

Bromley Urgent Care Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bromley Urgent Care Centre on 16 February 2017. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need. The service met most targets specific to the urgent care centre.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records, with information following contact with patients as was appropriate.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvement is:

- Develop effective systems and processes to ensure safe care and treatment including medicines management in relation to vaccine storage.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The service is rated as requires improvement for providing safe services.

Requires improvement



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems and processes in place to keep patients safe and safeguarded from abuse.
- Medicines were securely stored, but refrigerators in which vaccines were stored were not checked every day, and we found one out of date medicine in a refrigerator.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Risks to patients were assessed and well managed.

Are services effective?

The service is rated as good for providing effective services.

Good



- The service was meeting most urgent care targets which had been agreed with the local CCG.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The service is rated as good for providing caring services.

- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels

Summary of findings

What people who use the service say

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. Ten of the 12 comment cards we received from patients were wholly positive about the service experienced. They reported that they did not have to wait long in the urgent care centre and that they were able to resolve their concerns. They also

commented that staff were helpful and supportive. Two of the cards were positive about the service that they had received, but commented that they had to wait a long time, with one saying that the waiting area was very busy.

We also spoke with six patients during the inspection. All six patients reported that they felt that all the staff treated them with respect, listened to and involved them in their treatment. Patients commented that the service was easy to find and that the service had been accessible.

Bromley Urgent Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The team was led by a CQC Lead Inspector. The team also included a GP specialist adviser, and a service manager specialist adviser.

Background to Bromley Urgent Care Centre

Bromley Urgent Care Centre is commissioned to provide an urgent care service to Orpington and the surrounding area in the London Borough of Bromley. Although based in the Bromley area, the urgent care service is available to both local residents and to patients who might work in the local area. The service operates from Princess Royal University Hospital, Farnborough Common, Orpington, London, BR6 8ND. The service is on one level and is accessible to those with poor mobility.

The service is co-located with the accident and emergency department of Princess Royal University Hospital.

The service is provided by Greenbrook Healthcare (Hounslow) Limited. They are the registered provider for 12 GP, Urgent Care and Out of Hours services. The provider provides centralised governance for its services which are co-ordinated locally by service managers and senior clinicians. The urgent care centre provides triage to the accident and emergency department except where patients arrive with an emergency presentation or in an ambulance. A streaming nurse would review all patients and determine whether the patient needed to be seen in

the urgent care centre or by the accident and emergency department of the hospital in which the service is based. On an annual basis approximately 63,000 patients attend the urgent care centre.

On site, the service is led by a service manager, a lead GP and a lead nurse who have oversight of the urgent care centre. The service employs doctors, nurses and streaming nurses (who triage patients and determine whether the patient needs to be seen by a doctor or a nurse). The majority of GPs working at the service were bank staff (those who are retained on a list by the provider and who work across all of their sites). Most nursing staff and reception staff at the service were employed directly by the provider.

The urgent care service is open 24 hours a day. Patients may contact the urgent care service in advance of attendance but dedicated appointment times are not offered.

This service had not previously been inspected by the CQC.

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.

The service had not previously been inspected by the CQC.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. This included information from Bromley Clinical Commissioning Group (CCG), and NHS England.

We carried out an announced visit on 16 February 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, senior staff at Greenbrook Healthcare (Hounslow) Limited and members of the administration and reception team. During the inspection we also spoke with six patients who used the service,
- Observed how patients were seen to in the reception area and talked with carers and/or family members.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Please note that when referring to information throughout this report this relates to the most recent information available to the Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the service manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- All serious incidents from the service were reviewed centrally by Greenbrook Healthcare (Hounslow) Limited and any learning from these events was shared with staff at the service and other Greenbrook organisations by way of a regular bulletin. The service had a dedicated quality and clinical governance manager and serious events were managed through the relevant lead clinician on site. We saw the bulletin and the information shared, and staff told us that information was readily accessible.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Learning was shared through e-mails, and where possible by ad hoc meetings with staff.
- The service carried out a thorough analysis of the significant events.
- We saw an example of where a patient had attended the urgent care centre and following a visit to the GP it was discovered that the pharmacy had prescribed the wrong medication to the patient. The prescription was for a medicine which was contraindicated with others that the patient was taking. The practice raised an alert with the CCG and shared learning from the incident with the pharmacy.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Although the service did not have a patient list of its own, the service kept a local register of patients at risk which was updated on a weekly basis. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians (including locums) were trained to child safeguarding level 3.
- Safety alerts such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), were received from head office and disseminated by the service manager.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- On presenting at the urgent care centre/accident and emergency department the patient was reviewed by a nurse streamer who determined the care pathway route.

The service maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- Overall responsibility for infection control was maintained by the hospital where the service was located, but the service had access to all relevant documentation. We saw calibration records to ensure that clinical equipment was checked and working properly. All equipment used by the service was provided on site, locum GPs did not bring their own equipment.

Are services safe?

- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. Infection Control training was mandatory on induction and we saw records to support that staff had completed this training. There was a policy for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury.

The arrangements for managing medicines, including emergency medicines and vaccines, in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were systems for managing medicines for use in an emergency in the urgent care centre. Records were maintained of medicines used and signed by staff to maintain an audit trail. The medicines were stored securely in a locked cupboard and medicines which required refrigeration were stored in refrigerators. However, we noted that there were eleven days when the temperatures of the refrigerators had not been checked and we found one out of date medication in the refrigerator. Access to the medicines was limited to specific staff.
- Patient Group Directions were used by nurses to supply or administer medicines without a prescription. PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment in most cases. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety

representatives. We noted that for premises and health and safety risk assessments the service used those managed by the building owner. The service had up to date fire risk assessments and carried out regular fire drills. 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 service (with the support of the building owner) had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available.
- The service had a defibrillator available on the premises and there was flowing oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- The service manager attended regular provider group meetings with the owner of the premises where any issues of safety could be discussed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The service monitored that these guidelines were followed.
- We spoke with nurses about their assessments of patients and found they had an understanding of NICE guidance.
- There was a clinical assessment protocol and staff were aware the process and procedures to follow. Reception staff had a process for prioritising patients with high risk symptoms, such as chest pain, shortness of breath or severe blood loss.

Management, monitoring and improving outcomes for people

Providers are required to report monthly to the clinical commissioning group on their performance against 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.

Performance figures reported to the CCG showed the following:

- All patients attending the urgent care centre were triaged by a clinician who determined the care pathway for each patient. Targets for this were set as being within 15 minutes of arrival for children and within 20 minutes for adults with a 95% target. Actual outcome rates for the last three months were between 88% and 98%.
- The target for median arrival to treatment was 60 minutes and maximum arrival to treatment was 360 minutes. These targets had not been breached in the six months immediately prior to the inspection.

- The service had a target that a minimum of 95% of patients would have an episode of care report to the GP within 48 hours of discharge of the patient. This had been achieved by the service in the year prior to the inspection.
- The service had a target that, after the definitive clinical assessment has begun then the care must be completed within 4 hours in at least 95% of cases seen in the urgent care centre. This target had been met in the six months prior to the inspection.

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.

- The service had a plan of audits which involved at least one audit per month. This included the following:
- A quarterly notes audit which involved a review of five cases per month. This also included a similar volume review of referrals to accident and emergency, referral to other hospital departments and safeguarding referrals.
- A quarterly review of frequent attenders so that the service could determine whether or not patients were attending the correct service, or determine if any safeguarding referrals had been missed. The service also employed a "patient champion" whose role it was to meet with frequent attenders to discuss where care needs could best be met, and who liaised with GP services as required.
- A review of all clinicians within three months of them commencing work with the service.
- All clinicians had records reviewed on an annual basis as part of the appraisal process.
- The service participated in local audits, national benchmarking, accreditation, peer review and research.
- Staff told us that feedback could be provided in one to one sessions, but if there were wider areas for learning these could be shared with the whole team.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The service had an induction programme for all newly appointed permanent or bank staff. A locum induction was also in place. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training for telephone consultations included theory and practical training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- The service shared relevant information with other services in a timely way. Where patients used either of the two services, a report detailing the care that they received was sent to the patient's GP by 8am the day following the consultation.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred.

- The electronic record system enabled efficient communication with GP practices and other services.
- The service had developed guidance to ensure that where patients were streamed to Accident and Emergency there was a clear care pathway. The provider met regularly with managers of the Accident and Emergency service.

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 capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

As an urgent care centre, the service did not have continuity of care to support patients to live healthier lives in the way that a GP practice would. However, we saw the service demonstrate their commitment to patient education and the promotion of health and wellbeing advice, particularly through the use of a patient champion whose role it was to assist patients in accessing the most suitable care provider for their needs. There was healthcare promotion advice available, and patients that we spoke to and those that completed feedback forms told us that they were provided with relevant information.

The service was not commissioned to provide screening to patients such as chlamydia testing or commissioned to care for patients with long term conditions such as asthma or diabetes. Only limited vaccinations were provided at the service. These were provided as needed and not against any public health initiatives for immunisation.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

All of the 14 patient Care Quality Commission comment cards we received were positive about the care with which they had been provided.

We also spoke with six patients on the day of our inspection, and these patients reported that they had been treated with courtesy and dignity. All of the patients we spoke with said they would recommend the service and commented on the excellent service they received.

The service had completed a friends and family survey and the results showed that patients were happy with the service. For example, of 1,600 people who had completed feedback in the last year, more than 90% said that they would recommend the service.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us 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. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- Staff told us that translation services were available if required for patients who did not have English as a first language.
- The service had access to a hearing loop for patients or family members with hearing impairment

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. We found the service was responsive to patients' needs in most areas and had systems to maintain the level of service provided. The service understood the needs of the local population. For example, the service was aware that it had large numbers of repeat attendees, particularly for dressing changes. The service reviewed all repeat attendees and staff spoke to patients who regularly attended the service in order that feedback could be provided to other service providers and commissioners in the area. The service had a dedicated "patients' champion" whose role it was to assist and work with patients in this regard.

The premises were shared with accident and emergency and most patients using either the urgent care centre or accident and emergency service were streamed by staff from the urgent care centre. The area in which streaming took place was confidential.

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.

- Appointments were not restricted to a specific timeframe so clinicians were able to see patients for their concerns as long as necessary.
- There were ramps leading to the entrance to the service. All areas to the service were accessible to patients with poor mobility.
- The waiting area for the urgent care centre was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. There was enough seating for the number of patients who attended on the day of the inspection.
- Toilets were available for patients attending the service, including accessible facilities with baby changing equipment.

Access to the service

The urgent care service was open 24 hours a day seven days per week. Patients could not book an appointment but could attend the centre and wait to see a nurse or GP.

The opening hours of the service meant that patients who had not been able to see their GP during opening hours could attend for assessment and treatment at any time. The service was accessible to those who commuted to the area as well as residents.

When patients arrived at the centre there was clear signage which directed patients to the reception area. Patient details (such as 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 to determine 'red flags' which might mean the patient needed to be seen by a clinician immediately. 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 receptionists informed patients about anticipated waiting times.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for urgent care centres and out of hours services in England.
- There was a designated responsible person who handled all complaints in the service.
- We saw that information was available to help patients understand the complaints system in the waiting areas.

We looked at 45 complaints received in the last 12 months. We saw that in all cases patients received a written response, with details of the Ombudsman's office provided in case the complaint was not managed to the satisfaction of the patient. The service had analysed all complaints and broke them down into specific areas. 17 complaints related to staff attitude, 12 to clinical care, 10 a perception of missed or unclear diagnoses and five related to waiting times. Lessons were learnt from individual concerns and complaints and wider areas and action plans were in place where required. Learning from complaints was shared with staff on a one to one basis if required and also through the providers newsletter if such learning needed to be shared more widely.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

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

- The service had a mission statement and staff knew and understood the values.
- The service had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Our discussions with staff and patients indicated the vision and values were embedded within the culture of the service. Staff told us the service was patient focused and they told us the staff group were well supported.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. These policies and protocols were developed by Greenbrook Healthcare (Hounslow) Limited at a corporate level and had been rolled out to the individual service where the service manager had adapted them.
- A comprehensive understanding of the performance of the service was maintained. The service reported monthly to the Clinical Commissioning Group (CCG) and NHS England and they were aware of areas where targets had not been met and had plans to address this.
- The service had a comprehensive audit strategy and plan. There was a clear feedback trail from this audit, and learning was shared with both individuals and all staff as relevant. This included a newsletter to all staff as well as e-mail alerts.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection representatives of the provider demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that there were clear lines of responsibility and communication. They reported that they would like to have more regular meetings with staff, but that the nature of the service made these difficult to accommodate. Notwithstanding this, staff were aware of their responsibilities and they told us that management and governance information was shared.

The provider was aware of and had systems 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 training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. The service had systems to ensure that when things went wrong with care and treatment:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service kept written records of verbal interactions as well as written correspondence.

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

- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

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

- Patients were provided with an opportunity to provide feedback, and if necessary complain.
- Staff told us that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Staff told us that they were proud of the service being delivered and that they felt engaged in decisions relevant to how the service might be delivered in the future. Staff also told us that the team worked effectively together.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The service's medicines management processes did not ensure that they could meet the requirement of this regulation.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>