

Summerfield Urgent Care Centre

Inspection report

134 Heath Street
Birmingham
B18 7AL
Tel: 01213891120
www.summerfieldgpucc.nhs.uk

Date of inspection visit: 30 November 2021
Date of publication: 20/01/2022

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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection December 2017 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services well-led? – Good

We carried out an unannounced inspection at Summerfield Urgent Care Centre on 30 November 2021. This inspection was a focused inspection to gain assurances, following concerns that were raised about the safety of the service.

At this inspection we found:

- The service had implemented processes and adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. This included individual risk assessments for staff, the use of personal protective equipment (PPE) and enhanced infection control procedures.
- The service had systems in place to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff inductions had been strengthened to ensure all temporary staff working for the service were aware of the health and safety procedures and where the surplus stock of PPE was kept.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Governance arrangements had been strengthened due to the COVID-19 pandemic to ensure risks to patients were considered, managed and mitigated appropriately.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Summerfield Urgent Care Centre

Summerfield Urgent Care Centre is based in Birmingham. Patients do not need to be registered to use the urgent care centre. The provider organisation is Virgin Care Coventry LLP. The service is provided in a purpose built primary care centre which the provider shares with four GP practices, community health teams and an independent pharmacist. The service is located in an area of Birmingham which has high levels of deprivation (based on information from Public Health England it is situated amongst the 10% most deprived areas nationally). The area served is also very diverse with a high proportion of patients whose first language is not English. A wide range of languages are spoken in the area.

The service is open to walk-in patients 8am to 8pm daily, 365 days a year (including all bank holidays). The service is located within a short walking distance of a local hospital with accident and emergency facilities. Summerfield Urgent Care Centre sits within the wider provider organisation (Virgin Care). There is a regional corporate team led by a Business Unit Head. The regional team also includes a regional clinical lead, a professional lead for nursing and governance and regional operational managers who support the service. At a local level staffing consists of four GPs, two Advanced Nurse Practitioners (ANPs) and four practice nurses. There is a local management team which consists of a service manager, an administrative lead and a clinical lead.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. Staff received safety information from the provider as part of their induction and refresher training.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. DBS checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Annual safeguarding audits were carried out to ensure that staff were up to date with training relevant to their role, the appropriate actions had been taken when a safeguarding concern had been identified and learning had been shared within the team and other organisations where applicable.
- There was an effective system to manage infection prevention and control. Evidence provided showed the latest infection control audit had been completed in October 2021. No actions were identified.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- Evidence was provided to demonstrate that individual risk assessments had been completed to identify staff who were in a vulnerable category during the COVID-19 pandemic.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- The service had experienced staff shortages due to staff sickness however, we found there were arrangements for planning and monitoring the number and mix of staff needed. There were systems in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role. This had been strengthened to ensure all temporary staff were aware of the infection control processes and how to access personal protective equipment (PPE) required for their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- Systems were in place to manage people who experienced long waits. Staff advised patients of waiting times upon arrival and the process of patients being seen in order of clinical priority. The provider was in the process of reviewing the existing standard operating procedure for patient triage to see if any further improvements could be implemented.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Regular consultation audits were completed to ensure the relevant information had been recorded within patients' records.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use.
- We found adequate supplies of PPE was available to ensure the safety of both patients and staff during the COVID-19 pandemic.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example: an antibiotic audit had been completed in August 2021 to review the prescribing, dosage and length the medicine had been prescribed for. Twenty two patients were reviewed during the audit. The findings showed that three patients had not been prescribed the appropriate duration of antibiotics in line with recommended guidelines. The outcome of the audit was discussed with the clinical team and guidelines were reviewed to ensure appropriate prescribing guidelines were followed.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, however we found the last risk assessment to monitor the health and safety of the premises had been completed during September 2020. Following the inspection we received evidence to demonstrate that there was a range of risk assessments in place to ensure the health and safety of the premises was regularly monitored.
- A fire risk assessment had been completed in May 2021. We found actions identified had been acted on. Weekly testing of fire alarms was carried out by the building landlords.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Are services safe?

- There was a system for receiving and acting on safety alerts. We were told safety alerts were a standing agenda item on clinical governance meetings and were monitored by the Lead GP and the pharmacist. We found safety alerts were kept in a folder accessible to all clinical staff.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Incident report forms were available in all clinical rooms for staff to record any incidents that occurred.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. A centralised system was in place for the recording and actioning of events and incidents. Evidence provided showed that during the past 12 months there had been 33 incidents recorded. Each incident was reviewed at a local level and actions were implemented to mitigate further risk. For example: An infection control breach had occurred when bodily fluids in the waiting area had not been cleaned appropriately. All staff were reminded of the correct procedures to follow which included the use of spill kits and the appropriate PPE for cleaning. A review of infection control training was also undertaken to ensure all staff were up to date with training relevant to their role.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. A folder was in place which was accessible to clinical staff to review alerts.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- The service had systems and processes to keep clinicians up to date with current evidence-based practice.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example: regular reviews of consultations and medicines prescribed were completed.
- The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group to monitor their performance and improve outcomes for people. The service shared with us the following performance data:
- A total of 2993 patients had attended the service during the month of July 2021.
- 75.5% of people who arrived at the service were seen within two hours. The service had not met their internal target of seeing 95% of patients within two hours, however 98.2% of patients had been seen within four hours which met the four hour national contracted target.
- Further evidence provided following the inspection showed that during the month of November 2021, the service had met the 95% target of patients being seen within four hours. The service had also achieved the 95% target of patients being triaged within 15 minutes of arrival. The average waiting time during November 2021 was five minutes.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example: an audit had been completed to ensure that all same day referrals to secondary care services were accurately recorded with all the required information included in the referral letter to ensure timely, safe effective transfer of patients to an appropriate place of care. A random search was carried out to identify 25 patients that had been referred. The outcome of the audit showed 12 patients were referred using the appropriate pathway. Seven patients could have been treated or followed up in a different way rather than being referred to the emergency department and nine patients were referred without the appropriate single point of access referral. Further investigation of the audit showed three patients had not received the appropriate sepsis scoring review as part of their observation. The findings of the audit were shared with the clinical team and discussed at a clinical meeting to ensure the appropriate pathways were used to mitigate future risk.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as health & safety, safeguarding, policies and processes.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with the patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services well-led?

We rated the service as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

Culture

The service had a culture of quality sustainable care.

- Staff felt respected, supported and valued. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. A regular review of incidents and complaints was carried out to mitigate future risk. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The provider was in the process of ensuring all reception staff received conflict resolution training to provide them with strategies for handling and resolving conflict when situations arose.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Clinical governance meetings were held on a regular basis and incidents were discussed during these meetings. Actions taken and learning was shared with the team.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Due to the COVID-19 pandemic, the service had implemented an isolation room for patients with suspected COVID-19 symptoms. Evidence provided showed this had been discussed at a recent team meeting to ensure all staff were aware of the processes to follow if a patient needed to be isolated.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local Clinical Commissioning Group (CCG) as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

Are services well-led?

- Patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service used the Friends and Family test to gather patient feedback on the services provided.
- Staff meetings were held using video conferencing on a weekly basis. Minutes of meetings were shared with staff.
- Staff were able to describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. Regular clinical governance meetings were held within the Virgin Group to ensure learning was shared across the organisation.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.