

Urgent Care Centre Queen Mary Hospital

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Urgent Care Centre Queen Mary Hospital on 3 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- The service had an effective streaming system, although outcomes of the number of patients consulted within 15 minutes of arrival were lower than targets set by the commissioners of the service.
- The systems for the out of hours service were effective and ensured that patients were followed up as required.

- Feedback from patients about access to the service and treatment received was consistent and highly positive.
- 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 understood the needs of the changing local population, increased demand on local health services and had planned services to meet those needs.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvements is:

Summary of findings

- The service must ensure that the time that patients take to be triaged is in line with those set by . This relates to both the urgent care and out of hours services.

The areas where the provider should make improvement are:

- The service should review the serious untoward incidents policy and the business continuity plan to ensure consistency of policy and practice. The business continuity plan should also include all Clinical Commissioning Group contacts.

- The service should consider bringing all identified risks into registers managed by the service, rather than rely on those used by the owner of the building.
- Consider using a formal translation service for patients who need it.

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.

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- The service was consistently missing targets for the time in which patients should be triaged at both the urgent care and out of hours services. The service had identified this as a risk, and reported that they had commenced a review of this with a view to improving.
- Some policies and documents had not been sufficiently amended to reflect that the service was for urgent care and out of hours, not general practice.

Requires improvement



Are services effective?

The service is rated as good for providing effective services.

- Data that the service provided to the clinical commissioning group (CCG) showed that they were meeting targets in most areas. For example, the median time from arrival to treatment (following triage/streaming) for each of the first four months of the year had not been above fifteen minutes against a target of 30 minutes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice audited one in every one hundred consultations to review the care pathway and the assessment and treatment of patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from NHS Choices showed that the service was viewed positively by the patients that used it.
- Patients that we spoke to and those who completed comment cards 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.
- Feedback from patients was positive with the majority of patients reporting that all staff gave them the time they needed, that GPs and nurses were good at explaining treatment and all staff including reception staff were very helpful.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG 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.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings. However, some of the policies did not reflect actual practice at the service.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

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

Summary of findings

What people who use the service say

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. 23 of the 26 comment cards we received from patients were wholly positive about the service experienced. They reported that they did not have to wait long in the urgent care centre or the out of hours service (when they had to attend in person) and that they were able to resolve their concerns. They also commented that staff were helpful and supportive. Of the three comments which were not positive, two of the patients stated that they had to wait a long time, and another had stated that they had to attend Accident and Emergency, but there had been a delay in letting them know this.

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

The service had used various systems to seek patients' feedback about the services provided over the last year and was currently using a Hurley Group developed feedback questionnaire. This feedback was collated by one of the service managers, and the feedback from patients was mostly positive.

We also reviewed the information and feedback from patients on the NHS Choices website. The 60 feedback notes were wholly positive, and the service scored four out of five stars. Patients reported that they were seen quickly and that staff were helpful and caring.

Urgent Care Centre Queen Mary Hospital

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 GP specialist adviser, and a practice manager specialist adviser.

Background to Urgent Care Centre Queen Mary Hospital

Urgent Care Centre Queen Mary Hospital was commissioned from 2014 to provide both a walk in minor injuries and illnesses service, and a GP out of hours service to Bexley and the surrounding area. This is managed by the provider as an integrated single service rather than as two separate services. Although the service is commissioned by Bexley Clinical Commissioning Group, the urgent care service is available to both local residents and to patients who might work in the local area. The CCG area of Bexley does not have access to an accident and emergency department and patients present at the Urgent Care Centre requiring care from an accident and emergency service. In particular a large number of patients from Greenwich and Bromley use the service as the hospital at which the service is based is on the border of both boroughs. The service operates from Frogna Avenue, Sidcup, Kent, DA14 6LT. The service is on one level 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 the policies and protocols cover both services.

The service is provided by Hurley Clinical Partnership. They are the registered provider for 24 GP, Urgent Care and Out of Hours services, predominantly in the South London area. The provider provides centralised governance for its services which are co-ordinated locally by service managers and senior clinicians.

On site, the service is led by a service manager who has oversight of both the urgent care and out of hours services. The service employs as permanent staff 1.2 whole time equivalent (WTE) doctors, 5.5 WTE nurses, 0.5 WTE streaming nurses (who triage patients and determine whether the patient needs to be seen by a doctor or a nurse), 0.95 WTE paediatric nurses and 1.0 WTE healthcare assistants. There are six whole time equivalent receptionists at the service. Further to the permanent staff at the service there are also a number of locums, the majority of whom are provided through a bank of locums used by Hurley Group for all of its services.

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. Patients may contact the urgent care service in advance of attendance but dedicated appointment times are not offered. Patients can attend the service without referral, but may also be referred to the service by 111 services, who also refer patients to the out of hours service.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had not previously been inspected by the CQC.

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

We carried out an announced visit on 3 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, senior staff at Hurley Group and members of the administration and reception team. During the inspection we also spoke with three patients who used the service,
- Observed how patients were seen to in the reception area and talked with carers and/or family members.
- Reviewed an anonymised 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, for example any reference to the Quality and Outcomes Framework data, 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 there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- All serious incidents from practices and services run by the Hurley Group were reviewed centrally and that any learning from these events was shared with staff by way of a regular bulletin. We saw the bulletin and the information shared, and staff told us that information was readily accessible.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Learning was shared through e-mails, and where possible by ad hoc meetings with staff. There was also a newsletter produced by the provider which was circulated to all staff which included learning from significant events.
- The service carried out a thorough analysis of the significant events.
- The policy for serious events was taken from a pro-forma used by Hurley Group. Although the majority of the policy was fit for purpose, there were several examples of where the pro forma had not been fully adapted to meet the needs of the service. For example, the reporting form in the policy was not the same as the one used by the service. This did not, however, adversely impact on how incidents were managed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices 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. Clinicians (including locums) were trained to child safeguarding level 3.
- Safety alerts such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), were received from head office and disseminated by the service manager. We saw that MHRA alerts were discussed where they were relevant to the service.
- 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. As records were kept by the cleaners employed by the hospital, we did not see evidence of these during the inspection. However, we did see that completed records were in place to demonstrate that the clinical rooms were cleaned on a daily basis. We saw calibration records to ensure that clinical equipment was checked and working properly. All equipment used by the service was provided on site, locum GPs did not bring their own equipment.

Are services safe?

- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. Infection Control training was mandatory on induction and we saw records to support that staff had completed this training, certificates for which were kept centrally by Hurley Group. 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.
- There were systems for managing medicines for use in an emergency. Records were maintained of medicines used and signed by staff to maintain an audit trail. The medicines were stored securely in a locked cupboard and medicines which required refrigeration were stored in refrigerators in which temperatures were monitored to help ensure their effectiveness; access to the medicines was limited to specific staff. There was evidence of stock rotation and medicines we checked at random were all within date.
- 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.
- The service held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- 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).
- We saw checklists that showed that Hurley Group retained proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were retained. Copies of all personnel records were retained at the corporate headquarters. This included all relevant information relating to locum doctors.
- 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 assessment the service used those managed by the building owner only, although one of the service managers reported that the service was developing its own risk registers in these areas. Without their own risk register the service did not have direct ownership of the risks. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service 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).
- Records confirmed that the vehicles used by the out of hours service were appropriately insured and that they had MOT and tax.
- 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 for all the different staffing groups to ensure enough staff were on duty. The service manager told us that annual leave and staff availability was planned between six weeks and three months ahead of time. The number of patients who used the service had been similar to the level when the contract was awarded. However, targets for streaming patients on arrival were not being met.
- 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. However, actual outcome rates for the last three months were between 55% and 73% The service had identified this as a risk, and reported that they had commenced a review of this with a view to improving.
- The National Quality Requirements (NQR) require that the service start definitive clinical assessment for out of hours patients with urgent needs within 20 minutes of

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

the patient arriving at the out of hours centre in at least 95% of cases. In the three months prior to the inspection the service began clinical assessment of these patients between 71% and 80% of the time.

- NQRs require that the service start definitive clinical assessment for all other out of hours patients within 60 minutes of the patient arriving at the out of hours centre in at least 95% of cases. In the three months prior to the inspection the service began clinical assessment of these patients between 73% and 78% of the time.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available. Staff told us that there had been several examples of patients attending following severe allergic reactions, or during cardiac arrest where emergency equipment had been used.

- The service had a defibrillator available on the premises and there was flowing oxygen with adult and children's masks. There was also a defibrillator in the out of hours car. 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 plan included emergency contact numbers for staff, but it did not include CCG or NHS England contacts. However, the plan referred to EMIS (a clinical records system used in GP surgeries) and paper records which were not in place on the premises.
- 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

We found 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 practice guidelines.

- The service had systems 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 patient's needs.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We spoke with nurses about their assessments of patients and found they had an understanding of NICE guidance. There was a clinical assessment protocol and staff were aware of the process and procedures to follow.
- There was a clinical assessment protocol and staff were aware the process and procedures to follow. Reception staff had a process for prioritising patients with high risk symptoms, such as chest pain, shortness of breath or severe blood loss.
- Out of hours patients were booked in to the service directly by the NHS 111 service.

Management, monitoring and improving outcomes for people

The service used information collected as part of the National Quality Requirements (NQR) and other quality indicators to monitor the quality of the service out of hours patients received. NQRs are requirements set out by the Department of Health in 2006 to ensure that GP out-of-hours services are safe, clinically effective and delivered in a way that gives people a positive experience.

Performance figures showed the following:

- The number of patients for where an initial decision to treat or transfer was made within 60 minutes of arrival at the urgent care centre (not out of hours centre) was between 96% and 98% against a target of 100% in the last three months.

- The target for median arrival to treatment was 60 minutes and maximum arrival to treatment was 360 minutes. These targets had not been breached in the three months immediately prior to the inspection.
- The service had a target that a minimum of 95% of patients would have an episode of care report to the GP within 48 hours of discharge for Bexley patients. This was achieved in 97% of cases for the last three months.
- The service had a target that after the definitive clinical assessment has been completed face to face consultations must be started within two hours in at least 95% of urgent cases referred to the out of hours service. In the three months prior to the inspection the actual rate was between 76% and 92% of the time.
- The service had a target that after the definitive clinical assessment has been completed face to face consultations must be started within six hours in at least 95% of less urgent cases referred to the out of hours service. In the three months prior to the inspection this had been met each month, with rates between 98% and 99%.

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.

- Hurley Group had a policy of reviewing 1% of all patient consultations. This would equate to approximately two patients per day. The audits were randomised to ensure that they covered a variety of presentations, patients of all ages and varying degrees of seriousness. The audits reviewed assessment, investigations and where relevant diagnosis and/or treatment. There were clear systems in place to address any identified areas of poor practice.
- 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.
- The service had a system for completing a range of clinical audit cycles.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The service had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- Learning was shared through e-mails, and where possible by ad hoc meetings with staff.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. We saw that all staff had had an appraisal within the last 12 months.
- Staff received training that included: health and safety, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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. In cases where patients from Bexley 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 hospital at which the service was based did not have an accident and emergency department, but policies were in place to determine what action was required given particular circumstances.
- 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 the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

As an urgent care centre 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.

Staff we spoke with demonstrated a good knowledge of the health needs of the local and wider patient groups who might attend the centre. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Patients who might be in need of extra support were identified by the service. These included carers, homeless patients and those with sexual health needs. The service also had systems for identifying patients at risk. Patients were provided with information or signposted to relevant external services where necessary.

The service was not commissioned to provide screening to patients such as chlamydia testing or commissioned to

Are services effective?

(for example, treatment is effective)

care for patients' with long term conditions such as asthma or diabetes. Only limited vaccinations were provided at the service. These were provided as needed and not against any public health initiatives for immunisation.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

23 of the 26 patient Care Quality Commission comment cards we received were entirely positive about the service experienced. The service also ran its own patient feedback survey in line with NQR standards. This reported that 92% of patients who used the out of hours service were happy with the care that they had received.

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

spoke with said they would recommend the service and commented on the timely, excellent service they received. We noted that a number of patients who completed cards repeatedly attended the service, generally to have dressings changed. They reported that it was easier for them to do this at the urgent care centre than their GP, and five patients said that they considered the urgent care centre offered a better response to their specific needs.

We reviewed patient comments on the NHS choices website. The large majority of patients reported that they had been dealt with quickly and they had received good care from the service.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us health issues were discussed with them and 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 they wished to receive.

Patients that we spoke to were aware that interpreters could be requested. The service staff told us that they did not regularly use language line services as this was not provided for in their contract, but were able to secure interpreters for patients when required. However, receptionists reported that they often used an internet based translation service when patients attended at the front desk.

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 patient's needs in most areas and had systems to maintain the level of service provided. The service understood the needs of the local population. For example, the service was aware that there were a large number of older patients in the local area who would need dressings changed. Aware of the pressure on GP services to deliver this, the service allowed patients to attend for this reason. Staff reported that some patients with leg ulcers attended regularly.

No patients were registered at the service as it was designed to meet the needs of patients who had an urgent medical concern, or those who were consulting a general practitioner out of hours which did not require accident and emergency treatment, such as non life-threatening conditions.

The service was responsive to patients' needs in a variety of ways:

- Appointments were not restricted to a specific timeframe so clinicians were able to see patients for their concerns as long as necessary.
- There were ramps leading to the entrance to the service. All areas to the service were accessible to patients with poor mobility. One of the doors at the entrance was not automatic. The service manager said that the service would soon be moving to a new purpose designed facility, and as such it had been decided that spending money on improvements such as putting in electric doors would not be appropriate at this stage.
- There was a hearing loop in the reception area.
- The waiting area 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.

- The practice had sufficient cars in place to manage the number of home visits required in the out of hours service.

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 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 general practices within the Bexley clinical commissioning group area. This included both attending the centre and home visits.

Limited information on how to access the service was available on the provider website. More detailed instructions were available on the NHS Choices website and were available from GP practices in the area.

When patients arrived at the centre there was clear signage which directed patients to the reception area. Patient details (such as name, date of birth and address) and a brief reason for attending the centre were recorded on the computer system by one of the reception team. A receptionist would also complete a brief set of safety questions to determine 'red flags' which might mean the patient needed to be seen by a clinician immediately. Patients were generally seen on a first come first served basis, but there was flexibility in the system so that more serious cases could be prioritised as they arrived. The receptionists informed patients about anticipated waiting times.

Information from both the NHS Choices website as well as feedback from patients on the day of the inspection showed that patients were happy with accessibility to the service and the speed with which they were seen.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for urgent care centres and out of hours services in England.
- There was a designated responsible person who handled all complaints in the service.

- We saw that information was available to help patients understand the complaints system through information in the waiting areas.

We reviewed eight complaints that had been received in the past year. 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.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. These policies and protocols were developed by Hurley Group at a corporate level and had been rolled out to the individual service where the service manager had adapted them. We saw that in some areas that the policies had not been fully adapted to recognise that the service was an urgent care and out of hours provider rather than a GP practice, although there was no detrimental impact to the service as a consequence of this..
- 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 had a 'one in every one hundred' audit strategy where assessment, investigations, and where necessary diagnosis and treatment were reviewed.

There was a clear feedback trail from this audit, and learning was shared with both individuals and all staff as relevant. This included by way of a newsletter to all staff as well as e-mail alerts.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we noted that in some areas that the service relied on the building manager's risk registers rather than those that were specific to the service.

Leadership and culture

On the day of inspection representatives of the provider demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that there were clear lines of responsibility and communication. The service provider told us that they were able to meet with all staff every two months. 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 and they told us that management and governance information was shared.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. The service had systems to ensure that when things went wrong with care and treatment:

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

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

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

Are services well-led?

Good 

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

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.

- As far as they were able to, the service engaged with patients who used the service. Patients were provided with an opportunity to provide feedback, and if necessary complain. The NHS choices website provided detailed (and positive) feedback on the service that patients had received.
- Staff told us that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.
- Staff told us that they were proud of the service being delivered and that they felt engaged in decisions relevant to how the service might be delivered in the future. Staff also told us that the team worked effectively together.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The practice did not have an effective system for ensuring that patients were triaged in a timely manner. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.