

Derby Urgent Care Centre

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 effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 Derby Urgent Care Centre on 6 December 2016. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events. Staff were encouraged to record incidents. A tracker system was used to monitor progress and share learning.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need. The service met the National Quality Requirements. These are minimum standards for all out-of-hours GP services established by the Department of Health.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records, and the urgent care centre staff provided appropriate services (for example the patient's GP or the hospital) with information following contact to ensure continuity of care.
- The service managed patients' care and treatment within the four- hour wait time agreed with commissioners. They had triaged and prioritised 81% of children within 15 minutes over a three month period.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate, and improved the patient experience. For example, they had widely advertised the services of the centre and explained to patients when they should attend the unit, rather than the accident and emergency department.

Summary of findings

- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice;

- The provider had introduced a Support and Advice Hub (S&AHs) as a source of information and signposting to local service provision. They provided advice on health and wellbeing issues that did not require clinical discussion. For example, once a patient

had been diagnosed with diabetes they could access further information on diabetes and lifestyle. The patient advisers within the S&AHs were able to provide this information and give resources for the patient to take away.

There was one area where the provider should make improvement;

The provider should implement a formal training and supervision programme for receptionists participating in the patient streaming system, to ensure staff have the skills and support to undertake the role.

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 is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events. These were monitored through a tracking system and learning shared with staff at daily 'huddles', monthly team meetings and annual events.
- When things went wrong, patients were informed in line with the provider's Duty of Candour. Patients were given an explanation and an apology if appropriate, and were informed of any changes that had been implemented to avoid a similar recurrence.
- The service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Risks to patients were assessed and well managed.

Are services effective?

The service is rated as good for providing effective services.

Good



- The service was consistently meeting National Quality Requirements (performance standards established by the Department of Health) for GP urgent care services to ensure patient needs were met in a timely way. These had improved by 12% from the preceding year.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. There was a rolling audit agenda which the service adhered to and were signed up to a National CQUIN (Commissioning for Quality and Innovation) for sepsis screening. CQUINs are an incentive to encourage care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For the patient, this means better experience, involvement and outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Clinicians provided urgent care to walk-in patients based on current evidence based guidance. However, locum GPs did not always adhere to agreed guidelines for prescribing antibiotics. This had been identified by the provider who were taking action to address this issue.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The service is rated as good for providing caring services.

Good



- Feedback received from the majority of patients via CQC comment cards was very positive.
- Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment. Patients told us that GPs and nurses adopted a caring and respectful approach during consultations.
- Information was provided for patients about the services available.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality.
- Patients were generally kept informed with regard to their care and treatment throughout their visit to the urgent care service. However, some patients did not feel fully informed about the streaming and triage process on arrival.
- The provider engaged with their local community. For example, children were invited to participate in a colouring competition based on the urgent care centre's mascot, Dr Duck. Materials were distributed to primary schools, after schools clubs, Brownies and Cubs, local emergency department and the crèche at Derby football club.
- The provider cared for staff by providing support schemes and benefits. For example; cycle to work scheme, eye care vouchers and child care vouchers. There was also a financial incentive for referring potential employees to the company.
- The provider recognised and rewarded staff for their achievements by holding an annual awards ceremony where staff could be nominated for one of seven awards. One of these awards was chosen by patients.

Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



Summary of findings

- The urgent care centre reviewed the needs of the local population and engaged with its commissioners to secure improvements to services where these were identified. For example, they were working with partners to improve signage at the entrance and from main routes to the centre; They had established social media accounts in June 2016 in order to engage patients in checking the 'live' waiting times at any one time.
- The provider was also aware of the needs of the local population and tried to address their needs accordingly. For example, there were higher number of Turkish and Lithuanian patients residing locally. Staff utilised translation services when required.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had streaming and triage systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The provider had responded to information regarding inappropriate attendance for children at the local emergency department and took steps to engage local parents in utilising the urgent care centre where appropriate.
- The provider utilised social media to share the message widely about appropriate use of emergency departments and what the urgent care centre could provide.

Are services well-led?

The service is rated as good for being well-led.

- The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to the provider's strategy, and were motivated to providing high quality care.
- There was a consistent presence from clinical and operational leaders on site on a daily basis, and senior leaders visited weekly or more often. One senior clinical leader from One Medicare Limited was based at the premises.
- The lead GP for urgent care visited the service regularly to support the team and often held GP clinics at the site.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- Staff attended daily 'huddles' where staff and managers met to communicate what was happening on the day and share issues or concerns. There was a dedicated 'huddle' room where staff could read about information that had been shared and was used as a learning resource hub as well as a daily meeting place.
- There was a dedicated Group-wide intranet site (OneSpace) where staff could find clinical policies, corporate policies, toolkits, protocols, and rotas. OneSpace also provided access to news and updates from across the group and noticeboards to share ideas or suggestions.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included effective arrangements to monitor and improve quality and identify risk. The on-site leadership team attended governance and clinical meetings held by the wider corporate provider leadership team.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the service they received. Patient feedback was obtained by the provider on an ongoing basis and was included in the centre's contract monitoring reports. Data from the provider for the period of 24 November-1 December 2015 showed:

- 97% of patients were satisfied with their welcome at reception on arrival, with 40% describing this as good and 39% as excellent
- 94% of patients were satisfied that their privacy had been maintained at the reception desk
- 85% of patients said that the doctor or nurse listened to them, with 50% describing this as excellent.
- 83% of patients said that the doctor or nurse put them at ease
- 78% of patients said they were treated with care and compassion by the doctor or nurse
- 77% of patients said their condition was well explained
- 80% of patients said they were satisfied with their overall experience on the day, with 37% who said their experience was excellent.

The provider had also carried out a Friends and Family survey in November 2016. The results were as follows;

- Over 92% of patients said they would recommend the service to their family and friends
- Less than 0.5% of patients said they were unlikely to recommend the service.

The provider produced an action plan to address patient feedback and improve services for patients based on their feedback which included:

- working with local stakeholders to improve signage to the premises
- exploring ways to reduce waiting times by reviewing assessment models
- working on ways to improve parking facilities in the area.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients told us that the staff were professional, polite and caring and some said that they preferred to attend this service instead of their own GP even though it meant waiting longer.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some had used the service previously and said they would use it again, and others had attended following a recommendation by a friend or relative. A number of patients told us that they had used the service because they were unable to get an appointment with their own GP. Some patients were satisfied with the information provided on arrival about the service and waiting times, others were less so.

Areas for improvement

Action the service SHOULD take to improve

There was one area where the provider should make improvement;

The provider should implement a formal training and supervision programme for receptionists participating in the patient streaming system, to ensure staff have the skills and support to undertake the role.

Outstanding practice

We saw an area of outstanding practice;

- The provider had introduced a Support and Advice Hub (S&AHs) as a source of information and signposting to local service provision. They provided

advice on health and wellbeing issues that did not require clinical discussion. For example, once a patient had been diagnosed with diabetes they could access

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further information on diabetes and lifestyle. The patient advisers within the S&AHs were able to provide this information and give resources for the patient to take away.

Derby Urgent Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a service nurse specialist adviser, and an Expert by Experience.

Background to Derby Urgent Care Centre

Derby Urgent Care Centre opened as an urgent care centre on 1 April 2015 and was previously a walk-in Primary Care Centre.

It is situated next to Derby Community Hospital and provides a service for the treatment of minor to moderate illnesses or injuries which do not require treatment in an emergency department. The premises are shared with an Out of Hours service.

The centre is owned and managed by One Medicare Limited a family run company which originated in Leeds, West Yorkshire.

Clinical and operational leadership is provided by a clinical manager and a finance manager who work from the centre on a daily basis. They are supported by the Director of Nursing and Lead GP for urgent care from One Medicare Limited who visits and works at the centre on a weekly basis. There are two other employed GPs who work there on a regular basis and a number of regular locum GPs and bank staff. The centre is supported by five senior nurse

practitioners who are prescribers, six senior nurse practitioners, two nurse practitioners and two health care assistants. Clinicians are supported by receptions and administrators.

The centre was commissioned to see 72,000 patients per year, and has seen and treated more than 50,000 patients in the last 12 months. It is open to all people with an urgent health need during opening hours without an appointment. There are 20 appointments allocated by the 111 service daily.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 visit on 6 December 2016. During our visit we:

- Spoke with a range of staff (Director of Nursing, Chief Executive, GPs, nurses, Clinical Lead, Finance manager, reception and administration staff) and spoke with patients who used the service.

Detailed findings

- Observed how patients were provided with care and talked with carers and/or family members
- Inspected the out of hours premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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?

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

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the clinical or finance manager of any incidents and were actively encouraged to report these via the computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (this is a legal requirement that service providers must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- All significant events were recorded on a central tracker system, and rated according to the risk to patients, and we observed this was updated with progress each month. The service carried out a thorough analysis of the significant events, and ensured that learning from them was shared with staff at the daily huddle and at the monthly centre meetings. Significant events was discussed as a standing agenda item at the monthly practice/clinical meetings.
- Lessons learned were shared more widely at regional meetings and in peer to peer networks. Where necessary, Locum staff were informed of any learning individually.

We reviewed incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, when a member of staff was injured on a piece of furniture, action was taken to adjust the furniture to prevent this from happening again. Staff shortages were also recorded as significant events and the providers had taken action to recruit additional staff.

Overview of safety systems and processes

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

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff knew who this was. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw evidence that GPs were trained to child safeguarding level 3. Nurses were trained to level 2, and some at level 3. Where clinicians had a safeguarding concern this was managed according to Clinical Commissioning Group (CCG) and local protocols and a referral form completed accordingly. This was also recorded on the practice's computer record system which was accessible to most GPs immediately. Where a patient's GP did not have access to the practice's computer system, then the written record is scanned into the patient's record and shared with the relevant GP within 24 hours. Clinicians were able to contact the School Nurse, Health Visitor or GP immediately if required and recorded this in the patient's record.

- There were arrangements in place to respond to patient safety alerts. These were disseminated to relevant staff by the clinical manager and discussed at the daily huddle. Copies of the alerts were also made available in the designated 'Huddle' room for staff to read and sign. There was an alerts tracker in place whereby actions taken were recorded. Any changes to practice, including NICE guidelines, were discussed at the regional clinical governance meeting and implemented via discussions at the monthly centre meeting.
- There was a chaperone policy which made it clear that staff needed to offer patients a chaperone before they carried out any intimate examinations and that only staff who had completed training in chaperoning and had a Disclosure and Barring Service check (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) would be asked to carry out this task. A notice in the waiting room advised patients that chaperones were available if required.
- During our inspection we observed the premises to be clean and tidy and this aligned with the views of

Are services safe?

patients. A senior nurse was the lead for infection control within the centre. There were mechanisms in place to maintain high standards of cleanliness and hygiene. The centre had effective communication with the cleaning staff who were contracted to clean the centre. Cleaning schedules were in place which detailed the cleaning tasks to be undertaken on a daily and weekly for all areas of the site. There were infection control protocols and policies in place and staff had received up to date training. Infection control audits were undertaken on a regular basis and improvements were made where required.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included checks for Locum staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

- The arrangements for managing medicines in the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service carried out regular medicines audits with the support of the local CCG medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions were normally used by nurses to supply or administer medicines without a prescription. However, these were in the process of being reviewed by the CCG at the time of our visit and so a safe interim system had been implemented for nurses to obtain a prescription from a GP for all medicines. All the nurses we spoke with were aware of this temporary arrangement.
- There were no controlled medicines kept on the premises apart from one, which was codeine phosphate. A register was used for storing and dispensing this medicine. All medicines were kept locked and stock rotated and checked. The medicines we checked were all in date. We were told that fridge temperatures were checked daily, however, there were

no data loggers and we did not see a record of minimum and maximum temperatures being logged over time. This was identified in a recent infection control audit as an action that required attention.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place to manage and monitor risks to patient and staff safety. The centre had up to date fire risk assessments and carried out regular fire drills. The centre had a variety of other risk assessments in place to monitor safety of the premises such as legionella (this is a term for a bacterium which can contaminate water systems in buildings). We saw that appropriate action was to act upon any identified risks to ensure these were mitigated.
- We saw evidence to show there was a system in place to ensure equipment was maintained (including calibration where relevant) to an appropriate standard and in line with manufacturers' guidance, for example, annual servicing of vaccine refrigerators.
- There was a flexible staffing model in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. This included a template which mapped out the number of GPs and nurses required to meet demand at different times throughout the shift. This helped to ensure enough staff were on duty. This included a number of staff employed on a zero hours contract to help ensure the rota was filled. The provider told us that there were insufficient permanent staff to fulfil the rota requirements and that Locum GPs and nurses were used regularly to help fulfil the rota requirements. In the preceding 11 months, the centre had utilised nurse locums for 3870 hours and GP Locums for 1766 hours. Staff told us that there were sometimes challenges when staff were sick, but that this had improved recently. The provider had been actively recruiting staff and had just recruited an Emergency Care Practitioner and two more nurses to commence in February 2017. An advanced health care assistant was due to start in December 2016.
- The centre regularly reviewed historic patient demand and took account of summer and winter pressures when planning minimum staffing requirements. The on-site management team were able to escalate any staffing challenges to the provider who was always available to advise on actions to take. The provider told us that they

Are services safe?

did not have a specific contingency plan to adjust the work model used when demand became unexpectedly high, but that they usually worked well together to overcome challenging times.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We saw evidence that Staff had received annual basic life support training.

· The centre had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

· Emergency medicines were accessible to staff and all staff knew of their location. All the medicines we checked were in date.

· The centre had a business continuity plan in place for major incidents such as power failure or building damage. The plan had been updated in December 2016 and included emergency contact numbers for staff and suppliers. In addition to copies held within the centre, copies were also kept off site by key members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed in clinical meetings and through educational sessions.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The daily 'huddle' session provided an opportunity for staff to discuss changes to guidelines and records of these discussions were kept on file for staff to refer to.
- The centre monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

The centre operated a streaming system to ensure that patients who required urgent attention were prioritised. Although staff had received no formal training for this, they had learned about the process by discussing scenarios with clinicians prior to commencing the process and were able to do this on an ongoing basis. The receptionists and streaming nurses followed an agreed protocol to decide which patients needed to be triaged, and those who required immediate attention.

On arrival at the urgent care centre patient's details and presenting complaint were recorded by the receptionist who would then identify whether the presenting complaint was on the inclusion criteria designated as 'urgent', and if so, the patient was signposted to see the triage nurse for full assessment and clinical observations. The streaming nurses were present at the desk to support the receptionist and where more information was required to enable accurate streaming, the streaming nurse would take the patient into an assessment room to conduct a more detailed streaming assessment. The streaming nurses had been purposefully recruited on the basis of previous experience within an unscheduled care, minor injury or A&E environment where their duties had involved triage.

If the presenting complaint was not on the inclusion criteria then the patient was asked to wait to be seen by the attending clinician.

The provider told us that the longest that a child waited to be seen by the streaming nurse was 29 minutes and the longest an adult waited was 42 minutes.

Children were triaged by one of the paediatric nurses. Clinicians used a 'see and treat' pathway, which included taking a more detailed medical history, investigations, diagnosis, care plan, treatment and discharge. A nurse practitioner or healthcare assistant carried out initial observations which included taking a patient's pulse, temperature, blood pressure, heart rate, respiration rate, oxygen level and recorded their responsiveness level. This assessment gave a patient a clinical score, which directed staff to the level of priority appropriate for each patient.

Management, monitoring and improving outcomes for people

The service produced monthly monitoring reports of the activity undertaken and service delivered, which were shared with the Clinical Commissioning Group (CCG) who had agreed key performance indicators. These included reviews of the targets agreed with the CCG and used to monitor the delivery of the contract at Derby Urgent Care Centre.

Agreed targets were;

- To triage and prioritise at least 90% of children within 15 minutes of arrival. The centre had achieved 81% in the last quarter.
- To triage and prioritise at least 80% of adults within 30 minutes of arrival. The centre had achieved 79% in the last quarter.
- To see at least 95% of Red priority patients within 15 minutes of arrival. The centre had achieved 100% in the last quarter.
- To see at least 85% of Amber priority patients within 60 minutes of arrival. The centre had achieved 100% in the last quarter.
- To see at least 90% of Green priority patients within 4 hours of arrival. The centre had achieved 100% in the last quarter.
- To discharge or refer at least 90% of patients within 4 hours. The centre had achieved 100% in the last quarter.
- To refer less than 10% of patients to A/E department. The centre had achieved 5.3% in the last quarter.

Are services effective?

(for example, treatment is effective)

- To achieve overall patient satisfaction of over 90%. The centre had achieved 96% in the last quarter.

The centre used national quality requirements (NQR) to show the service was safe, clinically effective and responsive. Performance reports were shared monthly with the CCG on their performance against standards which included audits, response times to phone calls, and whether telephone and face to face assessments happened within the required timescales, patient feedback and outcomes on the actions taken to improve quality.

There was evidence of quality improvement including clinical audit. The service conducted a rolling programme of clinical audits which was agreed with Southern Derbyshire Clinical Commissioning Group (CCG) and One Medicare Ltd. The audits were carried out during each quarter year and so each was conducted over a period of three consecutive months. The results of each quarterly audit was discussed with the CCG at a quality meeting.

We reviewed the finding of audits as follows;

- An audit was conducted over three months to review the quality of clinical notes by all clinicians. This encouraged staff to be conscious of their documentation of consultations and ensure they were working within locally established or national guidelines. The audit enabled managers to monitor trends, productivity, quality and clinical standards. The audit also provided an opportunity for individual clinicians to review their personal development and contributed towards the revalidation process. The audit looked at 36 sets of clinical notes and found that 89% were satisfactory and in line with agreed guidelines.
- A prescribing audit was conducted over three months to see whether agreed prescribing guidelines were adhered to. The audit reviewed 120 criteria within 20 sets of records and found that 87% were in line with agreed protocols and guidelines. The senior clinicians made several recommendations to prescribing staff to improve adherence to guidelines. For example; clinicians were advised on the most appropriate non-steroidal anti-inflammatory (NSAID) medicine to be prescribed initially.
- An audit was conducted to monitor the use of three specific antibiotics groups over a three month period. A total of 100 records were checked. The audit found that adherence to agreed protocols ranged from 51 %, to 77% across the three medicines. The service identified

that locum GPs were less likely to adhere to protocols and acted on these findings by issuing protocol reminders and 'thought provokers' to relevant prescribing clinicians. They also discussed the issue regularly at daily huddles.

- The providers had signed up to an improvement scheme with the CCG to improve early diagnosis of sepsis. The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. An audit was conducted to see whether clinicians were adhering to a national CQUIN for the identification and treatment of sepsis. The audit focussed on patients presenting to the Urgent Care and required clinicians to screen for sepsis in all patients where appropriate to identify the patients that required rapid transfer to secondary care for emergency sepsis management. Results showed that clinicians achieved 70% adherence to guidelines for sepsis screening in relevant patients. The service acted on this by reminding clinicians of the importance of checking the patient's respiratory rate when making their observations.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager. This included Locum staff who completed a specific induction checklist and were able to attend the daily huddle to share information and learning. Key policies were provided for Locums in paper format in each consulting room and they were able to access electronic copies of policies and protocols through the computer system using a Locum login.
- The practice could demonstrate how they ensured role-specific training with updates for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles. For example, nurse

Are services effective?

(for example, treatment is effective)

practitioners were encouraged to complete a nurse prescriber training programme once they had achieved a certain level of competency. This provided eligible nurses with an opportunity for promotion and advancement.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation, and support for the revalidation of GPs and nurses.
- Locum GPs and nurses received feedback on their performance following regular prescribing audits.
- We saw evidence that staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Arrangements were in place for the service to provide details of consultations, including appropriate clinical information, to the GP practice where the patient was registered. The service followed clearly agreed responsibilities in respect of the transmission of patient data.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- This included access to summary care records for relevant patients who were registered with a GP. This information was provided by the person's GP and helped the urgent care staff in understanding a person's needs.
- The service shared relevant information with other services, for example when referring patients to other services.
- The provider worked collaboratively with the NHS 111 providers in their area, for example, 20 appointment slots were made available for the NHS 111 service to book patients directly into.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by an emergency department were referred on.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.
- Consent for treatment procedures were recorded in the patient record.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Waiting times were displayed at the reception desk and also on the website so that patients could make an informed decision about whether or not to visit the service.
- Patients were seen on a priority basis, according to the urgency of their needs.

We received 23 patient Care Quality Commission comment cards which were all positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients also told us that they had been treated with care and respect and that GPs and nurses gave them enough time during the consultation.

We spoke with 10 patients during our inspection who all told us that they were treated with care and respect and that they felt able to use the service again.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

The service promoted patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read formats.
- A hearing loop was provided to help communication with patients who had a hearing impairment.
- Safety netting advice was given to patients verbally and also via leaflets when they were discharged from the centre in case their condition got worse.
- The service provided a 'hub prescription pad' with information on what to do next.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.

- There were accessible facilities, a hearing loop and translation services available.
- An interpretation service was available if required, however, the centre utilised relatives where appropriate and a translation facility available to them via the internet.
- The provider responded quickly to concerns raised by patients through complaints, significant events and satisfaction surveys. A number of changes were made based on patient feedback. For example, implementation of a live waiting time board at reception and on the website.
- The provider was working with partners to improve signage at the entrance and from main routes to the centre. This was due to be launched in February 2017.
- They established Twitter and Facebook accounts in June 2016 in order to engage patients in checking the live waiting times.
- The provider improved system resilience by promoting appropriate use of the centre and the accident and emergency (A&E) department for patients who were unsure which service to select.
- The opening times for the centre were widely advertised locally.
- The provider had reviewed their model of care and implemented a streaming system to enable patients who were most likely to need to see a doctor, to be streamed out of the system and into an appointment slot. Patients who were least likely to need to be seen by a clinician were streamed to be seen by a health care assistant for advice. For example, patients who required a blood pressure check or dressing change.
- The provider had introduced a Support and Advice Hub (S&AHs) as a source of information and signposting to local service provision. They provided advice on health and wellbeing issues that did not require clinical discussion. For example, once a patient had been diagnosed with diabetes they could access further

information on diabetes and lifestyle. The patient advisers within the S&AHs were able to provide this information and give resources for the patient to take away.

The provider had a streaming system for identifying all immediate life threatening conditions and, once identified, those patients were passed to the most appropriate acute response (including the ambulance service). For example, on the day of our inspection, a patient arrived at reception who had an urgent need for attention. The receptionist immediately alerted the streaming nurse who assessed the patient and called for an ambulance.

All children should have their streaming and initial assessment completed within 15 minutes of arrival and all adults within 30 minutes of arrival. If the wait for streaming and initial assessment was greater than 15 and 30 minutes respectively, the triage nurse would escalate this to the shift lead who would deploy a second streaming nurse and/or utilise other strategies, for example; to be seen and treated by a senior nurse or to be seen by a HCA in the advice hub. Streaming times were regularly monitored and audited by the provider.

Access to the service

The service was open between 8am and 8pm every day including weekends and bank holidays. The service remained open until 8.30pm or when the last patient had been seen. Patients who arrived after 8pm were directed to the Out of Hours service located in the same premises.

Patients could access the service via NHS 111 and 20 appointments each day were provided for patients who had contacted the NHS 111 service.

Feedback received from patients from the CQC comment cards and from the National Quality Requirements scores indicated that in most cases patients were seen within two hours, however, some patients told us that they had previously waited up to four hours.

The service received feedback from patients via the 'Friends and Family' test, NHS choices, complaints and general comments reported to reception staff. Patients reported in a patient survey conducted by Derby Health Forum in December 2015 that they were satisfied overall,

Are services responsive to people's needs?

(for example, to feedback?)

but that changes to services could be communicated better to patients. The provider acted on feedback from this survey and provided a communications board to feedback changes to patients.

The friends and family survey conducted in October 2016 generated 700 responses. A total of 100% of respondents said they were likely or very likely to recommend this service to a friend or family member.

The service had a streaming system in place to assess the urgency of the need for medical attention. Children were always triaged by a paediatric nurse.

Listening and learning from concerns and complaints

The centre systems in place to handle complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations.

- There was a designated responsible person who handled all complaints in the centre.
- We saw that information was available to help patients understand the complaints system including posters.
- Staff we spoke with were aware of the complaints procedures within the centre and told us they would direct patients to the centre manager if required.

The centre had logged five complaints and concerns in the last six months including verbal complaints. These were recorded on a tracker system and monitored monthly. We reviewed a range of complaints and found they were dealt with in a timely manner in accordance with the centre's policy on handling complaints. The centre provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The provider, One Medicare Limited had taken over the contract to run the service as Derby Urgent Care centre since 1 April 2015. It had previously been a walk in centre and most of the staff had worked for there for some time.

The providers had a clear vision to deliver high quality care and promote good outcomes for patients and this was shared with staff who appeared motivated to achieve the best possible service for patients.

- The service had a mission statement and staff knew and understood the values.
- The service had a robust strategy and supporting business plans that reflected the vision and values and were regularly monitored.
- The leadership team liaised regularly with senior members of One Medicare Limited to discuss progress

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 clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff.
- The provider had a good understanding of their performance against National Quality Requirements. These were discussed at the centre with all staff, and at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements. Performance was monitored on a tracker and made available for all staff visually in their 'huddle' meeting room. All staff were encouraged to review performance of the centre.
- Team meetings were held within the service for all staff. This ensured that the provider retained oversight of governance arrangements within the centre and achieved a balance between the clinical and business aspects involved with running the centre.

• The service retained a permanent clinical manager and business/finance manager who provided day to day leadership and management for the team.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. These were conducted on a quarterly basis and the findings shared with the CCG and the wider One Medicare Limited team.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the provider of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the managers and clinicians were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included daily 'huddles' whereby staff attended a brief meeting in the huddle room to discuss issues/concerns for the day as well as hear about any changes to practice or protocols. There were also monthly team meetings and lead clinicians attended clinical governance meetings that were external to the service.
- There were a number of regular weekly meetings held by the senior managers of One Medicare Limited in

Are services well-led?

Good 

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

conjunction with the centre managers to manage and monitor performance and staffing capacity, for example; weekend readiness meetings, to establish readiness for the weekend ahead; weekly performance meetings to discuss capacity and demand, absence, financial control and quality measures; and weekly meetings to discuss use of Locum GPs.

- Staff had lead areas of clinical responsibility, for example, infection prevention and control.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the providers. Staff had the opportunity to contribute to the development of the service.

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

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

- The service had gathered feedback from patients through surveys and complaints received. For example, they had implemented a notice board to inform patients of waiting times.
- The service had gathered feedback from staff through an annual staff survey, huddle meetings, and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.

- The provider cared for their workforce and provided a staff notice board, a reward scheme with links to discounted services, and involved them in decisions about the future of the service
- The provider raised awareness of the centre through social media platforms with working age population, the clinical workforce and local third sector organisations. This was to promote more appropriate use of local emergency departments for all ages.

Continuous improvement

- The provider had recently introduced a Support and Advice Hub (S&AHs) as a source of information and signposting to local service provision. They provided advice on health and wellbeing issues that did not require clinical discussion. For example, once a patient had been diagnosed with diabetes they may wish to access further information on diabetes and lifestyle. The patient advisers within the S&AHs were able to provide this information and give patients resources to take away.
- The provider engaged with local children to raise awareness with parents of the services provided at the urgent care centre through promoting a colouring competition for children to design posters and signage, for example; a '20 mile per hour zone' sign. The aim of the scheme was also to raise awareness of the appropriate use of the local emergency services and promote better use of facilities, and reduce the burden on local A/E for inappropriate attendance of children with minor illness and minor injury.