

# Fleetwood Urgent Treatment Centre

## Inspection report

Fleetwood Health & Wellbeing Centre  
Dock Street  
Fleetwood  
FY7 6HP  
Tel: 03001231144

Date of inspection visit: 20 July 2023  
Date of publication: 29/08/2023

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 caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Good



# Overall summary

**This practice is rated as Good overall.**

The key questions are rated as:

Are services safe? - Good

Are services effective? - Good

Are services caring? - Good

Are services responsive? - Outstanding

Are services well-led? - Good

We carried out an announced comprehensive inspection at Fleetwood Urgent Treatment Centre on 20 July 2023. We carried this inspection out as the service had a change of registration in November 2021.

At this inspection we found:

- The centre had seen an increased attendance of 40% between 2021 and 2022 yet continued to provide treatment or transfer within 4 hours for 99.9% of patients.
- The centre had clear systems to manage risk to minimise and prevent risks and incidents. When incidents did happen, the service learned from them and improved their processes.
- The centre routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that staff delivered care and treatment according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients reported that they were able to access care when they needed it. Patient feedback for the service was very positive.
- The service was responsive to local needs and engaged effectively with local Integrated Commissioning Board (ICB) commissioners to provide services for the local community. In addition to the existing services they provided, through December 2022 and January 2023 the provider and service worked with the ICB to set up a respiratory hub at Fleetwood Urgent Treatment Centre in response to the increased pressure on healthcare services from various winter illnesses.
- The staff team engaged with the local community, conducting visits to local schools and fund raising for local charities which the provider supported.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The staff team embodied organisational values, were proud of the service they provided for the local community and told us of the development opportunities and support the provider had given them.

The areas where the provider **should** make improvements are:

- Establish formal systems to record and monitor actions identified from infection prevention and control audits and premises checks.
- Review and embed effective monitoring arrangements for managing safety alerts.
- Complete the IT changes to embed clinical audit for enhanced access consultations into the existing clinical audit processes.

# Overall summary

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Healthcare

## Our inspection team

Our inspection team was led by a CQC lead inspector supported by a GP specialist adviser and a CQC regulatory coordinator.

### How we inspected this service

During the inspection we spoke with 1 locum GP, a range of leaders, nurses, administrative staff and support staff from different departments including human resources, governance and quality and safety. We reviewed a sample of patient records and other documentation and evidence shared with us by the provider, as well as surveys which 11 staff returned to us as part of the inspection.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

## Background to Fleetwood Urgent Treatment Centre

Fylde Coast Medical Services (NW) Limited (FCMS) provides urgent health treatment at Fleetwood Urgent Treatment Centre, which is located close to the town centre of Fleetwood at the Health and Wellbeing Centre on Dock Street.

The provider is registered to provide the regulated activities of diagnostic and screening procedures, transport services, triage and medical advice provided remotely as well as treatment of disease, disorder or injury. FCMS is a social enterprise, committed to reinvesting into staff development and wellbeing, as well as improving patient care and supporting the communities in which people work and live.

Fleetwood Urgent Treatment Centre is situated within a purpose-built health care centre which also houses a GP practice, a pharmacy, an x-ray service and a mental health service. There are good public transport links to the town centre, parking is available, and the building is accessible for people with limited mobility. A hearing loop is available within the building.

The provider has good relationships with the owner of the premises, the partner services within the building and the facilities contractor.

Fleetwood Urgent Treatment Centre provides assessment, diagnosis, treatment and advice to patients presenting with minor illness and minor injuries and is accessible to local and temporary residents and visitors to Fleetwood. The provider also delivers a nurse-led wound care service with pre-bookable daytime appointments available Monday to Friday and enhanced access to primary care when GP surgeries are closed from 6.30 pm to 8 pm and 8 am to 8 pm at weekends.

The centre is open 8am to 8pm 7 days a week, including bank holidays. Patients can attend without an appointment. The service works closely with the NHS 111 service with pre-bookable appointments available to patients accessing the service via this pathway. Some patients are referred into the service from the 999-emergency service and the provider has a working agreement over referrals from 999 operators. Staff assess and treat or refer and signpost patients to other services if required. Data shared by the provider showed that over 75% of patients arrived without a pre-booked appointment.

The clinical team consists of long-term locum and agency GPs, advanced nurse practitioners and nurses who are non-medical prescribers and health care assistants. A deputy head of care, a clinical manager, 2 service coordinators and 7 receptionists and administration staff support the clinical team on site. The provider supports the centre through its broader management and governance structure.

The provider ensures a GP is on site throughout the location's operational hours of 8am to 8pm each day for the urgent treatment provision, with a second GP on site during hours when the service provides enhanced access to primary care.

Use of the centre was significantly higher in 2022, with 59,862 patients seen compared with previous years. Previous data shows attendance of 45,179 in 2018, 51,224 in 2019, a decrease during the pandemic period to 28,365 in 2020 then increasing to 42,911 in 2021. This demonstrates an increase of attendance of 40% between 2021 and 2022. Month on month attendance during 2023 showed a continued upwards trend.

Information published by The Office for Health Improvement and Disparities rates the level of deprivation within the local population as 1 on a scale of 1 to 10. Level 1 represents the highest levels of deprivation and level 10 the lowest. Life expectancy for females is 79 years and 74 years for males, which are lower than England averages of 83 years and 79 years respectively.

The centre is part of Lancashire and South Cumbria ICB and FCMS also provide other NHS services in the Fylde Coast and Blackpool area. FCMS work in partnership with the ICB to provide out of hours and additional clinics in response to local pressures, this included providing additional respiratory clinics during the winter months in response to the scarlet fever outbreak and increased demand on GPs and hospitals.

The Head of Fylde Coast Integrated Urgent Care Services is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Further information about FCMS and Fleetwood Urgent Treatment Centre can be found on the provider's website: Urgent Care - FCMS ([fcms-nw.co.uk](https://fcms-nw.co.uk)).

# 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. It had safety policies, including health and safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training.
- Staff had easy access to policies and procedures on the shared drive, with arrangements to ensure locum and agency staff could access these easily.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies outlined clearly who to go to for further guidance. Staff we spoke with and records we reviewed confirmed that staff had completed mandatory health, safety and basic life support training.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The service and provider safeguarding leads and senior staff liaised with general practice teams, other urgent care providers and local authority safeguarding hubs when concerns were identified for a patient's safety. Staff we spoke with had a clear understanding of safeguarding and their role when safeguarding concerns were identified. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had a human resource team who carried out comprehensive checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role, the minimum level the provider required for non-clinical staff was now level two, with all clinicians completing training to level three. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The service infection prevention and control lead carried out regular audits, and any remedial actions were taken promptly, though these were not recorded in the service action plan. The provider assured us that this was rectified following the inspection.
- The premises was clinically suitable for the assessment and treatment of patients. Waiting rooms, public facilities and clinical rooms were clean, tidy and welcoming. Managers had plans to undertake building checks with the facilities provider.
- Facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. The service had safe systems for safely managing healthcare waste in place.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The service did not have a high turnover of clinical staff, with regular nurses, clinical leads and agency or locum GPs.
- Managers knew that attendance at Fleetwood Urgent Treatment Centre had increased significantly and they had reviewed attendance and demand data to ensure enough nursing capacity was available at the busiest times during the week. The clinical manager was often available for additional support.
- There was always a senior clinical lead on duty during operating hours who was easily identifiable and available for staff to escalate their concerns.
- Managers had recently increased the reception staff on duty each day in response to feedback from staff so there were 2 reception staff on duty, ensuring cover when 1 was needed to support patients or clinical staff.

# Are services safe?

- There was an effective induction system for all staff, tailored to their roles and examples of induction were shared with the inspection team.
- 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 the few people who experienced long waits or who had been inappropriately streamed into the service.
- Staff told patients when to seek further help and advised patients what to do if their condition got worse.

## 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 staff could access information needed to deliver safe care and treatment promptly and they maintained comprehensive records.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This included GP surgeries, other urgent and emergency care providers, mental health teams and local secondary care providers.
- Clinicians made appropriate and timely referrals where patients required an urgent referral (urgent referrals are where GPs refer patients for urgent diagnostic testing where symptoms indicated potential cancer) in line with protocols and up to date evidence-based guidance., They liaised promptly with GP practices where a routine referral was indicated which the patient's own GP needed to initiate.

## Safe and appropriate 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 vaccines, minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. Clinicians who were non-medical prescribers (nurses and advanced nurse practitioners who had completed training and were accredited to prescribe medicines) were supported and supervised, with ongoing oversight to ensure that their prescribing was safe and appropriate.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The provider had audited antimicrobial prescribing for a variety of common ailments and shared learning with staff. 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.
- Information regarding attendance and treatment at the centre was sent in a timely manner to the patient's GP for follow up to ensure that patients' health was monitored in relation to the use of medicines.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

# Are services safe?

- The service monitored and reviewed activity, including repeat audits and clinical audit as part of the quality and improvement strategy. This helped leaders to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts. However we identified 1 of the emergency medicines which was used for treatment of severe, acute, allergic reactions (anaphylaxis) to foods, medicines, insect stings, bites or other allergens had been recalled in May 2023, but was still in the emergency medicines. The provider took immediate action to remove this medicine, and reviewed their systems to ensure that this medicine was removed at their other sites.

## 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. Staff informed us they were comfortable to raise concerns as the service had a "no blame" and "continual learning" approach.
- The provider had worked with partners to set up a governance oversight group across the urgent care pathway within Blackpool and the Fylde coast. Joint reviews of incidents were carried out with partner organisations, including the ICB, the local accident and emergency department, NHS 111 service and the ambulance service.
- 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.
- There was a comprehensive reporting system for all incidents, which detailed incidents, action taken and learning which was routinely shared with individual staff members and throughout the service. A regular "lessons learned" newsletter was shared by the quality and safety team to encourage and support all staff to improve patient safety.



# 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 in the patient records we sampled that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that staff met people's needs. The provider continuously monitored consultation records to ensure that clinicians followed these guidelines through ongoing clinical audit.
- Most appointments took place face to face although some telephone triage assessments were carried out using an approved assessment model. Clinicians tended to use telephone assessments for enhanced access hours to primary care and where NHS 111 or the local ambulance service had directed a patient to Fleetwood Urgent Treatment Centre for assessment. Staff always asked patients to come in for a face to face consultation if they required examination for comprehensive assessment.
- Reception staff were clearly aware of red flag symptoms and senior clinicians oversaw all patient assessments. Clinicians saw and assessed all patients requiring prompt treatment within 30 minutes of arrival.
- Staff fully assessed patients' needs, including clinical needs and their mental and physical wellbeing.
- Staff delivered care and treatment in a coordinated way taking the needs of those whose circumstances may make them vulnerable into account. The provider had clear protocols for assessing and treating children and vulnerable adults, including homeless people.
- The provider had arrangements in place to support patients who used the service frequently. The service's IT system enabled clinicians to see if a patient had attended other urgent care services across the Fylde coast. The service made the patients' GPs aware of the frequent attendance and agreed appropriate continuity of care arrangements.
- The provider had established a collaborative working relationship with the local hospital and had systems in place for clinicians working at Fleetwood Urgent Treatment Centre to make urgent referrals. The provider reviewed secondary care referral pathways when required.
- Technology and equipment were used to improve treatment and to support patients' independence. The service ensured staff used current guidance for assessing clinical urgency. The provider was working with partners to implement a new patient led assessment system on self-check-in terminals which would provide triage assessment on arrival.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

- The provider used key performance indicators (KPIs) that had been agreed with Lancashire and South Cumbria ICB to monitor their performance and improve outcomes for people. Performance indicators covered the whole of urgent care provision across Blackpool and the Fylde coast; however Fleetwood Urgent Treatment Centre consistently saw patients within 4 hours of arrival.
  - 99.9% of people who arrived at the service completed their treatment within 4 hours. This was higher than comparative urgent treatment services.
  - 100% of people who attended the service were provided with a complete episode of care. In the last 6 months, only 26 of 27119 patients had been re-directed by the service to other health services.
- The provider managed a comprehensive system of clinical audit to review clinical care and notes on a risk assessed basis for all clinicians working in urgent care. They used a recognised quality monitoring tool that reviewed a minimum of 2% of each clinician's consultation notes each month. The audits reviewed clinicians' record keeping and assessed

# Are services effective?

whether care and treatment was safe; met good practice; was unsafe or did not meet good practice guidance.

Managers took appropriate action to embed learning and improvement. The system provided feedback regarding the quality of records, and any areas for improvement, directly to each clinician and they were encouraged to review and reflect on their performance and any learning during supervision.

- At the time of the inspection, the provider did not have access to clinical records from the enhanced hours service. They had raised this as a risk and were now working with partners to rectify this issue, so that they could incorporate these records into the clinical audit process.
- The governance and quality and safety teams had oversight of all audits throughout all their urgent treatment services which led to a consistent approach to monitoring care and treatment. Recent audits included prescribing of controlled drugs and urgent referrals. The audits identified opportunities to improve patient care, and these were shared with all clinicians with recommended actions and reflection.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This included health and safety, mandatory and role specific training. The service also supported nurses who were completing their training. Several senior nurses were trained as mentors to support colleagues going through their clinical training and preceptorship (a period of structured transition to guide and support newly qualified practitioners from student to autonomous professional to develop their practice further).
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. The provider and local managers supported staff to develop new skills and monitored competence of staff in new roles.
- The provider understood the learning needs of staff and provided protected time and training to meet them. The provider maintained up to date records of skills, qualifications and training. The provider was committed to reinvesting into staff development, and several senior staff described how FCMS had supported them to develop and take on new, more senior or clinical roles.
- Local managers 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.
- Newly employed clinicians had their first 30 clinical records audited and then 50% of the next 30 records. Ongoing feedback to clinicians and their managers ensured staff were supported to meet the required level of clinical care, assessment, treatment and record keeping. If the records did not meet the required standard, clinical managers provided ongoing support and development until the clinician met the required level, but if necessary managers would support staff through the formal performance improvement system. Clinicians were able to learn and improve their practice with feedback regarding the quality and content of their clinical records. This ongoing audit and learning also supported clinicians with their professional registration revalidation.
- Managers facilitated regular team meetings, and invited clinicians to participate in provider wide "community of practice meetings", which focused on sharing learning and developing skills in specific areas of care such as safeguarding and infection prevention and control.

## Coordinating care and treatment

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

# Are services effective?

- 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. This included when they moved between services, when they were referred to, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services, including social services, GPs and other urgent care services locally.
- Administrative staff shared records of all consultations with patients' registered GPs so that each patient's GP was aware of the need for further action and any continuity of care requirements.
- The provider had established pathways for staff to follow to ensure patients were referred to other services for support as required, this included pharmacy for self-care and treatment, local x-ray services, podiatry, or dental services. Staff identified patients with care planning needs and these were reported to the patient's GP.
- 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. The directory of services for Fleetwood Urgent Treatment Centre was comprehensive and up to date, which meant most referrals from NHS 111 or other urgent and emergency care services to Fleetwood were appropriate and staff were able to provide appropriate assessment and treatment.
- 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.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that required them. The local hospital trust provided an x-ray service on site Monday to Friday 9 am to 4.30 pm.

## 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 need extra support and signposted them accordingly.
- Staff from Fleetwood Urgent Treatment Centre actively participated in local events and visited schools to promote healthy lifestyles, explain health services available and raise awareness of how people could manage their own health.
- Where appropriate, staff gave people advice so they could self-care. This included referring patients who were identified as having a minor ailment, where suitable, through the Community Pharmacist Consultation Service or to the on-site pharmacy which was open Monday to Friday 8.45 am to 6.30 pm where patients could access over the counter medicines and pharmacist advice.
- Staff highlighted risk factors, where identified, to patients and their own GP so additional support could be given. This included patients attending frequently, repeat requests for controlled drugs or high-risk medicines and patients attending for ongoing routine care which should be treated by the patient's NHS GP for continuity of care.
- 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 whether a patient had mental capacity to make a decision, including for children and vulnerable people.
- The provider monitored the process for seeking consent as part of the clinical audit.

# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed a non-judgmental, understanding and compassionate attitude to all patients.
- Staff we spoke with were passionate about ensuring their service met the needs of local patients and that all patients were treated with dignity and respect.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs including those who had mental health needs and to ensure that clinical staff had time to treat patients with sensitivity where their circumstances were difficult.
- Results of the I Want Great care feedback received by the service for between 1 June 2022 and 31 May 2023 showed that 613 of the 660 patients (93%) who had completed the feedback survey said they were treated well by staff.

## **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers could access and understand the information they are given):

- The majority of patients who attended the centre were local to the area, with some holiday makers. Most spoke English fluently; however, an interpretation service was available for patients who did not have English as a first language and reception staff identified patients who may need support or interpretation in their consultation. Some staff had recently completed training in basic sign language for patients who had hearing impairments. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Of the 660 patients who had submitted I Want Great Care feedback 603 (91.5%) said that that they were given enough information about their care and 648 (98.2%) felt adequately involved in their care.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community services. They helped them ask questions about their care and treatment.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Of the 660 patients who had submitted I Want Great Care feedback, 625 (95%) said that that they were treated with dignity by staff.
- Staff respected confidentiality at all times. We saw that doors were closed during consultations and patients were offered chaperones where an examination was required.
- Staff understood the requirements of legislation and guidance when considering consent and decision making, including for young adults, autistic people and people with a learning disability.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

- The service monitored the process for seeking consent appropriately.

# Are services responsive to people's needs?

**We rated the service as outstanding for providing responsive services.**

## Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider engaged with commissioners to secure improvements or additions to their services where these were identified. For example, the provider had worked with ICB commissioners to set up a respiratory hub at Fleetwood Urgent Treatment Centre to provide additional urgent access clinics to help relieve pressure from general practice and local hospitals during the winter months between December 2022 and March 2023. Between 1 January 2023 and 31 March 2023 the respiratory hub used the same electronic patient record system as general practice, which allowed local GP practices to book patients face-to-face appointments on the day for acute respiratory presentations. Appointment data for the period of 1 January 2023 and 31 March 2023 showed that the service provided over 500 hours of additional GP hours, with GPs seeing 1597 patients.
- The service also provided a nurse-led wound care service during the week to support patients and relieve pressure on other local health services.
- The enhanced access to primary care provided appointments which GP practices could book between 6.30 pm to 9.30 pm Monday to Friday and 9 am to 5 pm on Saturdays and Sundays. Data for the period between 1 January 2023 and 30 June 2023 showed that the service offered 3311 appointments.
- Of the 660 patients who had submitted an I Want Great Care feedback, 625 (95%) were positive about the care they had received and 4% added comments that they had used the service as they were unable to get an appointment at their GP practice.
- The provider improved services where possible in response to unmet needs. For example, several staff completed basic sign language courses during 2022 as the team had identified that a number of local residents used sign language as their first language.
- Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered, and the service had made improvements following patient suggestions. These included installing a water cooler and setting up a noticeboard to feedback action taken in response to patient feedback in the waiting area.
- The service made reasonable adjustments when people found it hard to access the service. This included making home visits through the GP out of hours service or offering telephone calls where this was clinically appropriate. 70% of staff had completed training in autism and learning disability with 30% still working through the package.

## Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The service was open 365 days a year including Christmas and bank holidays. The urgent treatment service operated from 8 am to 8 pm seven days a week including bank holidays. The wound care service was open Monday to Friday during the daytime for acute wound dressing. Enhanced access to primary care was open weekday evenings and from 9am to 5pm over weekends.
- Patients could access the service either as a walk in-patient, via the NHS 111 service, via 999 calls on occasions where urgent treatment was not required or by referral from a healthcare professional. Patients did not need to book an appointment and the service provided us with data showing that over 70% of patients attended the service with no pre-booked appointment.

# Are services responsive to people's needs?

- Patients were generally seen on a first come first served basis, although the service had an assessment system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent performance indicators for the service for 1 July 2022 to 30 June 2023 which showed the service consistently saw patients promptly.
- 65,417 patients out of 65,421 (99.97%) had been seen and treated within 4 hours of arriving at the centre. This was considerably higher than the NHS aspiration of achieving treatment within 4 hours for 76% of patients at accident and emergency units by March 2024. In the I Want Great Care feedback, many patients spoke positively about how quickly staff saw and treated them.
- Between 1 January 2023 and 19 July 2023 (the day before our inspection site visit) 27,119 patients had attended Fleetwood Urgent Treatment Centre. The service had redirected only 26 (0.1%) of those patients to another service because the team was unable to meet their needs, which was a significant achievement.
- Waiting times, delays and cancellations were minimal and managed appropriately. Clinical managers supported the team where required. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited.
- Senior clinicians monitored attendance throughout the day to prioritise care for patients with the most urgent needs.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way, this included where the service felt a patient needed more comprehensive treatment at the local hospital.

## Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service received 3 written and 12 verbal complaints from patients, with 2 complaints from partner organisations in the last 12 months. We reviewed 2 complaints and found that they were satisfactorily handled in a timely way.
- Managers carefully reviewed any concerns raised in the I Want Great Care feedback and changes were made following feedback. This included the planned implementation of the new technology to allow patients to check in on arrival using tablets in the entrance. The system included a prioritisation assessment to reduce queues and the need to discuss sensitive information at the reception desk which some patient feedback had identified as an area the service could improve.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. All complaints were discussed during monthly governance meetings between all urgent care providers and lessons learned were shared through a regular newsletter.
- The service learned lessons from individual concerns and complaints and routinely analysed complaints for trends.

# Are services well-led?

**We rated the service as good for leadership.**

## 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.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- 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 was committed to the FCMS vision: "To nurture an environment of inspiration, innovation and disruption so that the people within our world receive exceptional care for this generation and the next" which informed the strategy to deliver high quality care and promote good outcomes for patients.

- The whole team at Fleetwood Urgent Treatment Centre embodied FCMS values of: "Oompf!; Awesome; Fun; Humble; Go-getting and Brave". The provider had a realistic strategy and supporting business plans to achieve priorities.
- The service had developed its vision, values and strategy jointly with patients, staff and external partners. The staff team at Fleetwood had recently attended an away day to build teamwork and consider how they demonstrated the values in their day-to-day work.
- The provider developed these in line with health and social care 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.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

## Culture

The service had a culture of high-quality sustainable care.

- Staff told us they were proud to work for the service, they felt valued, respected and supported and told us how the provider had supported them professionally and personally.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff and leaders demonstrated openness, honesty and transparency when responding to incidents and complaints. Learning was shared internally within FCMS, but also more widely with all urgent care partners for the Fylde coast. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they were able to raise concerns and were encouraged to do so. Managers had made several improvements following staff feedback, including refurbishing the staff kitchen and rest area, increasing staffing, and holding events and team building exercises.



# Are services well-led?

- 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.
- All clinical staff were considered valued members of the team, given protected time for professional development and evaluation of, or reflection on, their clinical work.
- There was a strong emphasis on the well-being and safety of all staff. Managers supported staff when they were involved in a traumatic incident, complaint or investigation.
- The service actively promoted equality and diversity. Managers 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

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.
- 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.
- The provider had processes to manage current and future performance of the service.
- Managers reviewed the performance of clinical staff through audit of their consultations, prescribing and referral decisions. Leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) or patient safety alerts, incidents, and complaints.
- Leaders had a good understanding of service performance against the national and local key performance indicators. Senior leaders regularly discussed performance at governance meetings and board meetings. Managers shared performance information and feedback with staff during team meetings and the local ICB 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 providers had plans in place and had trained staff for major incidents.
- The service had an ongoing development and improvement plan in place, and regularly reviewed patient demand and staffing requirements, involving clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

# Are services well-led?

- Leaders and managers used quality and operational information to ensure and improve performance. They combined performance information with the views of patients to consider ongoing service requirements and leaders discussed this with Fylde coast integrated urgent care colleagues and ICB commissioners.
- Leaders and managers discussed quality and sustainability in relevant meetings where all staff had sufficient access to information.
- Leaders reviewed accurate and useful performance information and held managers and staff to account. The service had plans in place 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.

- A range of staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Staff informed us they were able to raise suggestions which were acted upon, for example managers now completed rotas 3 months in advance following a staff suggestion.
- Staff had identified that between 1 June 2021 and 31 May 2022 they received under 350 feedback reviews on I Want Great Care and suggested they could do more to promote this. The service already had feedback forms available at reception and they introduced a QR code so that patients could easily give feedback online. This increased the feedback received through I Want Great care to 660 the following year.
- We saw evidence of staff surveys, how managers fed the findings back to staff and how managers engaged with staff in responding to these findings.
- As a social enterprise, FCMS invested in local communities, and at the request of the Fleetwood team had recently supported a local primary school with funding to renovate and staff a community coffee shop "Strive" which the school hoped would act as a hub for the local community. Staff from the service had visited the school as part of their community engagement approach.
- The service participated in the Fylde Coast Integrated Urgent Care oversight and governance meetings and had positive relationships with other services within the building. We received positive feedback from Healthwatch Lancashire regarding patient experiences and radiology staff from the local hospital who provided x-ray services told us that the Fleetwood team were fabulous, worked as a team and were always happy to help the radiologists providing the x-ray service.
- 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. Staff we spoke with described how they had been given the opportunity to develop from starting with FCMS as a receptionist, to become leaders and managers, or to develop clinical skills as healthcare assistants.
- Staff knew about improvement methods and had the skills to use them.
- 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.

## Are services well-led?

- There was a strong culture of solution finding evidenced by the different services FCMS provided at Fleetwood Urgent Treatment Centre and the work taking place to implement a digital arrival triage system for patients to use themselves. Leaders had good oversight and systems to support improvement and innovation work.