

Urgent Care Centre Rutland Memorial 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?	Good	
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 Oadby & Wigston Walk In Medical Centre on 15 and 16 March 2017. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. A monthly bulletin was sent to all staff that outlined any lessons learnt from significant events.
- The service had clearly defined and embedded systems to minimise risks to patient safety.
- Patient safety alerts and MHRA (Medicines and Healthcare products Regulatory Agency) alerts were received centrally by the Vocare clinical governance lead and disseminated as appropriate to the service. However, we found that staff were not aware of one alert we asked to review in relation to the prescribing of emergency contraception that was issued in September 2016.
- Staff were aware of current evidence based guidance.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Performance data showed that 96% of people who arrived at the service completed their treatment within 2 hours. This was greater than the target of 95%.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Results from a survey carried out by an external company showed that 86% of respondents felt the Urgent Care Centres were easy to get to. Patients could access the service either as a walk in patient, via the NHS 111 service or by referral from a healthcare professional.
- Patients we spoke with told us they were satisfied with the care provided by the service and said their dignity and privacy was respected.
- All the locations had good facilities and were well equipped to treat patients and meet their needs.
- There was a clear leadership structure and the majority of staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- A small number of staff raised concerns regarding staffing levels and support at one of the locations,

Summary of findings

however we saw that the leadership team had developed infrastructures to ensure improvement and were aware that there had been a period of unsettle due to recent organizational change.

- The service had a staff recognition scheme. Staff members were encouraged to nominate their colleagues for a reward if they had exceeded what was expected of them or if they had made a recommendation to improve the service that had been implemented.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the service complied with these requirements.

The areas where the provider should improvements are:

- Review the process for the dissemination of MHRA (Medicines and Healthcare products Regulatory Agency) alerts to ensure staff are aware of all relevant alerts.
- Monitor the implementation of the staff meetings to ensure effective communication with all staff.
- Implement an initial assessment of patients to ensure they are safe to wait, where wait times are greater than 30 minutes.

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 good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. A computer software system was used to report, record and risk assess significant events. There was a local governance lead who initiated investigations into significant events and all events were reviewed by the Vocare clinical governance lead and discussed at national meetings to share learning across the organisation and to improve safety in the service.
- When things went wrong patients were informed as soon as practicable, received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Patient safety alerts and MHRA (Medicines and Healthcare products Regulatory Agency) alerts were received centrally by the Vocare clinical governance lead and disseminated as appropriate to the service. We were informed that they were also published on the Vocare intranet. However, we found that staff were not aware of one alert we asked to review in relation to the prescribing of emergency contraception that was issued in September 2016.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents. There were escalation plans in place for all the locations to advise staff of the correct actions to take if there was a potential disruption to the service. The level of concern was graded with appropriate actions to take.

Good



Are services effective?

The service is rated as good for providing effective services.

- Staff were aware of current evidence based guidance. For example, there was information in each consulting room regarding the symptoms of sepsis and the recommended 'traffic light' system to assess symptoms and the level of action and treatment required.

Good



Summary of findings

- Performance data showed that 96% of people who arrived at the service completed their treatment within 2 hours. This was greater than the target of 95%.
- Clinical audits demonstrated quality improvement. Vocare had a clinical audit policy that outlined the expectations of the service and staff in relation to clinical audit.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. An induction programme was in place for all newly appointed staff that included performance reviews at three monthly intervals for the first year of employment.
- An electronic record of all consultations was sent to patients' own registered GP practice so it was received by 8am the day following a visit.
- Staff we spoke with demonstrated a good knowledge of the health needs of the local and wider patient groups who might attend the centres.

Are services caring?

The service is rated as good for providing caring services.

- Survey information we reviewed showed that patients felt that the staff attitude was very good and they were reassured by staff.
- Information for patients about the services available was accessible. Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Curtains were provided in consultation rooms, and doors were kept closed during consultations, to maintain patients' privacy and dignity.
- We were informed that all staff had received equality and diversity training.

Good



Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- The provider understood its population profile and had used this understanding to meet the needs of its population.
- Translation services were available for patients who could not speak English and some of the staff were multi-lingual.
- The locations had good facilities and were well equipped to treat patients and meet their needs.

Good



Summary of findings

- Results from a survey carried out by an external company showed that 86% of respondents felt the Urgent Care Centres were easy to get to.
- Information about how to complain was available and evidence from eleven examples reviewed showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The local governance lead was the designated responsible person who handled all complaints in the service.

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.
- The service had identified seven values for staff to adopt. Information regarding these was on the Vocare intranet and staff we spoke with knew and understood the values.
- There was a clear leadership structure and the majority of staff felt supported by management. The service had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended training opportunities.
- The service had found it difficult to hold regular staff meetings due to the distance between locations, the opening hours and the hours worked by the staff. However, they had started to implement a programme of meetings for all staff. We saw evidence that lessons learnt were shared following significant events and complaints. The Local Clinical Director circulated a monthly bulletin to all staff with this information.
- A small number of staff raised concerns regarding staffing levels and support at one of the locations, however we saw that the leadership team had developed infrastructures to ensure improvement and were aware that there had been a period of unsettle due to recent organizational change.
- The provider was aware of the requirements of the duty of candour.

Good



Summary of findings

- The partners encouraged a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The service proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- The service had a staff recognition scheme. Staff members were encouraged to nominate their colleagues for a reward if they had exceeded what was expected of them or if they had made a recommendation to improve the service that had been implemented.
- There was a 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 CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients said they felt the provider offered an excellent service and staff were described as professional, helpful, friendly and caring. Patients who had attended with children said they received a high standard of care.

We spoke with six patients during the inspection. They told us they were satisfied with the care provided by the service and said their dignity and privacy was respected. Some of the patients were using the service for the first time and said they would return if needed. Patients said the staff were polite and helpful.

The provider used an external company to carry out a survey every quarter on a random selection of 100

patients who had used the service. The most recent data, from January 2017, showed a 10% response rate (10 patients) and that patients were satisfied with their consultations. For example:

- 100% of respondents felt that the health professional's attitude was good, very good or excellent.
- 89% of respondents felt the extent to which the health professional reassured them was good, very good or excellent.

The provider made use of the NHS Friends and Family test, a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. Each patient was given a Friends and Family form to complete when they attended the service. The most recent results showed an average of 90% of respondents across the four locations would recommend the service.

Urgent Care Centre Rutland Memorial 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 two further CQC inspectors.

Background to Urgent Care Centre Rutland Memorial Hospital

East Leicestershire and Rutland Urgent Care provides urgent care for minor injuries and illnesses to the residents of Oadby & Wigston, Market Harborough, Melton Mowbray, Rutland and the surrounding areas.

The service comprises of four urgent care centres in the Leicestershire area originally commissioned by the East Leicestershire and Rutland Clinical Commissioning Group (CCG). The commissioning contract is now held by the West Leicestershire CCG. The service is managed and operated by the registered provider Vocare. Vocare is a provider of outsourced clinical healthcare services on behalf of the NHS. Vocare were commissioned to run the service from April 2015. All four urgent care centres were visited as part of this inspection. The location addresses are as follows:

- Urgent Care Centre Oadby & Wigston Walk In Medical Centre, 18 The Parade, Oadby, Leicestershire, LE2 5BJ
- Market Harborough Urgent Care Centre, St Luke's Hospital, 31 Leicester Road, Market Harborough, LE16 7BN

- Urgent Care Centre Melton Mowbray Hospital Minor Injury and Illness Service, Thorpe Road, Melton Mowbray, Leicestershire, LE13 1SJ
- Urgent Care Centre Rutland Memorial Hospital, Cold Overton Road, Oakham, Leicestershire, LE15 6NT

Vocare employs a Clinical & Operational Lead who oversees the day-to-day running of the four urgent care centres with a GP who is the Local Clinical Director. They have a number of part time, self-employed sessional GPs, two whole time equivalent who work at the Oadby & Wigston location. Advanced Nurse Practitioners (ANPs) and Emergency Care Practitioners (ECPs), seven whole time equivalent were employed across all four locations. At the locations where there was no GP present they had access to clinical support either by telephone or by online video call if needed. Vocare uses regular locum ANPs and ECPs to support the delivery of the service. There is a team of reception staff led by a team leader, a rota lead and a governance lead.

Urgent Care Centre Oadby & Wigston Walk In Medical Centre is open from 8am to 9pm Monday to Friday and 8am to 8pm Saturdays, Sundays and Bank Holidays. Market Harborough Urgent Care Centre, Urgent Care Centre Melton Mowbray Hospital Minor Injury and Illness Service and Urgent Care Centre Rutland Memorial Hospital are all open from 5pm to 9pm Monday to Friday and from 9am to 7pm Saturdays, Sundays and Bank Holidays.

Patients can access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional.

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.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the service and asked other organisations, for example, the West Leicestershire CCG and Healthwatch to share what they knew. We carried out an announced inspection on 15 and 16 March 2017. During our visit we:

- Spoke with a range of staff including the Clinical & Operational Lead, the Local Clinical Director, GPs, Advanced Nurse Practitioners, Emergency Care Practitioners, reception and administration staff, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all four locations.
- Looked at information the service used to deliver care and treatment plans.

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?

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- There was a Serious Incident policy in place that all staff had access to on the Vocare computer intranet system. Staff we spoke with were aware of the policy and the process to follow to report and record significant events. The service used a Healthcare Incidents, Patient Safety & Risk Management Software to log all incidents and significant events. The incident recording form and software 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).
- From the sample of 10 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. The service carried out a thorough analysis of the significant events. There was a local governance lead who initiated investigations into significant events and all events were reviewed by the Vocare clinical governance lead and discussed at national meetings in order to share lessons learnt across the organisation.
- We saw evidence that lessons learnt were shared and action was taken to improve safety in the service. The Clinical Director sent a monthly bulletin to all staff, including the regular locums, that outlined any lessons learnt from significant events. For example, the protocols used for patients presenting at the service with non-specific chest pain were reviewed to ensure appropriate examinations and referrals to A&E were made.
- The service also monitored trends in significant events and evaluated any action taken.
- Patient safety alerts and MHRA (Medicines and Healthcare products Regulatory Agency) alerts were received centrally by the Vocare clinical governance lead

and disseminated as appropriate to the service. We were informed that they were also published on the Vocare intranet. However, we found that staff were not aware of one alert we asked to review in relation to the prescribing of emergency contraception that was issued in September 2016. Following the inspection the Clinical Director informed us that they had reviewed the process to ensure that all relevant alerts were received and a record kept that they were disseminated to staff.

Overview of safety systems and processes

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

- Arrangements for safeguarding 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. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs, ANPs and ECPs were trained to child safeguarding level three. All locum staff were required to provide evidence of safeguarding training prior to them being offered any work.
- A notice in the waiting room and in the consulting rooms 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 visibly clean and tidy.
- There were cleaning schedules and monitoring systems in place. The buildings were owned by NHS Property Services who used an external company to carry out cleaning and maintenance.
- One of the ANPs was the infection prevention and control (IPC) clinical lead who liaised with the local

Are services safe?

infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- Personal protective equipment and spillage kits were available at all locations.

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

- Repeat prescriptions were not issued by the service but they had a system in place to direct patients who had run out of their regular medicines to designated local pharmacies, within the vicinity of each location, to obtain a temporary supply of medicines until the patient could access their regular GP for a repeat prescription.
- The service carried out regular medicines audits, with the support of the West Leicestershire clinical commissioning group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. We were shown evidence that the service had reduced their prescribing of antibiotics and non-opioid analgesics in the previous year.
- Blank prescription forms and pads were securely stored, at each location, and there were systems to monitor their use. The ANPs had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the Clinical Director for this extended role. Patient Group Directions had been adopted by the service to allow ECPs to administer medicines in line with legislation.
- A member of the Vocare medicines team visited each location once a week to manage the storage and stock control of all medicines held. None of the locations held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

We were informed that Vocare had a recruitment team who completed all the appropriate recruitment checks prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the

Disclosure and Barring Service (DBS). 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. Personnel files were held at a central location within Vocare so they were not reviewed as part of the inspection. We reviewed the recruitment policy and found it reflected this process.

Monitoring risks to patients

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

- There was a health and safety policy available. There were health and safety posters at each of the locations with details of the identified health and safety representative.
- The service had up to date fire risk assessments and carried out annual fire drills. There were designated fire marshals within the Oadby and Wigston Walk In Medical Centre where there were a larger number of staff and patients to evacuate in the event of a fire. There was a fire evacuation plan and fire notices visible at each location, which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- 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).
- There were arrangements for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota lead who had a four week rolling rota system in place to ensure enough staff were on duty to meet the needs of patients. Staffing was planned across all four locations and regular locum ANPs and ECPs were used to support the service. There was a locum pack available that contained information of the service and local protocols.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Each location had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kits and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of each location and all staff knew how to locate them. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- There were escalation plans in place for all the locations to advise staff of the correct actions to take if there was a potential disruption to the service. The level of concern was graded with appropriate actions to take. For example if there was an increased waiting time for patients or if there were clinical absences per shift.
- During the inspection, of one of the locations, the inspection team witnessed an emergency situation with one patient and it was noted that the staff dealt with the event in a calm and professional manner. The emergency services were contacted appropriately.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of 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 patients' needs.
- The service had developed guidance for clinical staff that incorporated the NICE guidelines. For example, there was information in each consulting room regarding the symptoms of sepsis and the recommended 'traffic light' system to assess symptoms and the level of action and treatment required.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The service used key performance indicators (KPIs) that had been agreed with the West Leicestershire clinical commissioning group (CCG) to monitor their performance and improve outcomes for people. The service shared with us the performance data from June 2016 to January 2017 that showed:

- 96% of people who arrived at the service completed their treatment within 2 hours. This was greater than the target of 95%.
- 96% of people who attended the service were provided with a complete episode of care. This was better than the target of 95%.
- 4% of people who attended the service were advised to attend A&E. This was better than the target set by the CCG of less than 5%.

We were informed that all referrals to A&E were reviewed each month by the Clinical & Operational Lead to ensure they were appropriate. Any inappropriate referrals were discussed with the clinician concerned.

The Clinical & Operational Lead and the Local Clinical Director met with the CCG each month to review the KPIs and the service performance. They also looked at one day's

performance; all referrals made to see it they were appropriate and any mitigating factors that affected performance. This review was called a Day In the Life Of Vocare. Learning from these days was shared with other staff and other services managed by Vocare.

There was evidence of quality improvement including clinical audit:

- Vocare had a clinical audit policy that outlined the expectations of the service and staff in relation to clinical audit.
- There was an audit schedule in place that included clinical audits and audits of consultation notes.
- We were shown four completed clinical audits relating to prescribing that had been undertaken where the improvements made were implemented and monitored. For example, the service had audited the prescriptions made for hypnotic medicines (sleeping tablets) and found they had been prescribed on 11 occasions. Clinical staff were advised on the appropriateness of prescribing this type of medicine at an urgent care centre. When the second cycle audit was completed, the service found that no hypnotic medicines had been prescribed.

Effective staffing

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

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We were informed that all new members of staff had a development review after one month and every three months thereafter to identify any learning needs.
- All new members of the clinical team had a random selection of their patient consultation notes reviewed for quality and appropriateness of treatment during the first month in employment.
- 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 service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.

An electronic record of all consultations was sent to patients' own GPs so it was received by 8am the day following a visit. Any patients who visited the service from outside the local area had a fax sent to their own GP with details of the consultation.

The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the urgent care centres.

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 urgent care centres, 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 health information leaflets available in the waiting areas of all the locations.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Private areas or rooms were available at each location if patients wanted to discuss sensitive issues or appeared distressed.
- Staff were aware of the importance of maintaining patient confidentiality and had all undertaken training in information governance.
- We were informed that all staff had received equality and diversity training.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. One of the cards had an additional comment that they had experienced a long wait. Patients said they felt the provider offered an excellent service and staff were described as professional, helpful, friendly and caring. Patients who had attended with children said they received a high standard of care.

We spoke with six patients during the inspection. They told us they were satisfied with the care provided by the service and said their dignity and privacy was respected. Some of the patients were using the service for the first time and said they would return if needed. Patients said the staff were polite and helpful.

The provider used an external company to carry out a survey every quarter on a random selection of 100 patients who had used the service. The most recent data, from January 2017, showed a 10% response rate (10 patients) and that patients were satisfied with their consultations. For example:

- 100% of respondents felt that the Health Professional's attitude was good, very good or excellent.
- 89% of respondents felt the extent to which the Health Professional reassured them was good, very good or excellent.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There was a laminated card in different languages for patients to point to in order to identify the language they spoke.
- Information leaflets were available in easy read format. There was printed information from Patient UK advising of different medical conditions that patients could take away.

Information from the external survey showed 100% of respondents rated the Health Professional's explanations during consultations as good, very good or excellent.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. We were informed that it was unusual for the service to see patients who had recently been bereaved but if they did these patients were signposted to bereavement counselling services and advised to contact their own GP for support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service understood its population profile and engaged with the West Leicester Clinical Commissioning Group (CCG) to meet the needs of its population.

- Patients were not required to register with the service as it was designed to meet the needs of patients who had an urgent medical concern who could not access their own GP service or a non-life threatening condition that did not require accident and emergency treatment.
- The facilities at all four locations were suitable for people with disabilities and patients with young children that included ramps at the entrance, electronic opening doors and wide corridors to manoeuvre wheelchairs and pushchairs. There were lowered areas of the reception desks to make it easier for patients in wheelchairs to communicate with the reception staff. All of the locations had consultation rooms on the ground floor.
- There were access enabled toilets and baby changing facilities at each location.
- Translation services were available for patients who could not speak English and some of the staff were multi-lingual.
- There was sufficient parking including disabled parking spaces at each location.

Access to the service

Patients could access the service either as a walk in-patient, via the NHS 111 service or by referral from a healthcare professional. Patients did not need to book an appointment. The Urgent Care Centre Oadby & Wigston Walk In Medical Centre was open from 8am to 9pm Monday to Friday and 8am to 8pm on Saturdays, Sundays and Bank Holidays. The Market Harborough Urgent Care Centre, Urgent Care Centre Melton Mowbray Hospital Minor Injury and Illness Service and Urgent Care Centre Rutland Memorial Hospital were all open from 5pm to 9pm Monday to Friday and from 9am to 7pm Saturdays, Sundays and Bank Holidays.

When patients arrived at the centres there was clear signage which directed them to the reception areas. Patient details such as name, date of birth, address and a brief reason for attending were recorded on the computer system by one of the reception team.

Patients were generally seen on a first come first served basis, although more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.

Information for patients about the service, the locations and opening hours were available on the East Leicestershire and Rutland Urgent Care website.

Results from the survey carried out by an external company showed that 86% of respondents felt the Urgent Care Centres were easy to get to.

Listening and learning from concerns and complaints

The service had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The local governance lead was the designated responsible person who handled all complaints in the service.
- We saw that information was available to help patients understand the complaints system. For example, there was information displayed at the entrance of each location and complaints leaflets and complaints forms were available from the reception desks.

We looked at eleven complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. There was openness and transparency with dealing with complaints. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the reception staff received training in waiting room management to help them manage the expectations of patients and waiting times.

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 which was displayed in the waiting areas. The service had identified seven values for staff to adopt. Information regarding these was on the Vocare intranet and staff we spoke with knew and understood the values.
- The service had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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.
- Vocare had an intranet system that contained policies and procedures that were available to all staff. These were updated and reviewed regularly by the Vocare Head of Assurance. The service did not keep hard copies of the policies so they could ensure that all staff had access to the most recent updated policies and procedures.
- A comprehensive understanding of the performance of the service was maintained. The Clinical & Operational Lead and the Local Clinical Director met with the West Leicester Clinical Commissioning Group (CCG) each month to review performance.
- The service had found it difficult to hold regular staff meetings due to the proximity of the locations, the opening hours and the hours worked by the staff. However, they had started to implement a programme of meetings for all staff. We saw evidence that lessons learnt were shared following significant events and complaints. The Local Clinical Director circulated a monthly bulleting to all staff with this information.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The service used a Healthcare Incidents, Patient Safety & Risk Management Software to log all incidents and significant events.

Leadership and culture

On the days of the inspection the managers in the service 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. The majority of staff told us the managers were approachable and always took the time to listen to all members of staff.

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 support training for all staff on communicating with patients about notifiable safety incidents. Vocare encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the service had systems to ensure that when things went wrong with care and treatment:

- The service gave affected people support, 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 at team meetings or with their manager and felt confident and supported in doing so.
- A small number of staff raised concerns regarding staffing levels and support at one of the locations, however we saw that the leadership team had developed infrastructures to ensure improvement and were aware that there had been a period of unsettle due to recent organisational change.
- The majority of staff said they felt respected, valued and supported, particularly by the managers in the service. The managers encouraged all members of staff to identify opportunities to improve the service delivered by the provider.

Are services well-led?

Good 

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

- The service had a staff recognition scheme. Staff members were encouraged to nominate their colleagues for a reward if they had exceeded what was expected of them or if they had made a recommendation to improve the service that had been implemented. Vouchers were awarded to staff who were successfully nominated.

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

The service encouraged and valued feedback from patients and staff.

- They proactively sought feedback from patients through surveys, complaints and compliments received.
- They made use of the NHS Friends and Family test, a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. Each patient was given a Friends and Family form to complete when they attended the service. The most recent results showed an average of 90% of respondents across the four locations would recommend the service.

- There was a noticeboard in the waiting area of the Oadby and Wigston site that provided information for patients on how the service had responded to feedback. The information was displayed under 'You Said' 'We Did' headings and included examples such as patients had said they would like information regarding waiting times so they could make an informed decision whether to wait for treatment. The service response was that waiting time information was now displayed in the waiting areas and updated by the reception staff.
- The service had gathered feedback from staff through staff meetings, informal discussions and appraisals. Staff told us 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service.

Vocare had developed links with Staffordshire University to supply accredited training, for example, management training for staff in a supervisory role.