

Urgent Care Centre Queen Mary Hospital

Inspection report

Frognal Avenue

Sidcup

Kent

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection 11 2017 – This service was rated Good overall, but was rated requires improvement for providing safe services.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Urgent Care Centre Queen Mary Hospital on 3 November 2016. The overall rating for the service was good. However, a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified, and we rated the service as requires improvement for providing safe services. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Urgent Care Centre Queen Mary Hospital on our website at www.cqc.org.uk.

We carried out a desk-based follow up inspection on 7 September 2017 to check if the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 3 November 2016. At our follow-up inspection we found the service had not made sufficient improvements and was still rated as requires improvement for providing safe services, but remains rated as good overall.

We carried out this announced comprehensive inspection at Urgent Care Centre Queen Mary Hospital on 13 November 2018 as part of our inspection programme and to follow up on the breach of regulations identified at our previous inspections.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service had improved its performance against National Quality Requirements, and was now meeting set targets
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Review and risk assess decision not to carry a defibrillator and oxygen in the vehicle used to attend GP out of hours home visits

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, a GP specialist adviser, a nurse specialist adviser, and a CQC pharmacist (who provided support remotely).

Background to Urgent Care Centre Queen Mary Hospital

The provider, Hurley Clinic Partnership, has been commissioned since 1 July 2014 to provide an urgent care centre for minor injuries and illnesses, and a GP out of hours service at Urgent Care Centre Queen Mary Hospital. The service is available to residents of the London Borough of Bexley and the surrounding areas, and operates from Frogna Avenue, Sidcup, Kent, DA14 6LT.

This is managed by the provider as an integrated single service rather than as two separate services. Although the service is commissioned by Bexley Clinical Commissioning Group, the urgent care service is available to both local residents and to patients who might work in the local area. The CCG area of Bexley does not have access to an accident and emergency department and patients attending Urgent Care Centre Queen Mary Hospital requiring care from an accident and emergency service are redirected to the closest hospitals with emergency departments.

Urgent Care Centre Queen Mary Hospital is all located at street level and is accessible to those with poor mobility and wheelchair users.

- The service's non-clinical management team include a senior operational manager, an operational manager and a data analyst and quality control team member. The clinical team leaders include their Deputy Medical Director for Bexley Unscheduled Care, a Lead Nurse and an Associate Director of Operations and Strategic Nursing Lead. The urgent care and out of hours services are managed by the same team.

Staffing in the service made up of a clinical mix of GPs, nurse practitioners, emergency care practitioners, streaming nurses, paediatric nurses, and healthcare

assistants, and are supported by reception staff. In addition to the permanent staff at the service, there are also locum GPs, the majority of whom are long term regular locum used and provided through the Hurley Medical Bank.

The urgent care service is open 24 hours a day. The GP out of hours service is open from 6:30pm until 8:00am on weekdays and 24 hours a day at weekends.

The urgent care centre has an equal proportion of in and out of area walk in patients, is used by adults and children, for minor illnesses and / or injuries, and for redressings. Patients also access the urgent care service through NHS 111 direct bookings or referrals. The London Ambulance Service conveys low acuity patients to the service where it is determined a more suitable setting for them to receive care and treatment than a hospital emergency department. There is also a deep vein thrombosis (DVT) referral pathway into the service from Bexley GPs.

The GP out of hours service can be accessed via NHS 111 online or via telephone. Patients accessing the NHS 111 online bypass the traditional telephone route and are electronically placed into the GP OOH advice queue. Patients accessing the NHS 111 via telephone can be directed to the service for an advice call, asked to attend the service or are provided a home visit. From 1 December 2018, NHS 111 will operate the direct booking aspect to the GP out of hours service, and patients could be booked in directly for appointments at the service, or for home visits, following a clinical assessment by the NHS 111 service.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. From 1 December 2018, the service will have access to the electronic National Child Protection Information Sharing System, so will be able to access information about any child on the child protection register nationally, not just locally as is the current case. This information will support them in identifying and responding to children who may be at risk of abuse, or vulnerable in any way. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. However, this information was not always stored locally so for example the nursing staff files did not have all the most up to date staff registration checks information. The provider gave us assurances that these checks were carried out by their head office teams, and our own checks of nursing staff registration showed they were all up to date. We have checked the central records when visiting other services run by this provider and found them satisfactory.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.



Are services safe?

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks. The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines carried in vehicles were stored appropriately. However medical gas cylinders and defibrillators were not carried in vehicles used to attend GP OOH home visits.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines kept patients safe.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.
- Joint reviews of incidents were carried out with partner organisations, including London Ambulance Service, the local emergency department (A&E) and NHS 111 service.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service. Following a recent unexpected death in the service, the service made significant changes to ensure they were better prepared and equipped to handle this unlikely event in the future. This included their development of a Death in department policy, which was awaiting approval from several stakeholders internal and external to the organisation.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. The service contributed to the site risk register and put controls and mitigating actions in place in response to identified risks.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using a defined operating model. Staff were aware of the operating model which included transfer of calls from call handler to clinician and use of a structured assessment tool.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The service had systems and processes in place to help them identify, respond to and monitor people who were vulnerable or had that risk. They had identified safeguarding leads, who role included an additional review of the patient consultation notes in relation to someone identified as vulnerable, to ensure appropriate decisions were made in relation to their care and treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and attendees; and for patients with particular needs, such as palliative care patients, guidance and protocols were in place to provide the appropriate support.

- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Technology and equipment were used to improve treatment and to support patients' independence. The service has recently introduced an online triage and consultation tool, which patients are asked to complete as part of their check in when attending the urgent care service. Based on their responses, patients are then streamed and prioritised to see clinicians. The service has found that the use of the tool has significantly cut down on patients' wait times for initial assessment and triage.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. They maintained a quality dashboard updated on a quarterly basis, which reported on, and responded to, a range of topics including number of falls in patients over the age of 65 (as this information is of relevance to their contract monitoring team), results of patient satisfaction surveys and NHS choices feedback, significant events and learning points from these, summary of redressings, updated list of staff training, summary report of child safeguarding referrals, complaints, and Quality Alert Management System (QAMS) reports. These QAMS notifications are generated from or to Bexley GPs in relation to services provided by other services.

From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQRs) for out-of-hours providers. The NQRs are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which includes: audits; response times to phone calls: whether telephone and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality. We found that this service was complying with the reporting requirements in relation to NQRs.

Are services effective?

- The GP OOH service participated in performance and monitoring activities in relation to the national quality requirements (NQRs). To meet the requirement for NQR04, they carried out a 1% audit for all clinicians on a quarterly basis and regular feedback is provided to improve standard and service level. Examples of identified areas for improvement following the 1% audit included inappropriate antibiotics prescribing, and inappropriate referrals to emergency departments. The audit also highlighted several examples of good care, such as examples of thorough history taking with appropriate follow-up, and safety netting advice with documentation of red flags.
- Also, to participate in local initiatives, the service carried out quarterly medicines management audits, and x-ray reports audits.
- In relation the urgent care aspect of the service, we found the provider complied with meeting and reporting on local and national key performance indicators (KPIs). The service used KPIs that had been agreed with its clinical commissioning group to monitor their performance and improve outcomes for people. The service shared with us the performance data from October 2017 to August 2018 that showed:
 - Maximum arrival to discharge time ranged from 314 to 431 minutes (monthly average was 367 minutes). This was mostly within the target maximum time of 360 minutes.
 - 99% of patients had an initial decision to treat or transfer made within 60 minutes of arrival at the UCC as a proportion of all patients attending the UCC in the contract month. The monthly target is 100%. Exceptions were investigated and the learning used to inform further care and treatment decisions.
 - 2.2% of patients attending the UCC left without being treated by a clinician. This was below the monthly threshold of less than 5%.
 - 86% of paediatric patients (0-18 years) streamed within 15 mins of arrival at the UCC as a proportion of all paediatric patients attending the UCC in the contract month. This is slightly below the monthly target of 95%, for the whole reporting period; however, the target has been met from March to July 2018, and was close to being met at 90.6% in August 2018.
 - 91% of adult patients given an initial assessment and/or streamed within 20 minutes of arrival at the UCC as a proportion of all adult patients attending

the UCC in the contract month. Again, this is slightly below the monthly target of 95%, for the whole reporting period; however, the target has been met from March to July 2018, and was close to being met at 93.6% in August 2018.

- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. To improve their performance for initial assessment and streaming of patients, the service introduced an online triage and consultation tool, which patients were asked, or supported, to complete as part of their check-in process when attending the urgent care service. This tool helped to significantly speed up the initial assessment process and prioritisation of patients to be seen by clinicians.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as safeguarding, chaperoning, fire safety, infection control and information governance.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Learning and development opportunities were discussed as part of staff appraisals.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Through our own review of patient records, and the summary of clinical consultation audits carried out by the provider, we found that the service made good and appropriate use and involvement of other clinical specialities in the care and treatment of patients. For vulnerable patients, we saw evidence of appropriate referrals being made to other agencies, such as local safeguarding teams. Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required. The service worked with patients to develop personal care plans that were shared with relevant agencies.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs. The service performance against the NQR for communication with the primary care team - episode of care reports to the GP within 48 hours of discharge for Bexley patients – was meeting the monthly target of 95% or above, and was at 100% between June and August 2018.

- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

Helping patients to live healthier lives

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

- The service identified patients who may be in need of extra support.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Receptionist gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. (Give examples such as, training on awareness).
- Six of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. We spoke with four patients during our inspection who told us they were satisfied with the care and treatment they received, they were made aware of approximate wait times, and that the premises and facilities were of a much better standard than the service's previous premises within the hospital site. However, some patients mentioned that they had long waits to be seen in the service. This was in line with the results of the other feedback received by the service, through NHS Choices and their own patient surveys.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Patients told us through comment cards and by talking to a member of our inspection team, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified. For example, they were contracted to provide a deep vein thrombosis (DVT) referral pathway into the urgent care centre from Bexley GPs.
- The provider improved services where possible in response to unmet needs. The service had moved premises to a purpose built urgent care and GP out of hours facility. The new premises included suitable facilities for treating children and adults for minor injuries and illnesses, x-ray provision, and plaster casting. The facilities and premises were appropriate for the services delivered.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, those with complex and / or multiple health needs, and children.
- The service made reasonable adjustments when people found it hard to access the service. The service was located on the ground floor, had ample seating area, as well as space for wheelchair users. The premises had a hearing loop. The reception desk was well situated so that wheelchair users could see and talk to the reception staff properly.
- The service was responsive to the needs of people in vulnerable circumstances. A private room could be made available for patients needing care and treatment in the service, but not able to stay in the main waiting area. There was a separate waiting area for children, which was stocked with toys and books.
- Patients were able to access care and treatment at a time to suit them. The urgent care service is open 24 hours a day. The GP out of hours service is open from 6:30pm until 8:00am on weekdays and 24 hours a day at weekends.
- Patients could access the urgent care service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment.
- Patients could access the out of hours service via NHS 111, online or via telephone. The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.
- Patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent local and national KPI results for the service (October 2017 to August 2018) which showed the provider was meeting the following indicators:
 - Median arrival to treatment at the UCC (Ranged from 3 to 10 minutes against a target threshold of 60 minutes). For this result, the local CCG accepted use of the online triage and consultation tool as part of the initial treatment for patients.
 - Percentage of patients arriving by ambulance who are given a clinical assessment within 15 minutes of arrival (100% against minimum target of 95%)
 - After the definitive clinical assessment had been completed, face to face consultations were started within 2 hours for urgent cases (Average of 82.5% against a minimum target of 95%). This average took account of the cases at both the Erith hospital and Queen Mary hospital sites.

Timely access to the service

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

Are services responsive to people's needs?

- After the definitive clinical assessment had been completed, face to face consultations were started within 6 hours for less urgent cases (Average of 99% against a minimum target of 95%). This average took account of the cases at both the Erith hospital and Queen Mary hospital sites.
- Episode of care reports to the GP within 48 hours of discharge for Bexley patients (Average of 99.5% against minimum target of 95%)
- There was one area where the provider was outside of the target range for an indicator, which was for face to face consultations were started within 2 hours for urgent cases (NQR12). The provider was aware of the need to improve its performance in this area, and the latest available month's figures, for August 2018, showed they had met this target in 100% of the cases at both hospital sites.
- Where the service was not meeting the target, the provider was aware of these areas and we saw evidence that attempts were being made to address them. For example, they had developed a staff dashboard which included reviews of efficiency and effectiveness of care and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Where people were waiting a long time for an assessment or treatment there were arrangements in place to manage the waiting list and to support people while they waited. Patients were kept informed about waiting times and delays.
- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services. For example, home visits could be provided as part of the GP OOH service.
- Patients with the most urgent needs had their care and treatment prioritised.

- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. 99% of patients had an initial decision to treat or transfer made within 60 minutes of arrival at the UCC as a proportion of all patients attending the UCC in the contract month. The monthly target is 100%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. In the last year, 36 complaints were received. We reviewed one complaint and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant. The local commissioning group operated a feedback system where local healthcare partners were able to provide feedback about each other to improve outcomes for patients. We saw that the provider responded promptly to feedback about them, as well as providing relevant feedback about other services.

The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated the service as good for leadership.

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We reviewed a sample of incidents and complaints recorded in the last year, and found that they were appropriately investigated and responded to. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- The service is provided by Hurley Clinic Partnership. They are the registered provider for 11 GP, 3 Urgent Care, a walk-in centre and Out of Hours services, predominantly in the South/East London area. The provider had a centralised governance system for its services which are co-ordinated locally by service managers and senior clinicians.
- Structures, processes and systems to support good governance and management were clearly set out,

Are services well-led?

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

The providers had plans in place and had trained staff for major incidents.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. These included patient survey information, staff meeting discussions, feedback from other local services through the QAMS.
- Staff were able to describe to us the systems in place to give feedback. These included appraisals and staff meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. The service provided a range of identified topics for different staff roles in their mandatory training programme. The service made provision for OOH GP trainees to work under supervision during OOH operating hours. They also facilitated the placement of nursing students, trainee paramedic students and advanced paramedic practitioners undertaking their extended practice.

Are services well-led?

- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider had representation on several Boards and Working Groups for strategic engagement and implementation of Sustainability and Transformation Plans(STPs). The purpose of STPs is to help ensure health and social care services are built around the needs of local populations. Areas that these Boards and Groups are focussed on include the transformation of their urgent care centres into urgent treatment centres, embracing digital working, and reducing cost through collaborative working with other providers.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Protected learning time was available for individual and team development.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, they have embraced digital working in the service through their piloting of an online consultation and triage tool, NHS 111 direct referrals and bookings, and use of the national child protection information sharing system (from 1 December 2018).