Dudley Urgent Care Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

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

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dudley Urgent Care Centre on 20 and 21 March 2019.This was in response to concerns raised by the hospital inspection team during an inspection in February 2019.

At this inspection we found:

- The service had good systems 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.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The area where the provider **must** make improvements as they are in breach of a regulation is:

- Ensure care and treatment is provided in a safe way to patients.

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

- Further improve the layout of the waiting area to provide segregation for children.
- Complete the planned programme of mandatory training for all staff.
- Review the programme for auditing to introduce benchmarking for those staff who audit clinicians.

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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a nurse specialist adviser with experience in urgent care and out of hours care and a practice manager specialist adviser.

Background to Dudley Urgent Care Centre

Dudley Urgent Care Centre (UCC) is situated in Russells Hall Hospital which is based in the Dudley area of the West Midlands. Dudley UCC is part of Malling Health, a subsidiary of Integral Medical Holdings (IMH), a clinically led group of over 50 sites spread across the UK that includes GP practices, walk-in centres and urgent care centres.

The service provides urgent care and out-of-hour GP services for its member practices as well as a streaming (redirecting patients to appropriate care) service situated at the entrance to the emergency department. The service is designed to see and treat patients who do not require emergency care and reduce the pressure on the emergency department. Data provided by the service indicated that between April 2018 and March 2019 approximately 112,000 patients accessed through the integrated front door of the emergency treatment centre, over 62,000 of these patients were streamed to be seen within urgent care and 11,000 patients were seen for a consultation in the Out of Hours service.

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

The out-of-hour's service is available for registered patients from all member practices within the Dudley Clinical Commissioning Group (CCG) area. The department for out of hour's care is also situated at the Urgent Care Centre. This service is operational on evenings from 6:30pm through to mornings until 8am and for 24 hours during weekends and bank holidays. Patients access the out-of-hour's service through the NHS 111 telephone number.

The service has approximately 70 staff some of which are directly employed with the organisation. GPs work for the service on a self-employed basis. The area management team consists of a Director of Operations, a Clinical Chair and a Dudley Operations Manager that have extended roles that include other services within IMH Group based in the West Midlands and surrounding area. The local management team consists of a lead GP and a lead nurse who are supported by an assistant manager, two administrative and data leads, 13 receptionists and six drivers. The clinical team consists of male and female GPs, advanced nurse practitioners, nurses and health care assistants.

Dudley UCC is commissioned to provide a service for Dudley patients who have been referred into the 'excluded patients scheme'. These patients have been excluded from their previous GP practice and attend the centre where they can access GP services.

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

Requires improvement

Are services safe?

We rated the service as requires improvement for providing safe services. This is because:

- **There initial clinical assessment did not include basic observations on patients within 15 minutes of the streaming process when classified as non-urgent.**

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & 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.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were held centrally by Integral Medical Holdings (IMH), however, not all policies held at Dudley Urgent Care Centre (UCC) were the most recent, for example, the safeguarding children policy seen had not been reviewed since November 2015. Policies held at Dudley UCC were accessible to all staff and the provider planned to have a system that allowed all staff to access IMH policies. Safeguarding posters in the clinical rooms and administration office 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. For example, children who had attended more than twice in a month with 'vague symptoms' were referred to the safeguarding team. The 'Child Protection – Information Sharing project' (CPIS) was to be installed on the clinical system before the end of March 2019 (CPIS project links IT systems used across health and social care to help share information securely). The safeguarding lead attended quarterly multi-agency meetings.
- The provider carried out staff 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 safeguarding lead had completed level four safeguarding training and all clinicians had completed level three training. They knew how to identify and report concerns.
- Staff who acted as chaperones were trained for the role and had received a DBS check. The provider had identified a potential issue, when carrying out a home visit, where both driver and GP were male. A procedure (around ensuring mixed gender teams and to ask the patient in advance of the visit if a chaperone was required) was being developed to manage the potential issue.
- There was an effective system to manage infection prevention and control.
- 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.

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. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.
- Staff knew how to identify and manage patients with severe infections, for example sepsis, in line with available guidance.
- 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.

However, the streaming model used was not in line with nationally recognised standards for patients in emergency care settings:

- Patients were prioritised for care and treatment using a set of questions asked face to face by a trained clinician (streamer) from behind a screen. Clinical observations were not taken within 15 minutes unless the patient was red flagged (in need of urgent treatment). All children under one year and patients aged 80 and over were automatically red flagged.

Requires improvement

Are services safe?

- The designated area for children to sit whilst waiting for an appointment required improvement to segregate children from the adult waiting area. The area used by the service was provided by Dudley Clinical Commissioning Group and was on the risk register. Discussions were ongoing about making further space available to address the problem.

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.
- 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. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service carried out a regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The service did not hold any controlled drugs for palliative care patients to be used as pain relief and other medication required to control their symptoms. The provider was in the process of applying for a home office license to allow controlled drugs to be held.

Track record on safety

The service had a good safety record.

- There were risk assessments in relation to safety issues identified.
- 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.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including the local A&E department and the NHS111 service.

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.
- 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. For example, a review of an event when a patient referral was delayed due to a coding issue on the clinical system resulted in the provider liaising with the NHS111 service and the system changed.
- 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.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. For example, the provider had reviewed a patient referral from West Midlands Ambulance Service (WMAS) ambulance service when a patient referred to the urgent care centre should have been referred straight to the emergency department.

Good

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.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patient assessments included their clinical needs and their mental and physical wellbeing.
- Care and treatment were delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, a service was provided to patients in Dudley who had been excluded from their own surgery. This cohort of patients often had complex needs and there were individual care plans tailored for each patient.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, children who had attended more than twice in a month with 'vague symptoms' were referred to the safeguarding team. There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and protocols were in place to provide the appropriate support.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and a clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. The provider monitored performance using indicators agreed with Dudley Clinical Commissioning Group (CCG) that formed a data set of Local Quality Requirements (LQR). The LQR are used to show the service is safe, clinically effective and responsive. The service is required to report monthly to the CCG on their performance against the standards which includes: response times, seeking patient feedback and actions taken to improve quality.

The service shared with us the performance data from January 2018 to December 2018 that showed:

- ▪ 2.2% of people streamed into the primary care element of the urgent care centre required immediate transfer to the emergency department. This was better than the target set by the CCG of less than 3%.
  - ▪ 1.6% of patients had re-attended with the same condition. The CCG target was less than 5%.

- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. For example, on each occasion when the four-hour target had been breached, an individual investigation took place. The service used information about care and treatment to make improvements. The service had identified that a four-hour target had been breached when a GP had been called out to carry out a home visit. The provider planned to build resilience for the service by reviewing available resource across all IMH services in the West Midlands (often referred to as a peripatetic model where resource is aligned with demand across a number of centres).
- 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, consultations by clinical staff were audited at least quarterly and the frequency increased if there were any concerns.
- There was a structured programme of audit that had been implemented for 2019-2020. These included prescribing audits, for example; opiate prescribing, management of condition audits, for example, asthma management and chest pain management audits, and operational audits, for example, demand and capacity review audits and monthly knowledge tests for non-clinical staff. The programme had second cycles built in to monitor impact.

Good

Are services effective?

Effective staffing

The provider had a training plan to provide staff with the skills, knowledge and experience to carry out their roles. At the time of inspection, there were gaps where training was planned but had not been completed.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. At the time of the inspection this was a basic checklist and did not include any specific sign off. The provider had identified the induction programme as in need of strengthening and had planned to implement a new format.
- 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. Records were held centrally by IMH but the provider was in the process of setting up a regional office where records would be held and be more readily available to the regional management team.
- 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. For example, all clinicians had a minimum of five consultations audited each quarter which would be increased if concerns were identified.

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. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, children with safeguarding concerns were referred to the Multi Agency Safeguarding Hub (MASH).
- Staff communicated promptly with a patients GP 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.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

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. For example, patients experiencing poor mental health could be referred to the crisis team who would see patients in the centre.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- 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.

Good

Are services effective?

- 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.

Good

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 an understanding and non-judgmental attitude to all patients.
- 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 such as end of life care and those who had mental health needs. For example, staff training, although not fully up to date, included training for dementia, learning disability and mental health awareness
- Results from the NHS Friends and Family Test in January and February 2019 showed that out of 115 respondents, 91 said they would recommend the service.

Involvement in decisions about care and treatment

Staff helped patients to 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 can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about 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 and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity. However, the provider highlighted that the space around the desk used for streaming was limited and resulted in congestion when the urgent care centre got busy.

- There was a sign at the desk used for streaming patients that offered a confidential area should the patient wish to have a private conversation.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services responsive to people's needs?

We rated the service as good 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 and allied healthcare professionals to secure improvements to services where these were identified. For example, there was evidence of group working with Dudley Clinical Commissioning Group (CCG), the emergency department, social services and the mental health team to review the streaming structure.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, the standard operating procedure for streaming included a criteria list for patients who should be referred immediately to the emergency department.
- The facilities and premises were appropriate for the services delivered. However, the segregation of children in the waiting area required further improvement.
- The service made reasonable adjustments when people found it hard to access the service. For example, translation services were available and there was a hearing loop at the reception desk.

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 operated 24 hours a day, seven days a week, 365 days a year.
- Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients could access the out-of-hours service via NHS 111, via GP referral or could self-refer as walk-in patients.
- Following the initial streaming process, patients were generally seen on a first come first served basis. However, the service had a 'red-flag' system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The streaming staff were experienced clinicians. However, base-line clinical observations were not carried out on children or adults within 15 minutes unless 'red-flagged'. Reception staff were supported with guidance on emergency criteria they used to alert the clinical staff if a patient had an urgent need. This 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 local quality indicator results for the service (January – December 2019) which showed the provider was meeting the following indicators:
  - 85.9% of people streamed into the urgent care centre were clinically assessed within two hours. This was better than the target of 85%.
  - 99.7% of people who attended the service were seen within four hours. The target was 100% (this was within the contractual tolerance and there had been six occasions out of 32,000 consultations in the last six months when the target had not been achieved).
- There were no areas where the provider was outside of the target range for an indicator.
- Waiting times, delays and cancellations were one of the main themes in patient feedback. Where people were waiting a long time for an assessment or treatment there was visual awareness of the waiting area and signs had been placed in the area advising patients to speak to a receptionist if their condition worsened. However, there were no arrangements in place to make base-line clinical observations on patients who had been streamed and classified as non-urgent.
- The service engaged with people who were in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services. For example, the practice audited patients who needed to use translation services. In 2018, 100% of patients who required translation were provided with the service within 15 minutes and a second audit showed that 100% of patients had their language and ethnicity captured at registration.
- Patients with the most urgent needs had their care and treatment prioritised. All children under the age of one, patients over the age of 80 and patients with learning disabilities were prioritised to be seen within 15 minutes.

Good

Are services responsive to people's needs?

- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were undertaken in a timely way. For example, in 2018 100% of consultation notes were sent to the patient's own GP by 8am the next day.

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. A total of 28 complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant
- The service learned lessons from individual concerns and complaints and from analysis of trends.

Good

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 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 high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff were scheduled to receive regular annual appraisals. 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 time for professional development and evaluation of their clinical work.
- 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

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 set out a programme to establish proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, there a system of assurance (RADAR) had been implemented to evidence that staff had read and understood the policies. A locum pack was being completed to give clear guidance to non-permanent staff.

Managing risks, issues and performance

Good

Are services well-led?

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

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 local key performance indicators. Performance was regularly discussed at senior management level. Performance was shared with staff and the local 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. However, audits of consultations by clinicians were not benchmarked. The provider planned to implement benchmarking when the recruitment of clinical leadership (both locally and regionally) was completed.

The provider had plans in place and had trained staff for major incidents.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

However, the service did not monitor patients using base-line clinical observations if classified as non-urgent by the streamer. This was how the service had been commissioned so we fed back our concerns to the CCG.

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.
- The service used information technology systems to monitor and improve the quality of care. For example, there was live data available to members of the management team that allowed for real time monitoring of demand against capacity.
- 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 full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback. After each consultation, patients were handed a friends and family comment card.
- 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 strong focus on continuous learning and improvement at all levels within the service. The provider was implementing a localised management structure and joined up working between their services to improve efficiency and resilience.
- 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.In particular: There were no basic observations carried out on children or adults to make an assessment unless prioritised for urgent treatment.