

# Care UK – Wycombe Minor Injuries and Illness Unit


## Quality 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 service	Good	
Are services safe?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Care UK – Wycombe Minor Injuries and Illness Unit on 13 December 2016. The overall rating for the service was requires improvement. Specifically the service was rated good for provision of effective, caring and responsive services and requires improvement for provision of safe and well-led services. The full comprehensive report on the December 2016 inspection can be found by selecting the ‘all reports’ link for Care UK – Wycombe Minor Injuries and Illness Unit on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 26 September 2017 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 13 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall the service is now rated as good overall with provision of both safe and well-led services re-rated to good.

Our key findings were as follows:

- Reception staff had been trained to undertake initial assessment of priority for walk in patients and followed an assessment protocol. Clinical staff were

available to support the assessment process when needed. The provider was in the process of recruiting clinical navigators to support initial assessment and the recording of baseline clinical measurements for walk in patients.

- Information about how to make a complaint was carried in the vehicles used to carry staff to home visits.
- Prescribing of high risk medicines followed the providers prescribing policy and there were checks in place to ensure this happened.
- Performance in relation to national quality requirements was improving.
- Blank prescriptions were held safely and there was a system to track them through to issuing.
- A system was in place to monitor the training and appraisals of sub-contracted staff. The system also gave the provider assurance that staff maintained their professional registrations and updated their Disclosure and Barring service (DBS) checks. (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).

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The service had taken appropriate action and is now rated as good for the provision of safe services.

- Reception staff had been trained in assessing the priority of walk in patients and support from clinical staff was available when required.
- Prescriptions were stored securely and monitored to point of issuing.
- There was a system to ensure all staff working at the centre were appropriately registered and received mandatory training and appraisal.

Good



### Are services well-led?

The service had taken appropriate action and is now rated as good for the provision of well-led services.

- Governance systems were operated consistently.
- There were appropriate arrangements in place to identify, assess and manage risks.

Good



# Care UK – Wycombe Minor Injuries and Illness Unit

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was a CQC Lead Inspector and a GP specialist adviser.

## Background to Care UK – Wycombe Minor Injuries and Illness Unit

Care UK is the UK's largest independent provider of health and social care. They provide out-of-hours (OOHs) primary medical services and a Minor Injuries and Illness Unit (MIIU) across Buckinghamshire. The MIIU provides a range of health services for people who have an injury or illness that is urgent but not life threatening. The out of hours service provides access to GP appointments when GP practices are closed. The service covers a population of approximately 550,000 people across the county of Buckinghamshire and in the last 12 months offered 66,424 out of hours patient contacts and around 43,200 contacts within the MIIU. The area covered incorporates two Clinical Commissioning Group (CCG) areas, Aylesbury Vale and Chiltern.

Most patients access the out of hours service via the NHS 111 telephone service. Patients may be seen by a clinician, receive a telephone consultation or a home visit, depending on their needs. Occasionally patients access services as a walk-in patient or via 'direct booking pilot' project (Three local practices are able to fax patient details

directly to Care UK-Bucks between 6pm and 6.30pm if they are not able to offer the appointment). Patients access the minor injuries and illness unit directly without any previous assessment of need.

The administrative base for Care UK-Bucks is located in Aylesbury. We visited the Care UK-Bucks call centre and headquarters to review policies and procedures relevant to the service and meet with the service managers. The full address for call centre and headquarters is:

- Care UK-Bucks, Unit 3, Midshires Business Park, Smeaton Close, Aylesbury, Buckinghamshire, HP19 8HL. We visited this call centre and headquarters.

Out-of-hours (OOHs) services are provided from five primary care centres across the county on every day of the year. We inspected the out of hours service at Wycombe General Hospital and the MIIU and did not visit any of the other four OOH bases.

The Wycombe General Hospital out of hours service is open from 6.30pm to 8am (overnight) Monday to Saturday and from 8am on a Saturday through to 8am Monday morning. This centre also opens on bank holidays from 8am to 8am the next day.

- The MIIU is open 24 hours a day, seven days a week.

Wycombe OOH Primary Care Centre and MIIU are situated in part of the main hospital which is rented from the Buckinghamshire Health Care NHS Trust.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Care UK – Wycombe Minor Injuries and Illness Unit & Out of Hours service on 13 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The service was rated as requires improvement. The full comprehensive report following the inspection in December 2016 can be found by selecting the ‘all reports’ link for Care UK – Wycombe Minor Injuries and Illness Unit & Out of Hours service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Care UK – Wycombe Minor Injuries and Illness Unit & Out of Hours service on 26 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the service was now meeting legal requirements.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced focused inspection on 26 September 2017.

During our visit we:

- Spoke with the Clinical Director, the Registered Manager, four members of the headquarters administration team, two members of the reception team and an Advanced Nurse Practitioner.
- Observed how patients were provided with care.

To ensure patients experiences of care and treatment were supported by the service we asked the following two questions when carrying out this focused inspection:

- Is it safe?
- Is it well-led?

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

# Are services safe?

## Our findings

At our previous inspection on 13 December 2016, we rated the service as requires improvement for providing safe services as systems to identify and act upon risk were operated inconsistently. Specifically the provider had failed to identify:

- Systems in place had not identified shortfalls in mandatory training of sub-contracted staff.
- Prescribing by some clinicians was not always following the providers prescribing protocols.
- Prescriptions were not always kept safely.
- The risk of reception staff undertaking initial assessment of walk in patients without relevant training in assessment protocols.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 26 September 2017. The service is now rated as good for provision of safe services.

### Overview of safety systems and processes

The service had improved and embedded systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance. The blood glucose meters used in both the vehicles and at the primary care centre were checked on a monthly basis and the outcome of the check was recorded.
- The reception staff had received training in undertaking a baseline assessment, using clinical pathways, of walk in patients to enable prioritisation of need for advice or treatment. We saw protocols for assessment clearly displayed at the reception desk along with an assessment manual. We spoke with two members of the reception team who were both able to describe the processes they used to reach an assessment of priority. Both confirmed they had received training and told us they were cautious in their assessment and would rather classify a patient as in need of urgent care and treatment (to enable the patient to be seen within two hours). They also told us that if they remained uncertain about the priority they would call a clinical colleague to undertake the assessment. We noted that reception

staff had also been trained to observe patients in the waiting room to identify if a patient's condition deteriorated. We saw both reception staff and clinical staff undertaking routine observations of patients in the waiting room. This enabled re-assessment of priority if a patient's condition was seen to have deteriorated. The advanced nurse practitioner we spoke with confirmed that they had found reception staff were more confident and competent in undertaking initial assessment of priority for walk in patients since they received their training. The senior clinical staff undertook competence checks of the reception staff at regular intervals.

- The provider had also been successful in obtaining funding to introduce clinical navigators to undertake the initial assessment of priority of need for walk in patients. A nurse had already commenced working at the centre and the provider had advertised to recruit a health care assistant.
- There was a system in place to monitor that emergency nurse practitioners subcontracted from the local NHS trust were up to date with their mandatory training. The system also identified that this group of staff were appropriately registered with a professional body and had DBS checks in accordance with the Trust's policies. The reporting system used by the Trust was updated regularly and we saw that the provider checked the information supplied by the Trust. We spoke with the Director of Nursing at the Trust who assured us that the personnel system used would identify staff who had not maintained their professional registration or required a DBS check and that these staff would not be rostered to work in the Minor Injuries and Illness Unit until they re-registered and had their DBS check.

### Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service had updated their system for prescribing and issuing high risk medicines. We noted that prescribers were following the providers prescribing policy when issuing prescriptions for high risk medicines. This was checked by an independent pharmacy. The system for recording issue of blank prescriptions had improved and there was a system in place to monitor prescription usage.

## Are services safe?

These actions and improvements were now ensuring that requirements relating to provision of safe services were being met

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 13 December 2016, we rated the service as requires improvement for providing well-led services as governance arrangements were operated inconsistently. Specifically the provider had failed to identify, assess and manage all risks effectively for example:

- The risks associated with ensuring staff were appropriately trained.
- Risks from non-clinical staff undertaking initial assessment of need for walk in patients.
- Failure to follow the prescribing policy and tracking the use of prescriptions.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 26 September 2017. The service is now rated as good for being well-led.

### Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that there was a consistent approach to management of risk:

- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract

monitoring arrangements. We noted that regular meetings were held with the NHS 111 call handling service to ensure patients were assessed and booked to the primary care centres appropriately. When a change in system at NHS 111 resulted in delays in booking patients needing to be seen within two hours the provider worked with the service to gain improvements. We noted that there had been an improvement in the last two months in the provider's performance against the national target of treating patients classified as urgent within two hours. In August 2017 the 95% target was missed by only 0.01% which showed improvement from the 3% below target found when we inspected in December 2016. The provider had put measures in place with the call handlers to ensure patients assessed as urgent were booked in promptly so the two hour target could be attained.

- The provider had updated their systems to ensure that all self-employed GPs had completed training relevant to their role including safeguarding children, safeguarding adults and basic life support.
- The provider had ensured that they were aware when emergency nurse practitioners working at the Minor Injuries and Illness Unit (MIIU) had undertaken ongoing training and had regular appraisals.
- The medicine monitoring system had been improved and ensured prescribers were following the organisations prescribing policy. The prescription tracking log was completed at the MIIU.

These actions and improvements were now ensuring that requirements relating to provision of well-led services were being met