LCW UCC (St Charles Centre for Health and Wellbeing)

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of LCW UCC (St Charles Centre for Health and Wellbeing) on 25 and 26 August 2022. The service had previously been inspected in March 2017 where it had been rated as good overall, and in all five key questions.

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

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, not all staff at the service were aware of incident processes, and learning from incidents and complaints was not routinely shared with all staff.
- The service was not meeting targets for ensuring that calls were answered in a timely manner, and abandoned calls avoided. These targets are measured to ensure that safe care is provided.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the service easy to access and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist adviser and a second CQC inspector. A clinical fellow from CQC attended the inspection as an observer.

Background to LCW UCC (St Charles Centre for Health and Wellbeing)

London UCC (St Charles Centre for Health and Wellbeing) is a registered location provides the 111 service to the North Central region of London. The service also provides 20% of health advisor time and 50% of the Clinical Assessment Service (CAS) support to the North West London region, although another provider is lead contract holder in this area.

All of the services are provided from a single core location, St Charles Centre for Health and Wellbeing, London, W10 6DZ. However, most of the clinical staff at the CAS which provides support for the 111 service work remotely.

In both the North Central (the Boroughs of Barnet, Camden, Enfield, Haringey and Islington) and North West London (the Boroughs of Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster) areas, the service provides a Pathways-led triage system with input from the CAS as required. The service refers patients to a variety of services in the local area, including Urgent Treatment Centres (UTCs), out of hours services, and referral back to a patient's own GP service.

The service is delivered by London Central and West Unscheduled Care Collaborative Limited (LCW). LCW currently manages the 111 service, plus CAS and out of hours services in the local area.

The service is a 24/7, 365 days per year service for patients to call so they may be redirected to the most appropriate service. Calls are taken by Health and Service Advisors who are employed by LCW, with management and governance structures in place at the service. Most of the clinical staff who make up the CAS at the service are agency staff.

CQC registered the provider to carry out the following regulated services at the service:

- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely

The service's website address is www.lcwucc.com

Requires Improvement

Are services safe?

We rated the service as requires improvement for providing safe services.

At the time of the inspection visit on 25 and 26 August 2022, we identified the following breaches of regulations:

- The service was not meeting targets for ensuring that calls were answered in a timely manner, and abandoned calls avoided. These targets are measured to ensure that safe care is provided.
- Not all staff at the service were aware of incident reporting or safeguarding processes, and learning from incidents and complaints was not routinely shared.
- Staff we spoke with told us that there were insufficient health advisors and clinical staff at the service. We noted that there were gaps in rotas that were not filled.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies 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. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Systems were in place to ensure that clinical staff and team leaders 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. However, despite having received training in safeguarding, not all non-clinical staff that we spoke to were aware of safeguarding processes.
- The premises at the site was fit for purpose. Facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- The service regularly monitored the number of calls abandoned and time to answer calls, which are safety requirements that are contractually required to be monitored, with figures submitted to the commissioners. Where actions were required to address standards not being met, the service implemented action plans.
- Call abandonment rates were between 3.9% and 17.8% for the last twelve months. The organization had been given a 5% target, which had been met only twice in the last year. The service had delivered better results against this targets than the majority of providers in England in the last year, but rates were still below national targets.
- The number of calls answered within 60 seconds in the last 12 months was between 29% and 72% (measured on a monthly basis), lower than the 95% target. Average waiting time was over a minute in each of the last 12 months, and in two months was over five minutes. Again, the service had delivered better results to these targets than the majority of providers in England in the last year, but results were still below national targets.
- There were arrangements for planning and monitoring the number and mix of staff needed, although the service stated that recruitment to all posts was difficult given a shortage of appropriately trained staff. Staff at the service told

us that senior managers had been proactive in addressing staffing shortages and that they were confident that this would be addressed. Managers at the service told us about how they had raised the starting wage for call handling roles to make them more attractive. They had also implemented a career progression system for non-clinical staff to aid in retention. Senior staff were easily identifiable and available for staff to escalate their concerns.

- There was an effective induction system for both permanent and temporary staff tailored to their role. Including mandatory training in Pathways where required.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and escalate those patients with most urgent needs. 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 or who had been inappropriately streamed into the service.
- 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.

- 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.
- At the time of the inspection, there had been a nationwide outage of the national urgent treatment database, that lasted several weeks. The service had responded quickly to the outage, and had developed outage protocols when it became apparent that it would last longer than the several hours that might ordinarily be expected.
- 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.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including UTCs, out of hours providers and local ambulance providers.

Lessons learned and improvements made

The service learned and made improvements when things went wrong, but not all staff were aware of how to report incidents, or learning from them.

- There was a system for recording and acting on significant events and incidents. Some staff understood their duty to raise concerns and report incidents and near misses. However, a majority of the call handling staff that we spoke to were not aware of how to report incidents. A number of staff reported that clinicians and team leaders would manage reporting incidents. This appeared to work in practical terms, but all staff at all levels should be aware of how to raise incidents.

Requires Improvement

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service shared lessons learned with the staff involved, and across organisations where required. However, staff reported that learning from incidents was not shared more widely, either through team meetings (which are difficult to arrange in 111 settings), or through e-mails or newsletters.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. This included reviews with local out of hours providers.

Good

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. These were available on the intranet system and emailed to staff.
- Telephone assessments were carried out using a defined operating model which included processes for assessing patients' symptoms through a triage algorithm, with options including transferring the call to a clinician for further review.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients, including engaging with the local NHS acute trust to share information to identify, monitor and support those patients who frequently called the NHS 111 service and those who also frequently attended the hospital emergency department.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.

- Individual staff at the service were subject to regular audits of a percentage of their consultations. Staff that we spoke to said feedback from these audits was generally helpful and constructive, although some reported that the nature of such audits could feel punitive.
- Where staff had not met the minimum standards required by these audits, there were escalation measures in place in line with the Pathways licensing agreement.
- The service reported that it would share overall audit findings with other providers as a dataset if required.
- The service was routinely referring over 50% of its calls to the CAS service, in line with national and commissioner requirements.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Staff told us that regular one to one meetings were in place from their managers, although they reported that demand levels at the service had meant that these were held less often than they would like.

Good

Are services effective?

- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. Staff reported that it would sometimes be difficult to contact CAS staff immediately, but that clinical staff at the call centre could act as an intermediary or take calls if required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring and clinical supervision.
- There was a clear approach through the services quality audit programme, for supporting and managing staff when their performance was poor or variable. Measures included direct staff feedback, mentoring and supervision.

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. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. There were established pathways for staff to follow to ensure callers were referred to other services for support as required.
- 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 ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.
- Issues with the Directory of Services were resolved in a timely manner. We saw that changes were made where relevant, including the prioritising of mental health services where indicated.

Helping patients to live healthier lives

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

- The service identified patients who may needed extra support such as through alerts on the computer system.
- 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.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Relevant staff had been provided with training in the Mental Capacity Act.

Good

Are services effective?

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs including training, awareness seminars and bulletins for specific staff groups.
- We observed both clinical and non-clinical staff treating patients with care, dignity and patience.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs by providing access to local and regional out of hours bases.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service, for example there were alerts about a person being on the end of life pathway. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- Patients could access care and treatment at a time to suit them. The NHS 111 service operated 24 hours a day.
- Patients could access 111 services electronically rather than by telephone. This service worked do similar timescales as the telephone-based service. This service enabled those patients who were unable to converse with a call handler to access the service. Translation services were also available where required.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed a sample of the complaints received by the service and found that all were satisfactorily handled in a timely way. We saw that the electronic database had a record of every step of the process of handling the complaint from receipt through to resolution. Letters of apology detailing the findings of the investigations were clear and sufficiently detailed.
- Complaints were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway if relevant.
- The service learned lessons from individual concerns and complaints and from analysis of trends. However, there was no clear mechanism for learning from complaints and other patient feedback to be shared with staff more widely.

Good

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy. Staff that we spoke to at the service told us that they had not been involved in this.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service. Staff acknowledged that services had been busier and that at times more staff would help, but also that the services management had been proactive in trying to address these concerns.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

Good

Are services well-led?

- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff were supported when they were involved in a traumatic incident, complaint or investigation.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider understood that they were not meeting the targets required of them by the Commissioners. They had action plans in place to address this, and had informed Commissioners of these plans. The service was actively recruiting on a continual basis to address shortages in staffing.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the 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.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.
- The 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.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Good

Are services well-led?

- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. However, the service did not clearly disseminate learning from incidents and complaints with all staff.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. There were systems to support improvement and innovation work.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • The service was not meeting targets for ensuring that calls were answered in a timely manner, and abandoned calls avoided. These targets are measured to ensure that safe care is provided. • Not all staff at the service were aware of incident reporting or safeguarding processes, and learning from incidents and complaints was not routinely shared. • Staff we spoke with told us that there were insufficient health advisors and clinical staff at the service. We noted that there were gaps in rotas that were not filled. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.