late to make sure all patients were seen. The centre monitored late finishes and records showed that there had been nine days in February, 14 in March and 10 in April when staff had to work past 10pm to see all patients.

Leadership and culture

The managers at provider and local level had the experience to deliver and run the centre, however the managers worked normal office hours and the centre continued operating until 10pm and opened at weekends and bank holidays. Staff told us that the managers were

distant and lacked the capacity to support staff on a personal level. Staff told us they often sought support from each other as they did not feel the leadership team understood the demands placed on clinicians.

There was a leadership structure in place however staff did not always feel supported by management.

- The management team held monthly meetings and we saw minutes to evidence this.
- Not all staff told us they felt respected or valued in the centre and were worried about the high number of staff leaving.

The managers had taken steps to improve communication with staff through meetings and reviews and a rota review had begun in consultation with staff to improve work life balance and deliver effective care in the centre.

When there were unexpected or unintended safety incidents:

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

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

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

- The centre had gathered feedback from patients through surveys such as the Friends and Family Test and the Urgent care Centre Patient Satisfaction Survey. Results were monitored, reviewed in meetings and trends monitored for areas of improvement or concern.
- Compliments and complaints were logged and analysed for trends. These were also reviewed on a quarterly basis unless urgent and compared with previous quarters'. Some areas the centre had changed as a result of concerns raised in surveys were:
 - Changes in the ticket system for appointments by relocating the reception area during the building renovation to allow a more open waiting area minimising the risk of patients missing their name being called.

Are services well-led?

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

- Allocation of a dedicated room for baby changing and breast feeding away from the waiting room.
- Staff told us if they had any concerns they felt comfortable raising these with managers.

Continuous improvement

There was a focus on continuous learning and improvement within the centre. The leadership team had engaged with other providers and national research to develop relevant research and training opportunities in the urgent care field. For example:

- The centre had enrolled into the National Ankle Injury Trial (SALI) which tracked consenting patients from diagnosis through to recovery and what influences the likelihood of osteoarthritis.

The inclusion of medical students, both doctors and nurses, in the urgent care centres as part of their placements.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance.</p> <p>We found that the provider did not have effective systems to enable them to assess monitor and manage risks in relation to;</p> <ul style="list-style-type: none">• ensuring there was sufficient cover to enable patients to be triaged and seen in a timely way at peak times• maintaining effective oversight of staffing levels to ensure these were appropriate and cover in emergencies could be arranged• ensuring staff were supported to undertake their roles and responsibilities
Regulated activity	Regulation
Diagnostic and screening procedures Nursing care Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing.</p> <p>We found the provider did not have effective oversight of staffing in order to:</p> <ul style="list-style-type: none">• Deploy sufficient numbers of suitably qualified, competence, skilled and experienced staff to meet the needs of the patients using the service and keep them safe at all times.• Have a systematic approach to determine the number of staff and range of skills required to meet patient needs.• Continuously review the staffing levels and skill mix to respond to the changing needs and circumstances of patients using the service.