

Croydon Urgent Care Centre

Quality Report

Croydon University Hospital
530 London Road
Thornton Heath
London
CR7 7YE

Tel: 020 8401 3000

Website: www.croydonhealthservices.nhs.uk

Date of inspection visit: 26 September 2017

Date of publication: 05/12/2017

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
What people who use the service say	7

Detailed findings from this inspection

Our inspection team	8
Background to Croydon Urgent Care Centre	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Croydon Urgent Care Centre on 26 October 2017. Overall the service is rated as requires improvement.

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.
- Medicines management at the service met guidelines in some areas but not in the storage of vaccines, patient group directives (PGDs) and the management of out of hours prescriptions.
- The service had good facilities and was well equipped to treat patients and meet their needs. However, a defibrillator that was not suitable for use was kept in a room with emergency drugs.
- Some policies and procedures were in place at the service, but others, for example the streaming service, were unclear and staff were not aware of how the system worked.
- There was a clear leadership structure and some staff felt supported by management, although some staff commented that staffing was insufficient to meet the demands of the workload.
- The service met some of the National Quality Requirements and other targets specific to the urgent care centre, but in several areas the service had yet to meet targets.
- 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, and the out of hours staff provided other services, for example the local GP and hospital, 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, although some patients commented that waiting times could be long.

Summary of findings

- 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 vehicles used for home visits were clean and well equipped.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Develop effective systems and processes to ensure safe care and treatment including, the storage and dispensing of medicines, patient group directives and ensuring that non-calibrated equipment is not stored where it might be used. The service should ensure that targets relating to the time taken to stream patients are met.
- Develop effective systems and processes to ensure good governance including ensuring streaming services are clear and understood by all staff. They should also ensure patient group directives are in place for nursing staff. The service should review that performance data meets national guidelines.

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.

- The service stored all medicines in a safe way. However prescriptions were not completed in line with guidelines. Patient Group Directives were not in place for nursing staff.
- Streaming policies at the service were unclear and were not documented at the time of the inspection. Streaming targets for adults had been significantly below national targets, but had improved month on month since the service commenced on 1 April 2017.
- 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.
- The out-of-hours service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse.
- There were systems in place to support staff undertaking home visits.
- 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. Staff told us that there were times when the service could be short staffed.
- Risks to patients were assessed and well managed in conjunction with the Hospital Trust in which the centre is located.

Requires improvement



Are services effective?

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

- The service was meeting some of the targets set for urgent care services and out of hours providers, but in some areas had yet to meet specified targets.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Requires improvement



Summary of findings

- Clinical audits had been instigated, although as relatively new service (having only commenced in April 2017) these were at a relatively early stage.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Clinicians provided urgent care to walk-in patients based on current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The service is rated as good for providing caring services.

Good



- Feedback from our comment cards and collected by the provider was mostly 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.
- Patients were kept informed with regard to their care and treatment throughout their visit to the out-of-hours service.

Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



- 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. Although the premises were not purpose built for the service the service had developed systems such as new signage for patients using the service.
- 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.

Are services well-led?

The service is rated as requires improvement for being well-led.

Requires improvement



Summary of findings

- The service had a number of policies and procedures to govern activity and held regular governance meetings. However, some policies and protocols were unclear, or staff were not aware of them, and some staff told us that the service was understaffed.
- 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. However there was a lack of oversight in relation to safety with regards to medicines management and
- There was a clear leadership structure and some staff told us that felt supported by management.
- The service had implemented an audit program. However, the service was new, so as yet it was not possible to determine whether or not this was contributing to service improvement.
- 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 had begun seeking feedback from patients through friends and family testing, but this had yet to be analysed.

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. We received six comment cards about the service. They were complementary about the service received. They commented that clinical staff were helpful and supportive.

We also spoke with seven patients during the inspection. Patients reported that the service was easy to access and that staff were helpful. However, three stated that waiting times at the service were longer than targets in some cases and a relative of one patient said that the service was not set up to best meet the needs of their relative.

Croydon Urgent Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Croydon Urgent Care Centre

Croydon Urgent Care Centre is commissioned to provide both a walk in urgent care centre, and a GP out of hours service to Croydon and the surrounding area. The service is provided by Croydon GP Collaborative Limited (the provider). The service co-ordinates with two other providers who provide services which are linked to the urgent care centre; AT Medics Limited who provide walk in services at three hubs linked to the service, and Croydon Health Service NHS Trust who manage the paediatric and emergency care departments to whom the service may directly refer patients. This report is focussed solely on the services for which the provider has responsibility. The service operates from Croydon University Hospital, 530 London Road, Thornton Heath, London, CR7 7YE. The service operates from temporary accommodation within the hospital while a new emergency wing comprising an emergency department, urgent care centre and resuscitation department is being built. The service is based on the ground floor of the hospital and is accessible to those with poor mobility.

Two distinct services are available on site, urgent care and out of hours. However, the services are organised and delivered in a co-ordinated way, such that many of the policies and protocols governing how services are delivered cover both services.

The provider provides centralised governance for its services and management locally is the responsibility of service managers and senior clinicians. The urgent care centre provides triage to patients attending either the urgent care centre or the hospital trust accident and emergency department. A streaming nurse reviews all patients and determines whether the patient needs 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 30,000 patients are referred to the out of hours service (of which approximately 12,000 either attend the base or receive a home visit), with 100,000 attending 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 both the urgent care and out of hours services. The service is staffed by 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 clinical staff at the service are bank staff (those who are retained on a list by the provider and who work across all of their sites) or agency. Reception staff at the service were either permanent or taken from the bank list of staff.

The urgent care service is open 24 hours a day. The out of hours service is open from 6:30pm until 8:00am on weekdays and 24 hours a day at weekends and on bank holidays. Patients may contact the urgent care service in advance of attendance but dedicated appointment times

Detailed findings

are not offered. Patients can attend the service without referral, but may also be referred to the service by NHS 111 services, which also refer patients to the out of hours service.

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 urgent care element of the service had been previously been inspected by CQC in June 2015, when the centre was managed by a different provider but not since it had been managed by the current provider.

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 Croydon Clinical Commissioning Group (CCG), and NHS England.

We carried out an announced visit on 26 October 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, senior staff from the provider and members of the administration and reception team. During the inspection we also spoke with seven 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. Although two services were provided, the policy was integrated between both.

- Staff told us they would inform the service manager of any incidents and they were aware of which systems (including Datex) needed to be completed. 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).
- At the time of the inspection the service had only been running for five months and there had only been two significant events recorded, neither of which were complete due to the limited time since the event. We saw that they had been managed up until that point in line with the services policies and protocols.
- 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.

Overview of safety systems and processes

The service had clearly defined and embedded systems in some areas, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- 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. GPs and nurses (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, and staff were aware of them.
- 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).
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Staff assured us that cleaning specifications were in place to support the cleaning of the premises and specific medical equipment. Overall responsibility for infection control was maintained by the hospital trust 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. However, we noted that a defibrillator that had not been calibrated and had expired pads was being stored in a cupboard in the service. All equipment used by the service was provided on site, locum GPs did not bring their own equipment.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. Infection Control training was mandatory on induction for new staff 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.
- We saw that the car used by the out of hours doctor was in good working condition and had been regularly serviced. The car contained equipment to fix the car in the event of a breakdown, and emergency equipment (including a defibrillator).

Are services safe?

- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service. Copies of all personnel records were retained at the corporate headquarters. This included all relevant information relating to locum doctors.
- On presenting at the urgent care centre/accident and emergency department the patient was reviewed by a streaming nurse who determined the care pathway route. The streamer did not have a dedicated room but had an area that was separated off from the reception area. The streamer could refer patients to the urgent care centre, paediatrics or to the emergency department. The streaming process was therefore complicated and at the time of the inspection there was no documented process in place to describe how the streaming process worked. Staff who acted as streamers were not fully documenting decisions, and clinical staff that we spoke to who were not streamers were unaware of how the process worked. The service had not yet audited whether streamers had referred patients to the wrong place. Following the inspection the service provided an updated streaming policy.

Medicines Management

- There were systems for managing medicines for use in an emergency in both the urgent care centre and out of hours service. Records were maintained of medicines used and signed by staff to maintain an audit trail. However, the service recorded if medicines were dispensed on a check sheet that stayed with the cassette rather than by purple prescription as is required. The medicines were stored securely in a locked cupboard and medicines which required refrigeration were stored in refrigerators in which temperatures were monitored. However, we noted that the record of temperatures was not completed daily, and there had been times where the temperature had been apparently significantly above the safe range (there was one entry of 19 degrees centigrade) and there had been no evidence of action taken. The medicines we checked at random were all within date. Controlled drugs were not stocked.
- Medicines kits used by out of hours GPs were stocked with all relevant equipment and stock levels were checked on a regular basis. We also saw that there were systems for GPs on home visits to record full details on the consultation including details of any medicines used.
- We were told that Patient Group Directions (PGDs) were being developed but were not yet being used by nurses and paramedics to supply or administer medicines without a prescription, although at the time of the inspection these staff were not independently providing medicines. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).
- Processes were in place for checking medicines, including those held at the service and also medicines bags for the out of hours vehicles.
- Arrangements were in place to ensure medicines and medical gas cylinders carried in the out of hours vehicle were stored appropriately.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 that the service was using 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).
- There were systems in place to ensure the safety of the out of hours vehicles. Checks were undertaken at the

Are services safe?

beginning of each shift. Records were kept of MOT and servicing requirements. We checked the vehicles and found that they were fully equipped and were in good working order.

- 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 in this regard. However, both the provider and staff at the service told us there were times where there were insufficient numbers of staff at the service. The provider told us that having only recently taken on the service they were still actively recruiting, a process which they hoped would be completed within several months.
- 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 five months were between 92% and 96% for children, but between 38% and 84% for adults. The figures for the latter had improved in every month since the service had commenced in April.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place 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 crash trolley in place which included a defibrillator available oxygen with adult and children's masks. There was also a defibrillator and oxygen in the out of hours car. However, we noted that a defibrillator which was not active service and had not been calibrated was in place in the sluice room awaiting collection. Although we were told that staff were all aware not to use the machine, in an emergency might be used by a member of staff. A first aid kit and accident book were available.
- 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.
- Staff were aware of 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

From 1 January 2005, all providers of out-of-hours services have been required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. 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. Similar timescales are set for treatment in Urgent Care Centres with data relating to national accident and emergency guidance being provided to the commissioning body.

Performance against the NQR for out-of-hours providers for the last three months showed the following:

- The service had a target that patients should be seen within 30 minutes in at least 95% of cases where patients are referred to the out of hours service base by 111. This target had not been met and performance ranged from 61%-73%.

- The service had a target that patients attending the urgent care centre should have their care completed within four hours in 95% of cases. The service had not breached this target since the service commenced in April 2017.
- The service had a target that home visits would be completed within two hours of calls in 95% of urgent cases. In the two months before the visit it had achieved 82% and 79%.
- The service had a target that home visits would be completed within six hours of calls in 95% of routine cases. In the two months before the visit it had achieved 91% and 95%.

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. Where targets were not being met the service was reviewing how improvements might be made.

- The service had a plan of audits which involved at least one audit per month. This included the following:
 - A notes audit which involved a monthly review of one per cent of all cases. This also included a similar volume review of referrals to accident and emergency, referral to other hospital departments and safeguarding referrals.
 - 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.
 - 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

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

- The service had an induction programme for all newly appointed staff. 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.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. The service had only commenced in April 2017 so at the time of the inspection we were not in a position to review this.
- 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 formalised systems with the NHS 111 service with specific referral protocols for patients using the out of hours 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 clinical staff 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 and out of hours service, 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. 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.

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.
- The service did not have a specified area in which patients could discuss issues with reception staff in a confidential environment. However, staff told us that patients could be taken to the clinical corridor for more discrete conversations or, should the need arise for completely confidential conversations, a clinical room.

All six of the Care Quality Commission comment cards we received were positive about the service experienced. The

service had commenced running a friends and family test but at the time of the inspection uptake was low and as yet the service had yet to be in a position to report on the results.

We also spoke with seven patients on the day of our inspection, and these patients reported that they had been treated with courtesy and dignity.

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 a hearing loop in place.

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, although as a relatively new service (having commenced in April 2017) the provider had not had a significant opportunity to review systems with the commissioners. The service understood the needs of the local population. For example, the service was aware that there were a substantially higher proportion of patients about whom there were safeguarding concerns than the national average. The service had developed systems with other providers to ensure that these patients would always have appointments available quickly.

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 two services on one site meant that the urgent care centre waiting room was approximately 50 metres away from the streaming area. However, arrangement could be made to assist patients with reduced mobility. There were staff in both areas to ensure that any relevant issues such as an emergency could be managed quickly. The service manager told us that the premises would soon be moving to a new purpose built premises which would mean they were adjacent to the emergency department.

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 reduced mobility.
- The waiting area for the urgent care and out of hours service 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 did not need to 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 local residents.

The out of hours service operated from 6:30pm until 8am during the week and 24 hours a day at weekends. Patients could also be referred to the service at times when local GP services were closed due to protected learning time. Patients accessed the out of hours service through the NHS 111 telephone number. The out of hours service was available for registered patients from all GPs within the local clinical commissioning group area.

When patients arrived at the centre there was 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 patients with more urgent needs could be prioritised as they arrived. Three of the patients we spoke to said that waiting times could be long. There was also clear signage from the streaming area to the urgent care centre.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

- 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 two complaints received in the last six 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. For example one patient who had attended the urgent care centre had complained that a number of patients who attended after them had been seen by a doctor more quickly. The service clearly explained that there were two services, an urgent care centre and a GP out of hours service and that one service may be able to see patients more quickly than the other. The letter apologised for any confusion. Learning from complaints was shared with staff on a one to one basis if required.

Are services well-led?

Requires improvement 

(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.

Governance arrangements

The service had an overarching governance framework in some areas which supported the delivery of the strategy and good quality care. However, in some areas policies and protocols were limited, and staff were unaware of lines of responsibility:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, both the provider and staff told us that recruitment was ongoing and that as a consequence workloads were at times high.
- Three staff that we spoke to were unaware of specific management lines relevant to their teams.
- Some service specific policies were implemented and were available to all staff. However, policies in some areas, for example in relation to streaming, were unclear, and staff were not aware of how these systems worked.
- 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.
- The service commenced in April 2017 and as a consequence audit had commenced but there were limited cycles to show that performance within the service was improving. There was, however, a future audit strategy in place.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although these were not always identified or responded to for example lack of PGDs, the broken defibrillator that was still accessible and staffing levels.

Leadership and culture

Senior managers at the provider told us they prioritised safe, high quality and compassionate care. Staff told us that there were clear lines of responsibility and communication. As a new provider there were areas where systems had yet to be fully developed, and managers told us that these areas were being addressed. They reported that they would like to have more regular meetings with staff, but that the nature of a walk in centre made these difficult to accommodate. Notwithstanding this, staff were aware of their responsibilities.

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). The provider encouraged a culture of openness and honesty. The service had systems to ensure that when things went wrong with care and treatment:

- On the basis of the examples that we reviewed, 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 but that the transition to a new provider had been difficult.

- Staff told us they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff told us that the service was developing, and that initially there had not been enough staff for the service.

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.

Are services well-led?

Requires improvement 

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

- 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.
- Some of the staff at the service 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.

Continuous improvement

As a newly implemented service the focus of the management team at the time of the inspection was to ensure the transition from the previous provider, and to ensure that all policies, protocols and systems were up to date.

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 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 did not ensure the proper and safe use of medicines.</p> <p>The service did not ensure that only safe equipment was available for use by staff.</p> <p>Patient group directives were not in place at the service.</p> <p>The service had not ensured that patients were seen by streamers within national target times.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>In several areas the service either did not have policies and protocols available or staff were unaware of them.</p> <p>The service did not meet some of the national targets that it had been set for the management of patients.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>