

Milton Keynes Urgent Care Services CIC

Quality Report

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This report describes our judgement of the quality of care at this out-of-hours service. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from the provider, patients, the public and other organisations.

Summary of findings

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Summary of findings

Overall summary

Milton Keynes Urgent Care Service CIC (Community Interest Company) provided an urgent care service which included 'out of hours' service within the grounds of Milton Keynes General Hospital.

The out-of-hours service is open between 18.30 and 08.00 Monday to Friday, and 24 hours a day on weekends and bank holidays. The service also provides GP home visits for people who are not well enough to attend the centre

The patients we spoke with during our inspection told us that they were happy with the treatment that they received.

We saw the service was provided in a clean and hygienic environment and there were systems in place to ensure the safety of patients which included learning from incidents, and the safe use of medicines administered on site.

We found the service was effective in meeting the wide ranging needs of patients that presented and the varying levels of demand that were placed on it. The care received by patients was audited and information shared with the patient's usual GP to support continuation of care between different providers.

Patients received a caring service and told us that they were involved in discussions about the health care they received and we saw patients being treated with sensitivity by reception staff.

The service was responsive to the needs of the patients attending the service. All staff had access to equipment, guidance and received adequate information about the patient to support clinical decisions and effectively respond to those in urgent need.

Staff described the service as well led and staff at all levels felt supported and information was routinely shared with staff via email and through face to face meetings. We saw records to show that new members of staff were properly inducted.

The registered manager who was employed by the service has recently left, therefore the service must ensure they complete the relevant CQC paperwork to remove the registered manager who no longer works at the service and ensure timely replacement with the new manager for the service.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Patients were protected from avoidable harm and abuse by the use of appropriate systems. Staff were aware of policies and procedures for reporting serious events and for safeguarding patients at risk of harm. There had only been one serious incident recorded and it did not affect patient care. However, should anything happen we saw there were policies and processes in place to investigate and act upon any incident and to share this learning with staff to mitigate any future risk.

We found appropriate systems in place to protect patients from the risks associated with medicines and cross infection. However we did not find any action plans to show how any identified risks had been overcome and shared with staff.

GPs working within the service were recruited from the local community and were all familiar with the service policies, local policies and processes for the area. We found the communication network within the service was very clear and effective.

The vehicles used by the GPs to visit patients in their own homes were fully maintained and regularly serviced to ensure they were fit for purpose.

Are services effective?

The provider effectively managed the demand for the service. Staff received appropriate information from the 11 triage service for patients that were presenting but also carried out their own triage of patients on arrival at the reception to ensure the information they had was accurate. Care was prioritised according to need and reception staff were trained to recognise when patients care needs changed. Patients with urgent clinical needs were supported by clinical staff to ensure their needs were addressed in a timely manner. Feedback from patients was very positive about the service they received.

Are services caring?

Patients we spoke with described being treated with respect and dignity and felt involved in decisions about their health care. We saw staff being helpful and sensitive to patient's needs.

There was health information for patients to read or take away from the waiting area this information was provided in the four most common languages of the area. Other languages were available on request.

We could see that patients were given written information on their aftercare that was appropriate to the treatment they had received.

Local chemist rotas were available for patients at the reception. This meant patients did not have to travel unnecessarily to obtain their medication if it could not be supplied by the service.

Are services responsive to people's needs?

The service had good arrangements in place and staff had the equipment they needed to meet patient needs with minimal delay.

Staff understood how to respond to medical emergencies that may arise and had access to information about local services should a patient require specialist care.

The service asked for patient feedback on a weekly basis and all results were displayed in the waiting area. We saw evidence of changes that had taken place as a result of input from patients.

Summary of findings

Are services well-led?

Staff who worked within the service described a supportive and open work environment and patients gave positive reviews of the treatment they received.

New staff received induction training and current guidance to support them in their role.

There were arrangements in place to learn from incidents and complaints.

Although audits were undertaken it was not evident that the findings from them were always acted on.

Staff told us they received clinical supervision opportunities to discuss their performance and issues relating to their role, however, this was not formally recorded.

Appraisals were evident for all staff with quarterly training update/discussions being fully recorded in staff files.

Summary of findings

What people who use the out-of-hours service say

We spoke with 31 patients who had used the 'out of hours' service during our inspection.

We also received 23 comment cards from people who used the service. All comments received with the exception of three were positive.

Patients told us that they were treated with dignity and respect and that their health options were discussed with them in a way they could understand.

Feedback included individual praise of staff for their care and kindness. Patients told us staff introduced themselves by name and were very approachable.

Feedback received from patients supported the comments that had been recorded by patients on the NHS choices website.

Areas for improvement

Action the out-of-hours service MUST take to improve

The service is aware they must ensure they complete relevant CQC paperwork to remove the registered manager who no longer works at the service and ensure timely replacement with the new manager/s for the service. This is to ensure the service is complying with CQC requirements of ensuring they have a fit person in place to manage the registered activities. This procedure is currently underway.

Action the out-of-hours service COULD take to improve

- The service should ensure a complete audit cycle is put in place to ensure all areas of the service can demonstrate they are safe for patients.
- Once an audit has been carried out and an action plan formulated this should include actions to be taken to make improvements or demonstrate learning.

- The service must fully record the risk assessments carried out on Criminal Record Bureau (CRB) / Disclosure Barring Service (DBS) checks that have been carried out by the GP's full time employers, this will ensure that patients are looked after by professionals that have been fully vetted through the appropriate service.
- Introduce a formal system for supervision to ensure all staff have regular opportunities to discuss their performance and role.
- Include within the Business Continuity Plan actions to take if the building was to become uninhabitable either through fire, flood or similar to allow staff to maintain the service with minimal disruption to patients requiring attention.

Good practice

- Reception staff were proactive in observing patients for changes in their needs relating to urgent care and were supported by clinicians to meet that need.
- Contact details for local services were displayed in the consulting rooms so that staff had access to information to make referrals or obtain specialist advice when required.
- Staff throughout the service (at all levels) described an open and supportive working environment.
- The service offered a healthcare professional telephone support line to local nursing homes and

other professionals. Professionals could ring into the service and speak to a GP or nurse practitioner out of hours and gain advice and support on the needs of people they were caring for.

- The service was active in the national initiative 'Making Every Contact Count'. All staff were involved in promoting healthy living and encouraging patients to make decisions to ensure a healthier lifestyle. A lead contact was currently reviewing their first three months of data to submit nationally.

Summary of findings

- As all GPs were recruited from the local community they were aware of all procedures and policies for the geographical area and could complete referrals immediately for patients.
- The service had in place effective links into the local mental health areas for assistance in times of crisis and access to training available within the mental health service which could be relevant to the urgent care service. The urgent care service supported the urgent clinical needs out of hours for the local mental health service.
- The service had in place close links with Macmillan and District Nursing teams within the area to ensure effective and timely management of the needs of patients under their care especially patients receiving care towards the end of their life.
- The service has in place a mentor system for staff and facilitates placements for student nurses from the local university to allow student nurses to gain experience and knowledge of working within Out-Of-Hours or walk in services. This will hopefully aid the service with recruitment in the future.

Milton Keynes Urgent Care Services CIC

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP. The team included a nurse, a GP Practice manager and an expert by experience.

Background to Milton Keynes Urgent Care Services CIC

Milton Keynes Urgent Care Service CIC provides an urgent care centre which also provides out-of-hours support to the local GP's. The service is located within the grounds of Milton Keynes General Hospital.

The urgent care centre is open 24 hours daily 365 days year. The out-of- hours service is open between 18.30 and 08.00 Monday to Friday, 24 hours a day at weekends and bank holidays.

Any person entitled to NHS care in the UK can access the service. Out-of-hours patients are triaged by an external provider and asked to either attend the service, await a GP telephone consultation or to seek advice at A&E. The number of people seen during the out-of-hours service varies between 50 and 75 patients per night with numbers greatly increased at the weekend.

The service also provided home visits carried out by the GP during the out-of-hours period to people in the local area who were not well enough to attend the centre. These visits are scheduled after the GP at the service has spoken to the person or their representative to ascertain their needs.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information about the out-of-hours service and asked other organisations to share their information about the service.

We carried out an announced visit on the 12 February 2014 between 15.00 and 23.30.

During our visit we spoke with a range of staff, including the Chief Executive Officer (CEO), GP Clinical Lead, GP's, the Director of Nursing, advanced nurse practitioners, the registered children's nurse, receptionists and other administrative staff.

We also spoke with patients who used the service.

Are services safe?

Summary of findings

The provider had satisfactory systems in place to protect patients from avoidable harm and abuse.

Staff were aware of policies and procedures for reporting serious events and for safeguarding patients at risk of harm.

Although there had only been one serious incident recorded which did not affect patient care we saw policies and processes were in place to investigate and act upon any incident and to share this learning with staff to mitigate any future risk.

We found appropriate systems in place to protect patients from the risks associated with medicines and cross infection. However we did not find any action plans to demonstrate how any identified risks had been overcome and shared with staff.

GP's working within the service were recruited from the local community and were all familiar with both the service policies and local policies and processes for the area. We found the communication network within the service was very clear and effective.

The service demonstrated the process verbally they would follow to investigate and share learning from any future incidents. This meant the provider was prepared to use the learning from incidents to minimise the risks to patient safety in the future.

Staffing and staff recruitment

The head of nursing advised us that all nursing staff were directly contracted by the service and that they did not use a locum agency to cover shifts. We were advised that the doctors working in the service were self-employed and were mainly GPs from around the local area. This meant patient's would be seen by experienced GPs who were familiar with the local health and social care services should they need to refer patients promptly to other services.

There were formal processes in place for the recruitment of new staff to check their suitability and character. We looked at the recruitment records for four GPs and nine staff across all disciplines including nurses, receptionist and administration staff. We saw recruitment checks had been undertaken which included a check of the persons skills and experience through their curriculum vitae (CV), personal references, identification, criminal record and general health. Where relevant, the provider also made checks that the member of staff had adequate and appropriate indemnity insurance and was a member of their professional body and on the GP performer's list which helped ensure that new staff met the requirements of their professional bodies and had the right to practise.

Interview records were available within personnel files for all staff.

We were satisfied that criminal record checks had been carried out appropriately to ensure patients were protected from the risk of unsuitable staff. If staff had recent CRB/DBS checks from their permanent employers these were risk assessed by the service, however this was not fully recorded the service may wish to consider a formal process to record this. The service had a formal process for the rechecking of CRB/DBS and this was recorded electronically.

Cleanliness and infection control

As we looked around the premises we found it clean and tidy. The waiting room looked bright and airy; the clinical rooms were in good condition and supported infection control practises including the use of disposable curtains in

Our findings

People's views

We spoke with 31 patients who were using the 'out-of-hours' service on the day of our inspection and read the 23 comment cards that had been completed by people who used the service over the previous three weeks. The majority of comments we received were positive and did not raise any concerns about patient safety.

Significant events

The provider had in place arrangements for reporting significant incidents that occurred at the urgent care centre. A 'significant events reporting policy' was available for staff so that they knew how to report incidents for investigation. We saw from the providers 'significant events register' that there had only been one significant event which did not impact on patient care reported in the last year. The incident was currently being investigated with the local Clinical Commissioning Group (CCG) as part of their governance process.

Are services safe?

all rooms. One patient told us, "I'd say the building is very clean and tidy when we've been here." We looked in six clinical rooms, the flooring had covered skirting and work surfaces were free of damage enabling them to be cleaned thoroughly. Sinks had elbow taps to prevent cross infection. We saw that the clinical rooms were well stocked with gloves and aprons and had hand washing guidance displayed by the sinks. There was a clear distinction between clinical and domestic waste to ensure appropriate disposal. These practises helped to protect patients from the risks of cross infection.

The service had regular domestic support throughout the day and night to ensure cleanliness was managed throughout the service. Regular audits of the environment were carried out by the cleaning contractor.

Safeguarding patients from harm

Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and what they should do if they suspected anyone was at risk of harm. There were policies in place for safeguarding vulnerable adults and children from abuse. These contained information to support staff in recognising and reporting safeguarding concerns to the appropriate authority for investigation. Staff told us that they were aware of these policies. We saw that safeguarding information was displayed throughout the consulting rooms to support staff. The provision of this information ensured staff had the information needed to act on concerns if they believe a patient may be at risk of harm.

All clinical staff and some reception staff were trained to Level 3 in safeguarding with the remainder being trained to level 1. The Director of Nursing and link clinician were the safeguarding leads for the service. This meant there was a clear lead to support staff in protecting patients from harm.

We found the service had regular fire alarm testing carried out as part of the hospital fire process but had not had any fire evacuation procedures within the last 12 months as this

was also part of the Trust fire plan and could not be influenced by the service. All fire extinguishers and blankets were maintained appropriately with service records available.

We discussed with the service the occurrence of patients who always attended the OOH service instead of attempting to access their own GP. They told us they monitored attendance and would discuss regular attendance with the patient and try to identify the reasons for this; they would also bring this to the attention of the GP practise the patient was registered with.

If the 111 service recommend a patient should attend the OOH service and they fail to attend the service will ring them if they have contact numbers to check if their condition has resolved or they need extra support. This support would then be offered.

Medicines

The provider held medicines on site for use in an emergency or for administration during a consultation and also dispensed medication to patients attending the service by prescription.. We saw that emergency medication was checked weekly to ensure that they were in date and safe to use. We checked a sample of medicines that were held at the premises and found these were in date. The service employed a medicine technician who monitored and regulated the stock held within the service.

Medicines administered by the nursing team at the service were given under a patient group directive which had been agreed with the clinical lead, medical director and director of nursing. Controlled medication held on site was stored securely and recorded fully when checked or administered on site.

Patients we observed were given written information regarding the medication they had been prescribed to ensure they were aware of any side effects that may be encountered and how to handle them

Are services effective?

(for example, treatment is effective)

Summary of findings

The provider effectively managed the demand for the service from patients.

Staff had appropriate information about patients that were presenting to the service but also carried out their own triage of patients on arrival at the reception to ensure the information they had was accurate.

Care was prioritised according to need and reception staff were trained to recognise when patients care needs changed.

Patients with urgent clinical need were supported by clinical staff to ensure their needs were addressed in a timely manner.

Feedback from patients was very positive about the service they received.

Our findings

Outcomes for patients

We spoke with 31 patients using the 'service at the centre'. All patients told us that they were satisfied with the service they had received. We saw that there were only three comments from patients posted on the NHS choices Website about the walk in centre as a whole and that most of these were positive.

We spoke with two GP's about how they received updates relating to best practise or safety alerts they needed to be aware of. The GP's advised us that these were shared with them through the email system and they received reminders about these updates on their Information Technology (IT) system. They told us that the clinical lead was always available either in person or via telephone for support and guidance should this be required. This meant clinical staff were provided with information needed to deliver good clinical care.

We looked at patient records and found them to be very good, they were very detailed and contained a clear account of any treatment or advice given to the patient. We saw that audits were carried out of patient records made by all professionals on an annual basis and any feedback was given to the professional in a formal manner. We reviewed the patient pathways for eight people, to

determine the care, treatment and advice provided throughout the use of the out-of-hours service, including any follow up treatment required. We found patients requiring referral to other services were referred in a timely manner either by the service or back through their usual GP service.

Access to the 'out-of-hours' service

Patients accessed the out-of-hours service in person after triage through the NHS 111 telephone service this was carried out by an external provider.

Patients presenting at the service were asked a few questions about themselves which included personal details about their symptoms, pre-existing conditions and any allergies. Patients then waited in the reception area to be triaged by an appropriate professional before seeing the doctor if this was required or being treated by the nurse practitioners.

Policies and procedures were also in place to help staff recognise and act appropriately where there were concerns about a patient. Reception staff had information to help them to recognise patients in need of urgent care when they presented at the service. Information about life threatening conditions was also provided as part of their induction. These processes helped ensure the service could appropriately respond to the needs of patients using the service.

Staffing

Clinical staff we spoke with described staffing levels at the service as "Good." The director of nursing advised us that staffing levels were determined by previous trends but that there were 'escalation' procedures available during periods of unexpected high demand. This involved bringing in extra staff to support the increased numbers of patients presenting at the service. We spoke with one GP who was able to explain the escalation process and told us that they would come in short notice if needed. These processes enabled the service to meet patient needs and demand for the service. We saw there was always a nurse with a recognised paediatric qualification in the service to assist with the care and treatment of children under 16 years of age, this is in line with good practice guidelines for safeguarding children and young people.

Information sharing

The director of nursing advised us that they didn't usually receive much information from other providers about the

Are services effective?

(for example, treatment is effective)

patients who might use this service. Information received was usually limited to that received by the 'out-of-hours' provider who undertook the telephone triage through the NHS 111 telephone system. As a result of this limited information the service had put in place their own triage of patients on arrival to check and prioritise patients as it could have been some time since they were triaged by the 111 service and their symptoms may have changed. This meant clinicians providing the care would have access to any relevant information about a patient and could take this into account when providing care or treatment.

The provider advised us that they kept an electronic copy of the records for all patients seen by them.

Information about patients who used the 'out-of-hours' service was shared with their usual GP. This was an automated process. We were advised that the information was transferred by 8am the day after the patient had been seen. We did not see that there had been any concerns raised about the sharing of information. These arrangements meant the patients usual GP was aware of any treatment given at the first opportunity and would help support the good continuation of care.

Review of care

We saw that the quality of patient records were audited by the Clinical Lead and Director of Nursing annually. We saw evidence of these audits having been carried out during

2013. This helped to identify any variation in practise between clinicians. These audits enabled the provider to identify and address any issues which might impact on the care patients received. This was fed back to the GP and lessons learnt were discussed and shared. We noted that positive aspects were fed back to the GP and other staff at staff meetings as a way of sharing good practise and addressing poor practise.

Audits

We saw that there had been some audits of clinical practise undertaken during the last year. These related to the quality of patient records and infection control. However, it was not always clear what action had been taken as a result of the audits. For example actions still appeared outstanding with the infection control audit undertaken the year before. We were advised the service was in the process of formulating an audit cycle to ensure all areas of the service were audited on a regular basis. We were told senior managers met weekly to discuss any quality monitoring issues and anything that needed to be shared with staff was done either face to face or through the email system.

We were not assured that arrangements in place made it clear that action had been taken in order to deliver service improvement.

Are services caring?

Summary of findings

Patients we spoke with described being treated with respect and dignity and felt involved in decisions about their health care. We observed staff being helpful and sensitive to patient's needs.

We saw that within the waiting area there was a private breast feeding room for nursing mothers, however we were told by reception staff that this was rarely used.

There was health information for patients to read or take away from the waiting area this information was provided in the top four languages of the area. Other dialects were available on request. We observed patients being given written information on their aftercare as appropriate to the treatment they had received.

Local chemist rotas were available for patients on the reception this meant patients did not have to travel unnecessarily to obtain their medication if it could not be supplied by the service.

consent and made reference to Fraser guidelines when assessing whether children under sixteen are mature enough to make decisions without parental consent for their care. Fraser guidelines allow professionals to demonstrate they have checked the persons understanding of the proposed treatment and consequences of agreeing or disagreeing with the treatment using a recognised tool to record the decision making process. This meant staff had access to guidance to involve and help patient's make informed consent about their care and treatment. However there was no formal process for recording how consent and competence for under 16 year olds had been checked.

All staff we spoke with understood the principles of gaining consent including issues relating to capacity.

The patients we spoke with confirmed that they had been involved in decisions about their care and treatment. They told us their treatment had been fully explained to them and they understood the information given to them. This demonstrated a commitment to supporting patients to make informed choices about their care and treatment.

We saw patients had access to a chaperone service when they underwent an examination. This was always recorded in the patient's electronic notes. Information was displayed in the waiting area if patients wanted to request a chaperone during an examination. Nurses and sometimes reception staff acted as chaperone. We checked and saw from the staff training matrix that reception staff had received training in this area. Provision of a chaperone helps to provide some protection to patients and clinicians during sensitive examinations.

Patient information

Patient information was displayed throughout the walk in centre in a variety of languages.. We saw that the waiting room had some information displayed in relation to safeguarding from abuse, information relating to waits and the chaperone service. However, we saw some information displayed at the reception informing patients of the process for the service that stated 'if you cannot read or understand English please ask for support', however this was only written in English. When we discussed this with the director of nursing she told us that when they had the opportunity to change the signage they would amend this and would aim to add the information in the top five languages for the area.

Our findings

Patient views

We spoke with 31 patients who were using the service on the day of our visit. One patient who used the service described feeling "well looked after." Another patient told us that it was a "great service and very caring" One parent told us they knew they would have to wait a short time but were confident the staff would see them as soon as possible and they did not mind waiting as the care they had received when they had accessed the service in the past had always been good. One patient told us the waiting time is always posted on the reception and they felt if you needed to be there you will wait to see someone and it was always quicker than A&E. We also looked at other feedback received from patients about the service from our comment cards and the NHS choices website and saw that this was generally positive.

Involving patients / Consent

A clinical treatment policy was in place which set out how the provider involves patients in their treatment choices so that they can make informed consent. The policy also included information about the patient's right to withdraw

Are services caring?

We spoke with one GP and nurses who told us that they gave written information where appropriate to patients during consultations. Provision of information to take away helps to support patient understanding and co-operation with their treatment.

Respect and dignity

Patients spoken with described being treated with respect and dignity when using the service. One patient told us, "Receptionists are always quite helpful they usually get the worst of everyone when they have had to wait but they remain calm and professional and always assist you." We observed reception staff speaking with patients in a friendly and helpful manner. We saw them discretely

checking with patients that might have difficulty completing patient or sensitive information. We saw one receptionist refer to a written sheet to ask a patient about sensitive personal information which was very good.

We found all rooms were lockable and there was appropriate screening to maintain patient's dignity and privacy whilst they were undergoing examination or treatment.

We saw from the summary of complaints that where complaints had been received about staff attitude that they had been raised with the member of staff. We saw that complainants had been invited to staff meetings to assist in staff education where communication had been identified as a problem. This demonstrated that the provider was committed to providing a caring service.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service had good arrangements in place to ensure that it could meet patient needs with minimal delay. Staff told us that they had access to equipment needed to attend to patient's needs. They were aware of arrangements in place for responding to medical emergencies that may arise and had access to information needed about local services available should a patient require specialist care.

The service requested patient feedback on a monthly basis and monthly collated results were displayed in the waiting area. We saw evidence of changes that had taken place as a result of patient feedback. The service used the slogan 'you asked, we listened, we did' to inform patients of the changes they had made as a result of feedback.

Our findings

Patient feedback

Patients were asked for their feedback on a monthly basis and results were collated and displayed in the waiting area. We found information displayed informing patients how they could raise a complaint in a variety of different languages there was also a detailed booklet named 'listening>acting>improving' available on the complaints and feedback process.. Providing opportunities for patients to report on their experiences helps to ensure that the service continues to be responsive to the needs of patients.

We saw a number of changes had been implemented following patient feedback including free Wi-fi available in the waiting room, a vending machine for patient use, DVD's in the waiting room for children and a barrier set up to afford patients checking in at reception some privacy.

Interpreter services were available via the telephone. Support for deaf patients being available in the form of a 'loop service or via a video link. This provided a live link to a signing specialist to assist the person to understand and consent to treatment being offered. This facility was available in two of the available consulting rooms.

The service has recently made contact with the local Healthwatch organisation for their assistance to find a 'lay person' to join the out-of-hours clinical governance and risk meetings which meet monthly to ensure a patient voice is available.

We sampled the complaints log from the service and found where complaints were upheld the service invited the complainant, after they had received the final outcome letter to come in to the service to meet with staff and managers to discuss the outcome and share ideas from their experience.

Access to services

The surgery was accessible to patients who may have mobility challenges. There were automatic doors at the entrance and the reception area was big enough for pushchairs and wheelchairs. All consulting rooms were situated on the ground floor. We saw that most of the consulting rooms were large and gave easy access to patients with mobility difficulties. There was also a toilet for disabled patients. We found there were disabled parking spaces available on the car park outside the main entrance. Some parents commented they would like to have had parent friendly parking spaces on the car park but as space was limited the director of nursing informed us this was not possible.

Parking outside the out-of-hours site was available. This was managed by the NHS hospital and at the time of the inspection the pay and display machines on the carpark were not in use so patients were not charged to park their vehicles.

Staff we spoke with told us that they had access to interpreter or translation services for patients who needed it. Provision of this guidance ensured staff knew what to do to ensure all patients were able to access health care at the service and communicate their needs.

As the service did not operate an appointments system patients were seen on a needs based process, this meant there was no time limit on the time patients could spend with GP's or nurses which ensured that patients were able to discuss fully their condition without pressure.

One patient told us they accessed the service by choice as it was more 'user friendly' than their own GP surgery and

Are services responsive to people's needs?

(for example, to feedback?)

they felt they had quality time to discuss their condition with the GP rather than feeling rushed. They told us they may actually see a GP from their own practise at the service.

Staff were alert to the needs of patients with specific physical health needs but tended to equate the needs of people with intellectual/learning disability with capacity matters rather than consider their need for pictorial aids to ensure their understanding of the treatment proposed. The medical director informed us they were currently exploring the use of pictorial aids for this group of patients but had had some issues sourcing information. This was an ongoing piece of work for the service that they assured us they were committed to completing.

At weekend the service provided a 'patient flow coordinator' to ensure patients had a timely journey through the service. This person was responsible for ensuring patients were seen in priority order and when the service was busy they would instigate the reserve staff being brought into the service to assist. An audit of patients attending the out-of-hours service in January 2014 identified only four patients out of 1975 patients had breached their four hour wait target. This meant the service was meeting their National Quality Requirement for waiting times, which are nationally set standards specific for delivery of out-of-hours services.

The service has recently invested in their health care support worker to train her in some aspects of nursing care to allow the patient journey to be more timely. The Health Care Assistant (HCA) is now involved in carrying out a dressing clinics at the weekend to continue the care provided during the week by the practise nursing team. This has evaluated very well and patients have a continuous care package in place to meet their needs. Previous to this service there was no provision for dressing change over the weekend period.

Availability of equipment

Consultation rooms were shared between different staff who worked shifts at the service. We asked one GP about the equipment that was available to them to enable to do their job and respond to patient needs. The GP advised us that basic equipment was made available to them when they came on duty and that it was kept in good condition.

Equipment appeared clean and in good condition and was fully serviced and maintained in line with manufacturer's guidance. This meant staff had the equipment needed to assess and respond to the needs of patients.

There were arrangements in place to deal with foreseeable emergencies. Basic life support was part of the mandatory training that all staff were required to undertake. Staff we spoke with were aware of the emergency equipment available and where it was kept. Emergency equipment was routinely checked daily and recorded. This meant staff would be able to respond quickly if a medical emergency arose. Even though the service was based within the hospital grounds they still accessed the 999 service for emergency requirements.

Emergency drugs were stored appropriately. The emergency medication was checked weekly to ensure they were present and in date when needed. We looked at some of the emergency medicines available and found they were in date. This meant that medicines required in an emergency should be effective and safe to use. We saw the 'grab bags' the GP's used for home visits were appropriately stored and contained identical equipment for ease of the clinician using the bags.

Medicines

A well-equipped pharmacy was on site to allow for the timely fulfilment of prescriptions required by patients attending the service. There was a medication technician on site who was responsible for checking, replacing and monitoring the medicines held on site. This meant that the clinicians would be able to respond promptly to patient symptoms that they were presented with. Where the medication was not available on site via prescription there was a list of opening times for the pharmacies in the local area to assist patients to obtain their medication. We saw previous evidence of medication audits undertaken but none recently. Regular medication audits would help the service to manage and monitor the medication effectively.

Where patients paid for their medication there was access for patients to pay by a variety of different methods.

Mental Health

We spoke with staff about the management of patients with mental health issues who may be at their most vulnerable when attending the service. Clinical staff told us that the reception staff were good at identifying mental health problems that needed to be seen urgently. The GP

Are services responsive to people's needs?

(for example, to feedback?)

was also able to describe the pathways for patients in a mental health crisis. The service provided out-of-hours support to patients within the local mental health facility and could demonstrate a close working relationship with local mental health services. This provided some assurance that the service would be able to respond appropriately to support patients at crisis point in relation to their mental health and well-being.

Referrals

We saw in the consulting rooms there were contact details for various services available in the local area. This meant staff had access to information needed to make referrals or obtain specialist advice when required.

We saw the service had very good links into the drug and alcohol support and rehabilitation team. They could access referral to these services directly from the out-of-hours service and did not need to refer back through the patient's usual GP.

The service is currently looking at training nurses to certify expected deaths to support the GP's in this practise.

Are services well-led?

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

Summary of findings

Staff who worked within the service described a supportive and open work environment and patients gave positive reviews of the service received.

Staff new to the service received induction training and current guidance to support them in their role.

There were arrangements in place to learn from incidents and complaints.

Audits were undertaken but it was not evident that the findings from them were always acted on.

All staff received adhoc clinical supervision opportunities to discuss their performance and issues relating to their role, however, this was not formally recorded.

Appraisals were evident for all staff with quarterly training update/discussions being fully recorded in staff files.

services. This will hopefully aid the service with recruitment in the future. We found the service also facilitated GP registrar training, emergency nurse practitioner training and was used for practioners currently undergoing training for nurse prescribing qualifications within the local area to shadow staff for experience.

Management of staff

New staff received an induction programme in order to familiarise themselves with the service. This included working through the organisational policies and procedures and shadowing other members of staff. Training packages were available for all grades of staff including student nurses who accessed the service as part of their training. Provision of induction training helps ensure staff receive consistent information in relation to the day to day running of the service.

Staff had access to a range of policies and procedures which were kept up to date. We looked at several of the policies and saw that they were comprehensive and covered a range of issues such as medicines management, complaints, safeguarding and business continuity. The policies and procedures were available to staff on line and staff told us that any changes were notified to them via email. This meant staff had access to current guidance to support them in their work.

GP performance was reviewed by the medical director. We were advised that this was carried out via a system of audits of patient records and feedback.. We were advised by the medical director of action that would be taken when there were concerns regarding a GP's performance. This provided assurance that performance of the GPs was kept under review and action would be taken as necessary to improve the service patients received.

We saw that new staff employed by the service received supervision meetings with senior staff after, one, two and three months in which their performance was reviewed. Supervision was formally carried out during this time and meetings looked at the member of staff's suitability to the role, team working, capabilities, punctuality, conduct and reliability. Supervision meetings helped to identify any staff issues early on in the member of staff's employment so that any necessary action could be taken to improve performance. The service needs to consider continuing supervision in this formal manner after the induction period had ended.

Our findings

Leadership and culture

We saw that the urgent care centre received 50% positive feedback from patients on the NHS choices website. Patients rated the service three out of five stars

Both clinical and administrative staff described the culture within the service as being open and supportive. Comments received from staff included, "You can always contact the Medical Director or lead clinicians if needed. There is a good team spirit. The GPs and nurses support each other" and "You can get training if you want it." "The director of nursing is often seen on the shop floor working when we need support and patients know her personally". Staff told us they would have no hesitation to speak to senior staff if anything was troubling them as they knew they would be supported. We were told by staff they felt the senior managers valued them all individually for their role within the centre and they were all encouraged to fulfil their potential with support of the management.

We found the service has in place a mentor system for staff and facilitates placements for student nurses from the local University to allow student nurses to gain experience and knowledge of working within Out-Of-Hours / walk in

Are services well-led?

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

Staff told us that they received annual appraisals. All the staff files we looked at confirmed this process was being carried out. The director of nursing had recently started quarterly training review meetings to review and plan training throughout the year. This meant staff were getting regular formal opportunities to discuss their performance and any training needs they might have.

We saw minutes of regular staff meetings with information disseminated from the monthly board meetings at this time. This told us staff were fully involved informed of issues relating to the running of the practice.

Learning from complaints and incidents

There were arrangements in place for staff to discuss and learn from complaints and significant events that had occurred at the service. A complaints and significant events review was held as part of the regular board meeting where these were fully discussed.

All complaints and significant events were discussed with staff at the regular staff meetings and learning was identified. We saw from the complaints log that where a communication complaint had been received the person who made the complaint had been invited to join the team at a staff meeting to share their experiences and to agree learning from the event. These arrangements helped to support service improvement.

All staff we spoke with told us they felt able to raise and discuss any issues they may have with the senior team and would not hesitate if anything was troubling them.

Minimising risk

We saw that a health and safety risk assessment had been undertaken of the service. This clearly stated the nature of the risk and what measures had been put in place to minimise the risk in the future. Where further action to minimise risk had been identified we saw that this had been actioned.

We saw the service used an accident book to record all accidents that occurred within the service. We found there were very few accidents recorded; the ones that were recorded were completed accurately.

We saw details of training for staff on breakaway techniques that was to be delivered with the assistance of the local mental health team to ensure staff felt able to deal with situations that may occur whilst they practiced as lone workers. This helped to protect patients and staff from harm.