Warren Farm 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Warren Farm Urgent Care Centre on 28 February 2017. 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.
- Risks to patients were assessed and well managed.
- The provider was aware of risks associated with high locum use and had taken action to minimise those risks, through recruitment checks and performance monitoring arrangements. Those employed on a locum basis were required to provide evidence that training was up to date to deliver effective care and treatment.
- Patients' care needs were assessed and delivered in a timely way according to need and in line with current evidence based guidance.
- Staff received training to provide them with the skills, knowledge and experience appropriate to their roles.
- There were systems in place to ensure patients with urgent care needs were prioritised.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Complaints and concerns received were used to support improvement in the quality of care.
- The provider worked proactively to develop services that supported alternatives to hospital care where appropriate.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a relatively new leadership team in place and staff felt this was having a positive impact on the service and the support they received.
- 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.

The areas where the provider should make improvement are:

- Consider how systems of clinical audit or other improvement activity could be implemented to support improvements in patient outcomes.
- Review patient feedback to ensure accuracy of data in order to identify areas for improvement.

Summary of findings

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?

Good

The service is rated as good for providing safe services.

- 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.
- Lessons were shared to make sure action was taken to improve safety of the service.
- When things went wrong patients were informed in keeping with the Duty of Candour.
- The provider had clearly defined systems 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.
- The service was aware that it had high locum use and had taken action to mitigate the risks and to maintain standards of care. This included strict locum recruitment processes and prioritising shifts to locum staff based on reliability and productivity and systems for peer review.

Are services effective?

Good

The service is rated as good for providing effective services.

- The practice produced quarterly performance reports for the CCG, this showed satisfactory performance against the key performance indicators set.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Consultations undertaken by the Advanced Nurse Practitioners (including locum staff) were monitored.
- A programme of audits were in place to support service improvements but these did not specifically focus on clinical aspects of care such as care and treatment against NICE or other best practice guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff employed.

Summary of findings

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance.

Are services caring?

Good

The service is rated as good for providing caring services.

- Feedback from patients through our comment cards was very positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data provided to the CCG on the friends and family test showed a steadily decline during the previous year. Following the inspection the provider informed us that this data had been incorrect and the data was higher. We asked for evidence of confirmation and was provided with annual data for 2016/17 as 78%. The service had experience a loss of permanent staff including local leadership during this time. A local leadership team was now in place.
- The provider shared with patients action they had taken in response to feedback received.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- Staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. For example, through managing staffing at peak times and helping to reduce pressure on local accident and emergency services.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had 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 appropriately to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a relatively new local leadership team in place and staff felt this was having a positive impact on the service and support they received.
- The service had a number of policies and procedures to govern activity and held regular governance meetings. There was a positive focus on learning.
- There was an overarching governance framework which supported the delivery of the service and good quality care.
- There were arrangements to monitor and improve quality and identify risk. A system of internal audits were in place but clinical audit was not prominent in this.
- 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.
- The service proactively sought feedback from staff and patients, which it acted on.

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 at Warren Farm Urgent Care Centre.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Patients told us that they found the staff friendly, helpful and caring and that they were treated with dignity and respect. The only negative comments related to waiting times.

The provider participated in the friends and family test, this is an ongoing survey which invites patients to say whether they would recommend the service to others. Results from the last three quarters as detailed in the reports to the CCG showed:

- 75% of patients who responded between April 2016 to June 2016 (quarter one) said they were likely or extremely likely to recommend the service to others.
- 67% of patients who responded between July 2016 and September 2016 (quarter two) said they were likely or extremely likely to recommend the service to others.
- 62% of patients who responded between October 2016 and December 2016 (quarter three) said they were likely or extremely likely to recommend the service to others.

Following the inspection the provider advised us that the data provided to the CCG was inaccurate and should have been reported as follows:

- 79% of patients who responded between April 2016 to June 2016 (quarter one) said they were likely or extremely likely to recommend the service to others.
- 80% of patients who responded between July 2016 and September 2016 (quarter two) said they were likely or extremely likely to recommend the service to others.
- 71% of patients who responded between October 2016 and December 2016 (quarter three) said they were likely or extremely likely to recommend the service to others.
- 80% of patients who responded between October 2016 and December 2016 (quarter four) said they were likely or extremely likely to recommend the service to others.

We asked for clarification of this data and were submitted friends and family test data April 2016 to March 2017. This showed 78% of patients who responded said they were likely or extremely likely to recommend the service to others. While 14% of patients who responded said they were unlikely or extremely unlikely to recommend the service to others.

There was only one review on the NHS Choices website which invites patients to review the service they have received and this was positive.

Warren Farm 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 and a nurse specialist adviser.

Background to Warren Farm Urgent Care Centre

Warren Farm Urgent Care Centre is run by Virgin Care Vertis LLP and provides NHS walk in facilities for members of the public who require treatment of minor illnesses and injuries. The service was originally commissioned in 2011 and current commissioning arrangements are held with Birmingham Cross City CCG.

Patients do not need to be registered or need to make an appointment to use the service. The service is open 8am to 8pm daily, including weekends and bank holidays (with the exception of Christmas Day). Patients access the service in person and wait to be seen.

Approximately 2500 patients per month are seen at the urgent care centre. The service is located in an area with higher than average levels of deprivation and a predominantly white British population.

The service is located in purpose built premises managed by NHS properties. There is some parking available onsite. The building is shared with other services such as community teams who rent rooms in the premises.

The service is nurse led (all nurses are independent prescribers), occasionally GPs are used to staff the service to fill shifts. At the time of inspection all clinical staff , with the exception of the clinical lead manager, were employed on a locum basis.

The service is led by the clinical lead manager and a service manager whose time is split between this and another walk in centre based on the same contract (Washwood Heath Centre). There is a regional management team who support the service. Other staff include a health care assistant and four reception staff. There was a relatively new management team in place. The head of urgent care had been in post from February 2016 and the clinical lead manager had been employed since January 2017. The service manager was on long term absence, the role was being covered by the assistant service manager.

Clinical staffing typically consisted of two to three clinicians depending on the day and a health care assistant.

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.

Detailed findings

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 28 February 2017. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including locum advanced nurse practitioners and health care assistant, the clinical lead manager, the assistant service manager, the head of urgent care and reception staff).
- Reviewed an anonymised sample of treatment records of patients seen.
- Inspected the premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- We 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.
- Reviewed documentation made available to us for the running 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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff we spoke with (including locum staff) were aware of the systems for reporting incidents and significant events. Staff told us that they would inform the clinical lead or service manager of any incidents that occurred.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There were 13 reported incidents in the last 12 months and we saw evidence that these were thoroughly investigated and used to support learning.
- Incidents were rated and discussed at local clinical governance meetings, those of high risk were escalated through the corporate governance structures. A monthly corporate newsletter enabled the sharing of incidents and learning among all staff including regular locums within the organisation. We saw that significant events and incidents were also shared with the CCG as part of the contract monitoring arrangements.
- Staff were able to tell us of incidents that had occurred for example, where a patient was given an incorrect dose of antibiotics. This was discussed with the member of staffand the patient received an apology.

There were systems in place to ensure information about safety alerts including those from the Medicines and Healthcare Products Regulatory Agency (MHRA) were shared with staff. For example, safety information shared with staff relating to an emergency contraceptive. The latest alerts were kept in a file in the clinical rooms and placed on the computer log in screen for staff to access. Alerts were also discussed at the clinical governance meetings. We saw evidence of records kept detailing action taken in response to safety alerts received.

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.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding policies and information as to who to contact for further guidance if staff had concerns about a patient's welfare were accessible to staff. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff (including locums) were trained to level 3 safeguarding. Locum staff were required to demonstrate they had this level of training before undertaking any shifts as part of their recruitment checks. Non-clinical staff completed online safeguarding training.
- Notices were displayed in the clinical rooms advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) 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).
- The provider maintained appropriate standards of cleanliness and hygiene. Although the building was in need of some refurbishment it was visibly clean and tidy. We saw staff had access to appropriate hand washing facilities and personal protective equipment. The provider had carried out an in-house infection control audit in February 2017. There was an action plan in place which demonstrated progress to date such as the reporting of environmental issues to the property owners and replacement of chairs in clinical rooms. There were cleaning schedules in place for the premises. Clinical staff were expected to clean their own clinical equipment and a list was provided in each room however, no records were maintained to demonstrate this was being done. Following the inspection the provider reviewed and developed a formal end of day standard operating procedures which they shared with us. This included the cleaning of clinical equipment. We were told that this was being shared with staff directly and through the clinical governance meetings.
- We reviewed the personnel files for five members of staff (including locum staff). We found appropriate recruitment checks had been undertaken prior to employment. 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. Checks on locum staff were subcontracted to a company responsible for ensuring locum staff met the providers terms and conditions. For example, agency staff were required to have DBS checks within the last 12 months. Copies of checks were shared with the provider.

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). All clinical staff who undertook shifts were independent prescribers. Clinical staff received prescribing guidance and were aware of local CCG guidelines for antimicrobial prescribing. A list of medicines that clinical staff could not prescribe was displayed in the clinical rooms. The provider had recently met with the CCG in order to obtain support with medicines management and safe prescribing. We saw records from nine consultations which demonstrated appropriate prescribing. Prescribing was audited as part of the provider's peer review process.
- We saw that medicines were held securely. There were systems in place for checking and maintaining stock. Medicines seen were in date. The room temperature in which the medicines were stored was checked and recorded to ensure medicines were stored in line with manufacturers'' recommendations. There was a medicine fridge which was monitored but this did not contain any medicines. The provider did not hold any controlled drugs on site.
- Prescription stationery was securely stored and there were systems in place to monitor their use. We saw that prescriptions were signed in and out by the clinicians at the start and end of each shift and records were made of prescriptions used.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The building was owned by NHS Properties who managed maintenance, cleaning, security and disposal of waste and had carried out a health and safety risk assessment of the premises.
- There was an up to date fire risk assessments for the premises. Weekly alarm testing and regular fire drills took place. Staff received fire safety training as part of their core training. Evacuation procedures were displayed.
- A variety of other risk assessments were in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had been carried out within the last 12 months.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Clinical staff rotas were planned approximately two months in advance. The Head of Urgent Care told us that they had not had any shifts unfilled in the last two months. With the exception of the clinical lead manager, all clinical staff were employed on a locum basis. The provider had struggled to employ permanent staff due to the short term nature of the contracts with the CCG. In order to secure a local locum workforce and to meet peaks in service demand the provider had undertaken a capacity and demand exercise. The practice showed us that they had used a pool of about 40 different clinicians in last three to four months and identified their preferred clinicians based on reliability and productivity. Priority over shifts were given to those clinicians. The provider told us that their ten preferred clinicians covered 80% of all shifts helping to maintain some consistency in staffing.

Arrangements to deal with emergencies and major incidents

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

Good

Are services safe?

- There was an effective system to alert staff to any emergency. Staff carried personal alarms.
- All staff received annual basic life support training. Agency staff were required to submit evidence of training as part of their terms and conditions when taking shifts.
- The service had a defibrillator with adult and children's pads and oxygen with adult and children's masks available on the premises. These were checked daily to ensure they were in working order and ready for use. Records were maintained of those checks.
- Emergency medicines were easily accessible and staff we spoke with knew of their location. All the medicines we checked were in date and stored securely.
- Staff were able to tell us of a successful medical emergency involving a young child who was resuscitated and safely transferred to hospital.

The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for services and key staff. The provider had reviewed the effectiveness of the business plan using scenario based situations. This identified learning and the need for all managers to keep a copy of the plan in case of emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw that latest guidelines were discussed at clinical governance meetings and shared with staff through the staff bulletins. Latest guidance and meeting minutes were kept in the reference folders of the clinical rooms so that staff had easy access to them.
- Information such as normal values and vital signs, resuscitation council guidance and local prescribing guidance was displayed in the clinical rooms.
- Clinical staff we spoke with were able to speak about guidance that they used such as British Thoracic Society asthma guidelines as well as recent discussions to raise awareness in relation to female genital mutilation.

Management, monitoring and improving outcomes for people

The provider produced quarterly contract monitoring reports for the CCG. These reports covered information relating to activity, staffing, training and supervision, audit activity, incidents, complaints and results from the friends and family test. The provider also monitored performance against key performance indicators. Between April 2016 and December 2016 (quarters one to three) results showed:

- Average monthly attendances ranged from 2255 (September 2016) to 2807 patients (July 2016).
- Average monthly time from arrival to consultation ranged from 24 minutes (May 2016) to 52 minutes (December 2016).
- The average monthly time from arrival to discharge ranged from 39 minutes (May 2016) to 1 hour and 8 minutes (December 2016)
- The provider was meeting their internal target of 95% for patients commencing treatment within 2 hours.
- The average monthly referrals to accident and emergency ranged from 0.67% (May 2016) to 3.92% (July 2016) which met the providers target of less than 5%.

The provider carried out audits of patient consultations for clinical staff using a nationally recognised audit tool. This consisted of five consultations per quarter and five direct clinical observations per year. We saw examples of these. Feedback was given to the clinician on an individual basis. During the inspection we saw examples of eight recent consultations and found these were well documented with appropriate management.

The provider participated in several mandatory corporate audits including medicines management, safeguarding and infection control to review systems in place. We saw evidence that actions were being monitored from these audits. There had also been a review of locum staff use. However, we saw no evidence of clinical audits such as those reviewing care against NICE or other best practice guidance to support improvement in patient outcomes.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- There was a corporate induction in place for permanent staff.
- The majority of clinical staff were locums and checks were made as part of the recruitment process to ensure they had the necessary qualifications as independent prescribers and training such as basic life support and safeguarding. We saw examples of this.
- The receptionists supported in the orientation of locum staff who were unfamiliar with the service. Managers told us that consultations were peer reviewed for clinical staff undertaking their first shift. One locum nurse we spoke with told us that on the first shift they had worked with a permanent staff member and was sent information from the provider prior to starting.
- Each clinical room held reference files which provided useful information for example, on making referrals, accessing translation services and safeguarding. There were also files containing policies, recent safety alerts and minutes of meetings.
- Staff received annual appraisals and half yearly reviews. A system of monthly supervision meetings had been introduced since the recruitment of the new clinical lead manager. This enabled staff to discuss their training and learning needs.
- Staff were very positive about the training they received. There were systems in place to monitor core training. Staff had access to and made use of e-learning training

Good

Are services effective?

(for example, treatment is effective)

modules and in-house training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff told us that they were given time to undertake training.

- In the latest contract monitoring report the provider stated that 99% of their staff had completed their statutory and mandatory training during quarter three .

Coordinating patient care and information sharing

The service did not have access to the patient's GP or hospital records when providing care or treatment. The information needed to plan and deliver care and treatment was gained from the patient at each consultation. Patients attending the urgent care centre underwent a registration process which asked patients for the reasons of attendance and this was available to the clinicians. A 'red flag' system was used to identify any symptoms which required urgent attention.

A health care assistant was usually on duty during the busiest times and they undertook basic observations on patients identified as red flag or if waiting times were long.

Clinical staff advised us that they were careful to obtain a patient history and medicines to minimise the risk of care and treatment conflicting with that provided by their usual GP or hospital. Staff told us that they would contact the patient's usual GP or hospital for information if needed.

Reception staff held information to signpost patients to alternative services where these were not provided for example, dental emergencies.

Discharge letters were produced for the patients usual GP following consultation. These were sent approximately two to three times a week by reception staff. Senior staff thought they were being sent more frequently and following the inspection developed standard operating procedures to clarify that the process was to be undertaken daily which they sent to us. They also told us that the new standard operating procedures had been discussed with staff on duty and were to be discussed at the next clinical governance meeting to ensure more timely sending of information

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and when providing care and treatment for children and young people.
- We saw from training records that staff received Mental Capacity Act training as part of their core training.

Good

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.
- Chairs were faced away from the reception desk which helped to minimise the risk of conversations being overheard.

We received 38 CQC comment cards which were all positive about the service and standards of care received. Many patients had used the service on a number of occasions. Patients described staff as friendly, helpful and caring and told us that they were treated with compassion, dignity and respect.

The provider participated in the friends and family test, an ongoing survey which invites patients to say whether they would recommend the service to others. Results from the last three quarters provided to the CCG showed:

- 75% of patients who responded between April 2016 to June 2016 (quarter one) said they were likely or extremely likely to recommend the service to others.
- 67% of patients who responded between July 2016 and September 2016 (quarter two) said they were likely or extremely likely to recommend the service to others.
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Following the inspection the provider advised us that the data provided to the CCG was inaccurate and should have been reported as follows:

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- 80% of patients who responded between October 2016 and December 2016 (quarter four) said they were likely or extremely likely to recommend the service to others.

We asked for clarification of this data and were submitted friends and family test data April 2016 to March 2017. This showed 78% of patients who responded said they were likely or extremely likely to recommend the service to others. While 14% of patients who responded said they were unlikely or extremely unlikely to recommend the service to others.

Although we saw no specific action plans in relation to this feedback the provider operated a monthly 'you said we did' in which they reported on changes to the service that had been made in response to patient feedback. These changes were fed back to patients through posters displayed in the waiting area.

In addition the provider had experienced staffing difficulties during the last year with the loss of permanent staff including members of the management team which had impacted on the service. In January 2017 a new clinical nurse lead and a head of urgent care was appointed to bring greater stability and local leadership to the service.

Care planning and involvement in decisions about care and treatment

Feedback from patients via the CQC comment cards told us that patients felt involved in decision making about the care and treatment they received. That they felt listened to and supported by staff and were given sufficient time during consultations to discuss their needs.

The service provided facilities to help patients be involved in decisions about their care:

- Staff told us that they made use of telephone translation services which could be obtained at short notice for patients who did not have English as a first language.
- There was a hearing loop available for people with hearing impairment.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. Regular contract performance meetings were held every three months with the commissioning CCG.

- A demand and capacity review had been undertaken to identify and respond to fluctuations in service demand and staffing needs,
- The provider supported other services at times of increased pressure and aimed to help reduce the burden on local accident and emergency (A&E) departments. The provider monitored referrals to A&E departments and was meeting its target of less than 5% of referrals to A&E within the last year. A survey of patients attending the urgent care centre (November 2016) showed 56% of the patients said that they would have gone to A&E had this service not been available. Where appropriate, patients were also received from the ambulance service.
- Staff made use of translation services if needed and had access to contact details for this.There was also a hearing loop available on site. The provider website could be translated into various languages in written and audio form so patients could obtain information about the service and what it provided.
- The premises were accessible to patients with a mobility difficulty. There was disabled parking and toilet facilities. The reception desk was set low so that patients who used a wheelchair could speak with reception staff more easily.
- There were facilities for those attending the service with young children. For example, a room dedicated for breast feeding.
- Those identified as having urgent needs were prioritised and asked to sit on the front seats of the waiting room where they could be more visible to clinicians and monitored more easily.
- Information was available to signpost patients where services were not provided for example, dental and sexual health services or for healthy lifestyle support.
- Although, not specifically part of the contract the provider undertook dressings for example, where patients were unable to obtain timely appointments with their usual GP.

Access to the service

The service was open between 8am and 8pm daily including weekends and bank holidays (with the exception of Christmas Day). When the service was closed patients were redirected to the local out of hours service via the NHS 111 telephone service.

Patients were seen in order of attendance using a number system unless identified as urgent based on the red flag system. The provider's website contained information about what could or couldn't be seen at the urgent care centre.

There was an escalation process at times of high demand and prior to the service closing which was triggered by patient numbers and staff levels. Patients were given written information advising them that they might not be seen and signposting them to alternative care provision, it was then the patient's choice whether to sit and wait.

Feedback received from patients from the CQC comment cards and to the provider showed some patients felt waiting times were long. The provider had recently undertaken a demand and capacity review and increased staff at peak times for example, on a Monday. The provider had an internal target of 95% for patients to commence treatment within two hours. We saw that between April and December 2016 this was being met. Average monthly waiting time during this period ranged from 39 minutes to one hour and eight minutes.

Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Complaints were managed and responded to through the corporate customer service department. They were supported by local management who investigated and collated information relating to the complaint.
- We saw that information was available to help patients understand the complaints system There was a

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints leaflet available for patients to take away to help them understand the complaints system as well as information on the service website and a notice in the waiting room.

- The service kept written records of verbal interactions as well as written correspondence.

There were five complaints recorded for the last 12 months. We looked at three of these in detail. We found that these were thoroughly investigated and responded to in a sensitive way. Where appropriate we saw that patients received an apology.

Complaints were risk rated and discussed at clinical governance meetings. Lessons learnt were shared with staff (through the clinical governance meetings) and the commissioning CCG to support service improvement.

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

- The provider had clearly stated values and behaviours expected of staff and these were incorporated into the staff appraisal process. Staff knew and understood the values of the organisation.
- The management team told us about the challenges in securing permanent staff within time limited contracts and how they were trying to manage this to secure a good quality service.

Governance arrangements

The service had an overarching governance framework that supported the delivery of the service and good quality care.

- The service had recently been without a clear local leadership team due to staff leaving and long term illness. This had been addressed and a more stable team was now in place to support the service. Staff commented that they had noticed improvements because of this. The local leadership team was also supported by the organisations regional management team.
- Staff were aware of their own roles and responsibilities although sometimes clear arrangements were not in place to ensure duties were completed when staff were absent. For example, the sending of discharge letters. However the provider immediately responded to address any issues raised with them.
- Service specific policies were implemented and were available to all staff (including locum staff). These were available on the computer as well as paper copies held in reception.
- The provider had an understanding of their performance through their contract monitoring arrangements with the CCG and their own key performance indicators. Performance was regularly discussed at the corporate and local clinical governance meetings as a standing agenda item.
- There were systems for monitoring the performance of clinical staff consultations with the recruitment of the new clinical nurse lead. There was a system of internal audit but not specifically clinical audit such as those against best practice guidelines.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The local leadership team was relatively new however, on the day of inspection they demonstrated that they had the experience, capacity and capability to run the service and ensure high quality care. Staff we spoke with told us that the service had been through a difficult time but now that a team was in place the support they received was improving. Staff we spoke with found the leadership team approachable and there was a clear focus on learning within the organisation.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The service had systems in place to ensure that when things went wrong with care and treatment affected people received an explanation and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.

There was a clear leadership structure in place.

- There were arrangements in place to help keep staff informed and up-to-date. The clinical governance meetings were open to all staff groups and copies of the minutes were kept in the clinical rooms for those who were unable to attend the meetings. Corporate staff bulletins were also circulated and copies were available in the clinical rooms for staff to access.
- Staff we spoke with were positive about the open culture within the organisation and felt they had the opportunity to raise any issues and felt confident in doing so.
- Corporate events were held which gave recognition to achievements made by staff.

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

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service. It participated in the friends and family test and made use of texting to gain feedback on the service. Patients could also provide feedback about the service on-line.

- We saw evidence of action taken in response to patients' feedback and this was displayed in the waiting area for example, patients said they felt waiting times were too long and the provider explained that they had reviewed capacity and demand andincreased staffing during busy periods. Tissues had also been provided in reception in response to feedback.
- Managers told us that the provider carried out six monthly staff surveys across the whole organisation. These were independently run but because the numbers of responses were small they were unable to identify feedback for this service independently. However we were advised some of the general feedback related to how information was communicated. Staff also had opportunities to provide feedback through meetings, supervision and appraisals.