

# Primary Care/Urgent Care Centre

## Inspection report

Victoria Hospital  
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Blackpool  
FY3 8NR  
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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

We carried out an announced focused inspection at the Primary care / Urgent Care Centre on 21 March 2022. This inspection was carried out as part of our national programme of Urgent and Emergency Care inspections.

At this inspection, only those key lines of enquiry designed to support the focused inspection of an Urgent Treatment Centre within the key questions of Safe, Effective, Caring and Well-led were examined. Therefore there are no ratings associated with this inspection.

We undertook this focused inspection at the same time as CQC inspected a range of urgent and emergency care services in Lancashire and South Cumbria. To understand the experience of these providers and people who use these services, we asked a range of questions in relation to urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

## **A summary of CQC findings on urgent and emergency care services in Lancashire and South Cumbria.**

Urgent and emergency care services across England have been and continue to be under sustained pressure. In response, CQC is undertaking a series of coordinated inspections, monitoring calls and analysis of data to identify how services in a local area work together to ensure patients receive safe, effective and timely care. We have summarised our findings for Lancashire and South Cumbria below:

### **Lancashire and South Cumbria.**

Provision of urgent and emergency care in Lancashire and South Cumbria was supported by services, stakeholders, commissioners and the local authority.

We spoke with staff in services across primary care, integrated urgent care, acute, mental health, ambulance services and adult social care. Staff felt tired and continued to work under sustained pressure across health and social care.

We found demand on urgent care services had increased. Whilst feedback on these services was mostly positive, we found patients were accessing these services instead of seeing their GP. Local stakeholders were aware that people were opting to attend urgent care services and were engaging with local communities to explore the reasons for this.

The NHS 111 service which covered the all of the North West area, including Lancashire and South Cumbria, were experiencing significant staffing challenges across the whole area. During the COVID-19 pandemic, the service had recruited people from the travel industry. As these staff members returned to their previous roles, turnover was high and recruitment was particularly challenging. Service leaders worked well with system partners to ensure the local Directory of Services was up to date and working effectively to signpost people to appropriate services. However, due to a combination of high demand and staffing issues people experienced significant delays in accessing the 111 service. Following initial assessment, and if further information or clinical advice was required, people would receive a call back by a clinician at the NHS 111 service or from the clinical assessment service, delivered by out-of-hours providers. The NHS 111 service would benefit from a wide range of clinicians to be available such as dental, GP and pharmacists to negate the need for onward referral to other service providers.

People who called 999 for an ambulance experienced significant delays. Ambulance crews also experienced long handover delays at most Emergency Departments. Crews also found it challenging managing different handover

# Overall summary

arrangements. Some emergency departments in Lancashire and South Cumbria struggled to manage ambulance handover delays effectively which significantly impacted on the ambulance service's ability to manage the risk in the community. The ambulance service proactively managed escalation processes which focused on a system wide response when services were under additional pressure.

We saw significant delays for people accessing care and treatment in emergency departments. Delays in triage and initial treatment put people at risk of harm. We visited mental health services delivered from the Emergency Department and found these to be well run and meeting people's needs. However, patients experienced delays in the Emergency Department as accessing mental health inpatient services remained a significant challenge. This often resulted in people being cared for in out of area placements.

We found discharge wasn't always planned from the point of admission which exacerbated in the poor patient flow seen across services. Discharge was also impacted on by capacity in social care services and the ability to meet people's needs in the community. We also found some patients were admitted from the Emergency Department because they couldn't get discharged back into their own home at night.

Increased communication is needed between leaders in both health and social care, particularly during times of escalation when Local Authorities were not always engaged in action plans.

At this inspection we found:

- There was an established leadership team who prioritised a safe and effective service that supported the wider system.
- The provider had an effective governance system in place that enabled ongoing monitoring and scrutiny of the operation and performance of the services provided.
- Quality and performance was routinely monitored and records indicated that the service was performing well against key performance indicators.
- Clinical records viewed provided evidence that care and treatment was provided safely and effectively and in accordance with evidence-based guidelines.
- Despite facing many challenges with staffing the service had continued to maintain safe staffing levels with an appropriate skill mix of staff.
- Safeguarding and safety systems, processes and practices had been developed, implemented and communicated to staff to manage risk and ensure patient safety.
- Systems were in place to respond to incidents and to ensure learning was identified and cascaded so improvements could be made when necessary.
- Staff spoken with confirmed they had access to policies, procedures and guidance relevant to their role and responsibilities including clinical protocols.
- The provider had appropriate clinical equipment in place to enable assessment of patients including emergency resuscitation equipment and medicines.
- Records required under schedule 3 of the Health and Social Care Act were maintained and staff had access to induction, training and development.
- Infection prevention and control was appropriately managed to help safeguard people from a healthcare associated infection.
- There were processes in place to manage the flow of patients and to coordinate, monitor and respond to the presenting clinical needs of patients.
- Patients spoken with confirmed they were treated in a respectful and considerate way and patient feedback reviewed was generally very positive.

# Overall summary

- Staff reported that there was a positive, inclusive and supportive culture and that they were supported by leaders within the organisation.
- There was a focus on continuous learning and improvement at all levels of the organisation.

## **A summary of CQC findings on urgent and emergency care in Lancashire & South Cumbria**

**Overall system summary will be inserted here once finalised**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to Primary Care/Urgent Care Centre

Primary Care / Urgent Care Centre (Blackpool Victoria Hospital, Whinney Heys Road, Blackpool, Lancashire, FY3 8NR) is a registered location under the provider Bloomfield Medical Limited and delivers urgent care services to the Fylde Coast population.

The service is part of the NHS Blackpool clinical commissioning group (CCG). The provider is registered to carry out the regulated activities of diagnostic and screening procedures as well as treatment of disease, disorder or injury at this location.

Bloomfield Medical Limited are working in collaboration with another local urgent care provider to align the service provision at the Urgent Care Centre in Blackpool hospital with other local sites as part of the Fylde Coast Integrated Urgent Care Service (FCIUCS). The providers share managerial oversight of the urgent care provision across the system in order to better manage demand and resources to ensure patient needs are met.

The Urgent Care Centre is a purpose built facility within the local NHS Foundation trust hospital premises, and shares its reception area with the hospital's accident and emergency department.

The centre provides open access primary care to local and temporary residents and visitors to the Fylde Coast either by appointment through the NHS 111 service, to patients walking into the centre or from the local North West Ambulance Service (NWAS). The service's reception is staffed by staff from FCMS (NW) limited who are trained to liaise with patients on arrival and signpost them to the appropriate service.

The Urgent Care Centre is open 24 hours a day, seven days a week all year round. Bloomfield Medical Limited provide clinical staff every day from 8am to 10pm. FCMS (NW) Limited provide clinical staff in the period from 6.30pm to 8 am Monday to Friday and all day on a Saturday, Sunday and bank holidays. There is an overlap of Bloomfield and FCMS clinicians between 6.30pm and 10pm Monday to Friday and they work alongside each other on a weekend and bank holidays. In addition the provider also delivers a nurse-led deep vein thrombosis service from the centre, with pre-bookable appointments available between 9am and 5 pm Monday to Friday.

The centre is staffed by a team of GPs, advanced nurse practitioners, non-medical prescribers, practice nurses and health care assistants. The clinical team are supported by an operational lead and team of other non-clinical personnel including an HR lead, receptionists and administration staff. The staff at the centre are also supported by a broader management structure within the provider organisation and FCMS (NW) limited in collaboration as part of the integrated urgent care system across the Fylde coast.

# Are services safe?

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies such as control of substances hazardous 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 regularly reviewed and were accessible to all staff online via the organisation's shared drive.
- Staff spoken with and training records viewed confirmed staff received safety information from the provider as part of their induction training and through a continuous programme of refresher training.
- The service worked with other agencies to support patients and protect them from neglect and abuse such as their GPs and the local safeguarding team. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. An IPC audit had been completed in March 2022.
- 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. The provider reported that staff recruitment and retention continued to be a challenge. We were informed that many staff had reevaluated their work life balance on the back of the Covid-19 pandemic, there was an ageing workforce entering the later stages of their careers and reducing hours and availability and some had been lured away to General Practice to fill vacant GP gaps due to increased pay and a more family friendly rota and environment. Despite these challenges, the provider had continued to source the required skill mix of staff to deliver the service safely.
- There was an effective system in place for dealing with surges in demand and capacity was routinely monitored to ensure the service could meet anticipated demand.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff 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.

## Information to deliver safe care and treatment

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

# Are services safe?

- 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.

## 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 promoted a supportive and learning culture and staff spoken with confirmed they were comfortable to raise concerns.
- There were comprehensive 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. There were effective governance arrangements in place to support quality improvement activity. For example, there were systems in place to monitor incidents, significant events, complaints, patient feedback and to identify any gaps in service quality and safety. There were systems and mechanisms in place to disseminate safety updates and alerts to all staff. For example, outcomes and relevant learning was shared across the system via clinical and lessons learned newsletters, safety updates and alerts on electronic patient record systems. This was in addition to discussion in team meetings and information being cascaded via email for permanently employed staff members.
- 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.

# Are services effective?

## Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The service used an industry recognised quality monitoring tool that reviewed a minimum of 2% of each of the clinician's consultations every month. Feedback regarding the findings of the audits was provided directly to each clinician and they were encouraged to reflect upon the feedback to ensure best practice and continuous professional development. Incidents, complaints, patient feedback and other healthcare professional feedback were also routinely monitored as part of the governance framework. The findings were used to inform overall clinical performance, safety and effectiveness and to identify improvements and share learning.

The service used key performance indicators (KPIs) that had been agreed with its Clinical Commissioning Group to monitor their performance and improve outcomes for people. The service shared with us the performance data from October 2021 to December 2021 as its third quarterly quality and performance submission that showed information from all sites operating within the Fylde Coast Integrated Urgent Care System. We noted that:

- 99.95% of people who arrived at the services in December 2021 were seen and were subsequently referred on or discharged with 4 hours. This was better than the target of 95%.
- Between October 2021 to December 2021 the provider reported it had achieved the target of at least 90% of people who attended the urgent care sites being seen with 15 minutes or less.
- 1% of people who attended the urgent care services in the period October 2021 to December 2021 were advised to attend ED. This met the target set by the CCG of less than 5% diversions.
- The provider reported that 100% of patients received a face to face assessment within 4 hours at their urgent treatment centres if appropriate, following initial referral by the local ambulance and NHS 111 service. This response time was better than the target of 95%.

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.

## 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.
- An electronic record of all consultations was sent to patient's registered GP's so that the GP was aware of the need for further action and continuity of care for their patients.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives



# Are services effective?

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

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.

Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

# Are services 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. People who called the service or who arrived at the service without an appointment were supported with clear information and guidance.
- 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.
- The service monitored patient experience by encouraging patients to provide ratings and reviews via a smart phone based platform.

## Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times. An improvement plan had been developed in response to a review of patient feedback survey data in February 2022. This indicated that in response to feedback the service had moved the location of its triage / see and treat activity from the front desk back into the original triage room in the corner of the waiting room, to help alleviate concerns about patient confidentiality.
- 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.

# Are services well-led?

## Leadership capacity and capability

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

- Leaders at all levels demonstrated they had the required experience, capacity and capability to deliver the service and address risks to it. There was an embedded system of leadership development and succession planning which aimed to ensure the continuing resilience of the service to deliver its contractual obligations.
- The leadership team was extremely knowledgeable about issues and priorities relating to the quality and future of services. They demonstrated a comprehensive understanding of the challenges and were working to address them.
- Service leaders were involved in other work activity that helped them to understand and contribute to the development of system wide initiatives.
- 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.

## Culture

The service had a well established and embedded culture of high-quality sustainable care.

- Staff felt extremely respected, supported and valued. They told us they were proud to work for the service. There were positive relationships between staff and teams.
- The service focused on the needs of patients. Staff were committed to evaluating and developing the quality of the service provided and worked in partnership with other local organisations to deliver its strategy.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. A “lessons learned” log was maintained and this identified the type of incident, the actions taken and the lessons learned and shared.
- 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 received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinicians received protected time to support their professional development and time to reflect and evaluate their clinical work and performance.
- There was a strong emphasis on the safety and well-being of all staff.
- 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.

## 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.

# Are services well-led?

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Structures, systems and processes were in place to support clinical governance, internal and joint governance meetings. This helped to ensure comprehensive oversight of service delivery across all sites within the system.
- There was a clear staffing structure. Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Regular governance meetings were held which covered a comprehensive standardised agenda. For example: complaints, compliments, incidents, lessons learned and safeguarding; clinician specific matters; business continuity plan; pathways and audits; policies and procedures; updates from services and projects; key performance indicators and quality reporting; patient feedback; risk management and training and development.

## Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of clinical staff was monitored in a supportive manner within a culture of learning and development and this was demonstrated via audit of their consultations and clinical decisions.
- 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.
- Leaders had oversight of patient alerts, incidents, and complaints. Systems had been established to identify trends and to make improvements when necessary.
- Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- 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.