

Nottingham Citycare Partnership CIC

1-186610815

NHS Urgent Care Centre

Quality Report

Seaton House
City Link
Nottinghamshire
NG24LA
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Date of inspection visit: 28 November 2016
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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-216720327	NHS Urgent Care Centre	Urgent Care Centre	NG24LA

This report describes our judgement of the quality of care provided within this core service by CityCare. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by CityCare and these are brought together to inform our overall judgement of CityCare

Summary of findings

Ratings

Overall rating for the service		Good	●
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Good	●
Are services responsive?		Good	●
Are services well-led?		Good	●

Summary of findings

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Summary of findings

Overall summary

Nottingham Urgent Care Centre was previously inspected on 12 May 2016 in response to concerns. We found that the service provided at the centre was not meeting legal requirements and we set two requirement notices in relation to:

- Regulation 17 HSCA (RA) Regulations 2014 good governance, as the provider did not have effective systems in place to monitor and manage risk by having sufficient cover to enable staff to triage and see patients in a timely manner.
- Regulation 18 HSCA (RA) Regulations 2014 Staffing, as the provider did not have effective oversight of staffing requirements in order to deploy sufficient numbers to meet demand and have a systematic approach to determine the correct number of staff and range of skills to meet patients' needs.

We carried out an announced, comprehensive inspection on 28 November 2016 and we also followed up on the requirement notices, considering whether sufficient improvements had been made. This inspection took place as part of a provider wide inspection of Nottingham CityCare by our Hospitals team.

The provider had addressed the concerns raised at the previous inspection. Overall the provider is rated as good following this inspection.

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

- There was a clear leadership structure and the vision of the service had been established. Staff we spoke to were aware of the vision and told us recent workshops to develop rotas and future strategy had improved the relationship between management and staff and created a more supportive environment in which to work.
- The management team had taken steps to improve communication with staff by holding morning

huddles. There was an open and transparent approach to safety and an effective system in place to support the reporting, recording and investigation of incidents.

- The centre had taken steps to ensure there was adequate clinical cover by increasing the number of staff on shift to meet patient demand. This had been achieved through increased use of agency cover in the short term and the recruitment of further clinicians for long term sustainability.
- Following the recent refurbishment and expansion of the centre, consultation and treatment capacity had increased and there were good facilities equipped to treat patients in a clean and safe environment.
- We saw evidence that there had been a steady improvement in the assessment time of patients following the inspection in May 2106. However, the provider had still not been able to meet the targets set by the clinical commissioning group (CCG). At the initial inspection 30% of patients were not assessed within the agreed 30 minutes of arrival, this had reduced to 13% of patients over the previous quarter and plans were in place to improve this further.

We also saw an area of outstanding practice:

- The medical director had developed an application which allowed staff to review an anonymised patient record, reflect on the notes and automatically produced a scoring system to highlight areas of good practice. This provided clinical staff with an effective way to self and peer review their decision making, treatment plans and record keeping.

This application had been introduced over the last six months and had been utilised voluntarily 42 times by staff (by some staff multiple times) and the final scoring could also be used in appraisals, for development and good practice was celebrated.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

Background to the service

The Urgent Care Centre in Nottingham opened in October 2015 and provides care to the population of Nottingham City and county areas. It is commissioned by the Nottingham City Commissioning Group (CCG). The centre was commissioned to provide care to 75000 patients annually and is currently averaging 60000 patients a year. The service is operated by Nottingham CityCare which is a community health service provider. They provide a range of community services in the Nottinghamshire area.

The Urgent Care Centre has been purpose built to ensure efficient treatment in a light and spacious environment and further consultation rooms have been added to meet patient demand as well as a larger reception and dedicated children's waiting area.

The centre provides assessment and treatment for urgent health conditions such as: minor burns and scalds and skin infections to suspected broken bones, sprains and

strains. The centre has x-ray services on site and is staffed primarily by health care assistants, nurses, advanced nurse practitioners and doctors. The clinical team are supported receptionists and a management and administrative team.

There is parking outside the centre including dedicated disabled spaces and the main railway station is nearby; all care is provided on a ground floor of a shared building.

The centre is open between 7am and 9pm 365 days a year and no appointment is required. The service operates from:

Seaton House

City Link

Nottinghamshire

NG24LA

Our inspection team

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

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.

This inspection took place as part of a provider wide inspection of Nottingham CityCare by our Hospitals team. We also followed up requirements set during our previous focused inspection on 12 May 2016, which highlighted concerns in relation to governance and staffing.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the centre and asked other organisations to share what they knew. We carried out an announced visit on 28 November 2016.

During our visit we:

- Spoke with a range of staff and with patients who used the service.

Summary of findings

- Observed how patients were being cared for and talked with carers and/or family members

A further unannounced visit was conducted on 7 December 2016 to undertake further interviews with staff.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

Nottingham Citycare Partnership CIC NHS Urgent Care Centre

Detailed findings from this inspection

Good



Are services safe?

By safe, we mean that people are protected from abuse

Safe track record and learning

The centre had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed their manager or one of the senior clinicians on duty of any incidents and completed a form detailing the events. Copies of the forms were available on the centre's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system 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).
- When things went wrong with care and treatment, patients were informed of what had happened and offered support, information and apologies. Affected patients were also told about actions taken to improve processes to prevent the same thing happening again. Complaints were centrally managed by the provider however the centre's management team were included in responses and meetings with patients if appropriate.
- Incidents and significant events were discussed on a regular basis and learning was disseminated across different staffing groups. This was included as a

standing item at the morning huddle as staff were starting shift and was also sent out as a notification on the centre's computer system to ensure staff not at the meetings were included.

We reviewed 90 safety records, incident reports and safety alerts reported in the previous 12 months and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the centre. For example; the centre was informed of an abrasion caused by the application of a splint. The patient's record was reviewed and the centre found an error in the application of the splint. The patient was contacted by phone to apologise for the incident and a letter was sent to them outlining the improvements that had been made as a consequence. The centre provided additional training on the application of the splints where required, and communicated the importance of correct fitting of the splint by a notice in each treatment room. This was also discussed at the morning huddle.

Overview of safety systems and processes

Effective systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

Are services safe?

- Arrangements were in place to safeguard children and vulnerable adults from abuse which met local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There was a central safeguarding team for the provider and leads at the centre, staff knew to approach for advice or support for safeguarding.
- Patients were advised through notices in the centre that they could request a chaperone if required. Nursing and healthcare assistant staff acted as chaperones. All staff who acted as chaperones had been provided with face to face training 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).
- During our inspection we observed the centre to be clean and tidy and this aligned with the views of patients. A nurse was the lead for infection control within the centre. There were mechanisms in place to maintain high standards of cleanliness and hygiene. The centre had effective communication with the cleaning staff who were contracted to clean. Effective cleaning schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas. There were infection control protocols and policies in place and staff had received up to date training. Infection control audits were undertaken on a regular basis and improvements were made where required.
- Processes were in place for managing updates to medicines and guidelines as recommended by, for example; the Medicines and Healthcare Products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE). Information was passed to the centre from a central medicines team and the managers were supported in making appropriate changes to assessment, prescribing and treatment to ensure best practice. Any changes were communicated to staff through the morning huddle and electronically.
- There was effective management and procedures for ensuring vaccination and emergency medicines were in date and stored appropriately. The centre had regular medicines audits, carried out by the provider's

medicines management team to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

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

Monitoring risks to patients

Risks to patients were assessed and managed.

During the initial inspection in May 2016 we found demand was not sufficiently planned for and this had left the staff on shift with a demanding work load and regular late finishes to their shift to ensure all patients were seen.

The staff we spoke with during the initial inspection identified a distance between the management and staff.

During this inspection we saw evidence that improvements had been made to the level of support to staff at the centre and demand was being met in a systematic way by increasing staff numbers. Measures taken included:

- The implementation of a huddle at the beginning of shift to ensure updates were communicated by the management team or senior nurse on duty to all staff and any concerns could be discussed and actions planned. A file was also kept of all updates and points covered to ensure staff unable to get to the huddle had a point of reference.
- Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. The provider had taken short and longer term actions to secure the necessary improvements.
- Since the original inspection of May 2016 there had been significant investment in agency staff to temporarily increase the staffing levels to a safe level to meet demand in a more timely way. For example; prior to May 2016 there had been a monthly average of 128 hours of advanced nurse practitioner cover allocated. From May until September 2016 there had been an average of 607 hours. Staff told us this had made a positive difference in meeting demand and managing

Are services safe?

workload. Records and interviews with staff indicated there were still some occasions where the number of patients had meant that staff had to stay later than 10pm to make sure everyone was triaged and treated.

To meet the long term demand there had also been the additional recruitment of eight nurse practitioners whose start dates had been staggered, with a full complement of staff due to be in place by February 2017. There was a rota system in place for the different staffing groups to ensure enough staff were on duty to meet patient need.

- There were procedures in place to manage and monitor risks to patient and staff safety. The centre had up to date fire risk assessments and carried out regular fire alarm checks. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The centre had other risk assessments in place to monitor safety of the premises such as legionella.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation rooms which alerted staff to any emergency.
- Staff received annual basic life support training.
- The centre had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. All the medicines we checked were in date.
- The centre had a business continuity plan in place for major incidents such as power failure or building damage which drew on the resources of other buildings within Nottingham CityCare as well as other local providers. In addition to copies held within the centre; copies were also kept off site by key members of staff.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Effective needs assessment

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

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were disseminated from the central medicines team as well as the management team and were discussed in the daily huddle. Copies were sent electronically in addition to paper copies being kept in the communications file for staff to read to ensure part time staff, or those on leave when an update was initially distributed were kept up to date.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The centre monitored that these guidelines were followed through audits and checks of patient records.

Management, monitoring and improving outcomes for people

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

The centre worked to agreed targets with Nottingham City CCG and monthly reports were produced and fed to the CCG for regular review of performance. For example we found monthly triage times were:

- In July the centre saw 5347 patients; 61% of children were seen within 15 minutes and 76% of adults were seen within 30 minutes for initial assessment. Overall 99% of all patients seen had their treatment completed within four hours.

- In September the centre saw 4814 patients; 67% of children were seen within 15 minutes 88% of adults were seen within 30 minutes for initial assessment. Overall 99% of all patients seen had their treatment completed within four hours.
- In November the centre saw 5174 patients; 62% of children were seen within 15 minutes 91% of adults were seen within 30 minutes for initial assessment. Overall 95% of all patients seen had their treatment completed within four hours.

To improve performance since our initial inspection in May (2016) the centre had increased the number of staff rostered to meet demand and had a health visitor at weekends to assist in triaging children.

We saw evidence of daily performance monitoring undertaken by the service including a day by day analysis and commentary. This ensured a comprehensive understanding of the performance of the service was maintained.

In addition to auditing performance, the centre had carried out two clinical audits to monitor outcomes of their service for patients.

For example we reviewed an audit of non-medical antibiotic prescribing and this showed good compliance with best practice guidelines.

The second audit was of clinical records and this highlighted areas that staff could improve to ensure information was correctly captured, specifically demographic information and whether the patient had caring responsibilities. Learning was shared at staff meetings and further audits were planned to establish if improvements had been made.

Effective staffing

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

- The centre had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff to complete once they had undergone their

Are services effective?

introduction to Nottingham CityCare, which covered areas such as health and safety, IT, fire safety, infection control and confidentiality. Clinical staff were assigned two mentors at the centre who they shadowed for a month. They were then shadowed by a mentor until all of their expected competencies were met, their training was completed and staff were confident in all of the areas they were expected to cover.

This system ensured staff, taken from a variety of backgrounds, were trained to a similar level and were able to assess and treat the variety of conditions they saw at the centre. Staff told us they were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager.

- The centre had used various events to publicise the urgent care centre to doctors to increase interest and recruitment, this included:
- Delivering presentations at the school of health sciences to qualifying clinicians promoting the centre, urgent care generally and community care
- Delivering presentations at GP registrar training events to promote careers in primary and urgent care to newly qualified GPs.
- Offering doctors flexible hours and assisting in their development
- Being engaged with and offering urgent care fellowships.
- The provider had undertaken a recruitment audit to identify unconscious bias from the application stage to employment of new staff. This subject was one of the areas scheduled for training over the next year.
- The centre could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles in order to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles. Staff told us they were not encouraged to complete training such as prescribing courses until they had been assessed as competent and were confident to undertake the course.
- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at meetings.

- The learning needs of staff were identified through a system of annual appraisals, meetings and reviews of development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating doctors and nurses.
- Staff received training that included: safeguarding, fire safety, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Information needed to plan and deliver care was available to staff in a timely and accessible way through the centre's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The centre shared relevant information with other services in a timely way, for example when patients were regularly attending the centre, or were referred to other services their GP would be informed to allow for additional support and continuation of care.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The centre identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Kindness, dignity, respect and compassion

We observed during the inspection that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the centre to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk, in addition to which, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 12 completed comments cards from patients as part of our inspection. All of the comment cards were positive about the service provided by the centre. Patients said that staff were polite, professional, understanding and helpful. Patients also said they felt listened to by staff and treated with dignity and respect.

We spoke with ten patients during the inspection. They told us they were happy with the care provided by the centre and said their dignity and privacy was respected.

Results from the satisfaction survey for the last full quarter (completed by 87 patients) showed that patients were satisfied with their care, for example:

- 97% of patients felt involved in decision about their care, an improvement against the 86% seen at the previous inspection.
- 96% of patients felt their particular needs had been met, an improvement against the 82% seen at the previous inspection.
- 95% of patients felt they had been treated with dignity and respect during their visit to the centre an improvement against the 89% seen at the last inspection.

Care planning and involvement in decisions about care and treatment

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, were made to feel at ease and were well supported by all staff. Patients told us staff did their best to accommodate their needs. They also told us they were given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

The centre provided facilities to help patients be involved in decisions about their care. For example a translation services was used to ensure effective communication with other patients when required and a portable hearing loop was available at reception.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the providers' website.

The centre identified carers and those that cared for patients during consultations and were able to signpost support if required. Clinicians were able to extend consultations if further time was required for emotional support and to ensure follow up care was available. Work had taken place, led by the reception team and supported by the management team, working collaboratively with the carers federation to deliver the 'you're welcome' and the 'first 15 steps' accreditation standards to enhance the patient experience. The provider worked closely with community and voluntary groups as well as having several community teams for long term conditions which were available if appropriate.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Responding to and meeting people's needs

The centre engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example significant building work had been undertaken to the premises to ensure it was fit for purpose and had the capacity and layout to meet future demand.

In addition:

- Appointments were not restricted to a specific timeframe so clinicians were able to see patients for their concerns as long as they deemed necessary.
- Walk in appointments were always available up to 9pm 365 days a year
- Treatments including suturing of simple lacerations and dressing to immediate injuries were provided where appropriate.
- The centre undertook quarterly patient surveys asking questions around the patient journey, from arrival for an appointment through to the consultation.
- X-ray services were available on site for the purposes of diagnosing and treating minor/moderate injuries.
- Staff told us access was available to all without discrimination. This included people from outside Nottinghamshire and those without a registered address.
- There were facilities for patients with a disability including dedicated parking, accessible toilets and a lowered reception desk. Corridors and doors were accessible to patients using wheelchairs.
- The waiting area was large enough to accommodate patients with wheelchairs and prams still allowing access to consultation rooms.
- A separate waiting area for children was available with toys and height appropriate chairs and cleaning wipes were available at reception when needed.
- A baby changing room was available and the centre had facilities for breast feeding if privacy was required.
- Referrals were made from the NHS 111 system and a trial of direct booking appointments was being conducted for minor injuries to increase referrals and reduce waiting times.

Nottingham City UCC service is open every day from 7am to 9pm. Any member of the public who had an urgent, unplanned non-life threatening health need could access the service regardless of where they lived or where/whether they were registered as a patient. The service was not intended to replicate GP services and although there were several practices whose registered patients were higher users of the centre, patients were always treated and advised to return to their GP for follow-up care.

Information on how to access the service was available on the provider website, NHS choices and services were advertised in local GP practices.

When patients arrived at centre there was clear signage which streamed patients to the reception area. Patient demographics (name, date of birth and address) and a brief reason for attending the centre were recorded on the computer system by one of the reception team. A receptionist would also complete a brief set of safety questions (ruling out chest pain, shortness of breath and heavy blood loss) to help identify any patients with emergencies

They would then be seen by a healthcare assistant, if over six years of age, or a nurse with paediatric training if below six years of age for an initial assessment. Patients were generally seen on a first come first served basis, but there was flexibility in the system so that more serious cases could be prioritised as they arrived.

The comment cards we received and patients we spoke with indicated the levels of satisfaction with access to the centre were very good. Some comment cards highlighted patients waited for up to two hours after triage and indicated they were unaware of the delay when they booked in at reception. The management team were aware of this feedback from previous surveys and NHS choices reviews and were looking at implementing an automated system which displayed the average waiting time to increase awareness of the waiting time as patients attended the centre.

Access to the service

Are services responsive to people's needs?

Results from the latest friends and family test showed that 89% (42) of the 47 patients surveyed were likely or extremely likely to recommend the urgent care centre to their family and friends. This is above the agreed CCG target of 85%.

Results from the satisfaction survey showed 94% of patients surveyed felt they were kept informed during their wait in the centre and 96% felt the centre was able to meet their needs.

There were effective arrangements in place to monitor patient demand to appointments. Historical data was used to plan staffing to meet demand and daily reviews were made by the management team to cover last minute shortfalls. There was a staffing escalation plan which outlined the process for managing various situations from normal levels of staffing and demand through to severe pressure created by unexpectedly high demand or low levels of staff.

Listening and learning from concerns and complaints

The centre had an effective system in place to handle complaints and concerns.

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

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

The centre had logged 25 complaints and concerns in the last 12 months including verbal complaints. We reviewed a range of complaints, the centre provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint. The centre met with complainants and included the relevant team leader to assist the complaints lead where this was required to resolve complaints.

Meetings were held regularly to review complaints and an annual review of all complaints received was undertaken. This enabled the centre to identify any themes or trends and all relevant staff were encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care staff were informed of outcomes.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Vision and strategy

The provider had the vision of “Building Healthier Communities” and staff at the Urgent Care Centre were clear about this vision and purpose to deliver high quality care in a friendly, caring and professional manner. We saw that all staff took an active role in ensuring provision of a high level of service on a daily basis and we observed staff behaving in a kind, considerate and professional manner. Values described by the centre were as follows;

- Integrity; “you can trust us to do the right thing”
- Expertise; “you can have confidence in the care we provide”
- Unity: “We work together to give you complete care”
- Enterprise; “Building sustainable wellbeing”

We saw evidence of staff working together with a balanced clinical team of GPs, advanced nurse practitioners, nurses with specialist skills and healthcare assistants to support the needs of the varied population. There was also a supportive management style that was team orientated in addition to the established peer support and staff valued each other.

The provider had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. This included;

- A resourcing and recruitment plan
- Plan for increased collaborative working, for example:
 - The centre had supported local GP practices by providing nurse practitioners and advanced nurse practitioners to provide clinical sessions in GP practice. This had added variety for nursing staff as well as increasing patients’ satisfaction in the GP practice.
 - A trial was taking place with NHS 111 as a proof of concept, whereby NHS 111 staff were able to book timed slots directly into the centres system to increase referral rates and patient convenience.
- Plan for further audit that was centre-specific
- A commitment to developing staff
- Flexible working patterns

- Working with students to develop interest in urgent care at an early stage in clinician’s careers, this also included
 - Being one of the first urgent care centres to provide rotational placements to medical students and by March 2017, will have worked closely with 30 medical students and a number other trainee clinicians’
 - Increased the number of student nurse and paramedic placements within the centre.
 - With the aim of engaging with the local community have offered work experience placements to year 10 students to demonstrate the range of carer options within the NHS.

Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Centre specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the centre was maintained. Performance was improving, though the providers and managers recognised there was more work to do to consistently achieve their agreed targets and there were plans in place to achieve this
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the managers demonstrated they had the experience, capacity and capability to run the centre and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the managers were approachable and always took the time to listen to all members of staff. There was a senior nurse in charge in the clinical area who monitored staffing

Are services well-led?

levels on a daily basis and led the huddle at the beginning of shifts; although they were also on duty as clinicians during the shift they were available for support and advice when required.

The managers were 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). This included support and training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong with care and treatment:

- They gave affected people reasonable support, information and a verbal and written apology. They also told people about any findings from investigating their complaint and any actions they had taken to prevent the same thing happening again.
- The centre kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the centre held regular monthly team meetings which included representation from all staff groups. However, there were no team-specific meetings such as clinicians meetings.
- Staff told us there was an open culture within the centre and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and were encouraged to identify opportunities to improve the service delivered.
- Management had reflected on the implementation of previous changes such as triaging of patients and taken on feedback from staff that timing and notification of changes to staff would reduce the stress created by new systems and processes and were to organise future improvement and trials differently.

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

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

- The centre had gathered feedback from patients through comment cards, direct feedback, NHS Choices and through surveys and compliments, concerns and complaints received. For example; following a series of comments in the patients survey and comment cards a vending machine with drinks and snacks was made available, in addition to the water fountain and directions to nearby facilities for hot food drinks.
- The management team had reflected on the implementation of previous changes, such as triaging of patients which had begun on a bank holiday weekend, and taken on feedback from staff that timing and notification of changes to staff would reduce the stress created by new systems and processes. Future improvements and trials were to be organised differently.
- The centre had gathered feedback from staff through staff surveys. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However the centre was unable to see the results of the staff survey at a centre level and the overall results included responses from all staff employed by the provider.

Continuous improvement

There was a focus on continuous learning and improvement at all levels. There had been a number of workshops delivered in recent months to enable staff to understand new internal processes, contribute to shift pattern amendments, and understand the new patient flow that had been agreed.

- The team were encouraged to bring ideas and to discuss new ways of working. Nurses were encouraged to attend clinical updates and development and those who had achieved a pre-determined level of clinical competence and experience were given the opportunity to develop their skills further. For example;
- Non-medical prescribing course which usually led to a promotion once attained.
- Minor injuries course
- Suture training
- Mentorship courses to enable the support and mentorship of GP registrars.
- The Doctors provided 20 minute micro training sessions for all staff opportunistically in subjects such as abdominal pain and burns. In addition the management

Are services well-led?

team had responded to feedback from staff and organised weekly training sessions. This training was scheduled to begin in the new year and was to be led by a Doctor, covering areas staff had requested refresher training in as well as learning from incidents and case reviews.

- Feedback had highlighted the need for an effective means of self-review to aid the annual appraisal and ensure the standard of record keeping was kept to the high standard that we saw was prevalent during the inspection. To meet this requirement an application had been developed for clinicians phones which pulled a random, anonymised copy of a patient's record into the app and allowed for review. This firstly took place by the clinician and secondly by a peer and an average score produced. The areas covered included quality of:
 - Medical and social history
 - Examination notes
 - Prescription and outcomes
 - Referrals
 - Safety netting

A final audit form was produced with a personal scoring against the average for the centre for comparison and could be included in continuing professional development plans and to access further training. Staff told us this had given a strong basis for reflective practice and highlighted areas that they had previously not felt lacking, the fact this could take place in a flexible way was also praised, as the often busy shifts did not allow for significant time for regular reflective practice in the traditional way.

As a training hub the centre meets with other local GP training hubs to share learning and best practice.

The centre was involved in trials which could provide improved care to patients in the long term, for example:

- The centre had enrolled into the National Ankle Injury Trial (SALI) which tracked consenting patients from diagnosis through to recovery and what influences the likelihood of osteoarthritis. A template had been developed to support robust data collection in collaboration with this study.