

West Midlands Doctors Urgent Care - Wolverhampton Urgent Care Centre

Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection February 2018 – Requires Improvement overall, however the practice was rated inadequate for providing effective services and remained in special measures).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We previously carried out an announced comprehensive inspection at West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre on 21 March 2017 as part of our regulatory functions. The service was rated as inadequate overall. The full comprehensive report for the March 2017 inspection can be found by selecting the 'all reports' link for West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre on our website at www.cqc.org.uk.

An announced focused inspection was carried out at West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre (WUCC) on 26 October 2017 to confirm that the service had taken appropriate action to meet the legal requirements in relation to the warning notices issued in July 2017. You can read the follow up inspection report, by selecting the 'all reports' link for West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre on our website at www.cqc.org.uk.

A further announced comprehensive inspection was carried out at WUCC on 6 February 2018 and 27 February 2018 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspections on 21 March 2017 and to follow up on concerns received. The full comprehensive report for the February 2018 inspection can be found by selecting the 'all reports' link for West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 8 November 2018 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that

we identified at our previous inspection in February 2018. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- Systems had been introduced to manage safety alerts. Risks to patients were assessed and well managed, particularly in relation to ensuring sufficient staff were available to meet surges in demand.
- The service had significantly improved their performance of the National Quality Requirements.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- Patients' care needs were assessed and delivered in a timely way and according to need. An effective triage system had been implemented and all staff had received training to ensure a consistent practice.
- The service had good facilities and was well equipped to treat patients and meet their needs. The vehicles used for home visits were maintained and well equipped.
- There was a clear leadership structure and staff felt supported and valued members of the team.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas where the provider should continue to make improvements:

- Ensure continued action is taken to achieve the National Quality Requirements performance indicators.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service'

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

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

Background to West Midlands Doctors Urgent Care - Wolverhampton Urgent Care Centre

West Midlands Doctors Urgent Care – Wolverhampton Urgent Care Centre (WUCC) is part of the Vocare group, which began in 1996 in the North East of England as a co-operative of local GPs providing healthcare to local people. Vocare Limited is a Totally Plc Company. WUCC has been operating since April 2016 and is commissioned by NHS Wolverhampton Clinical Commissioning Group (CCG) under a single contract to provide an integrated approach to urgent health care, which includes all the elements of out of hours, urgent care and walk-in services from one location. The services are organised and delivered in a co-ordinated way. Policies and protocols cover all services and Vocare provides centralised governance for its services, which are co-ordinated locally by service managers and senior clinicians.

WUCC is located on the first floor of the Urgent and Emergency Care Centre at New Cross Hospital, Wolverhampton. An integrated model of urgent health services is available for the whole of Wolverhampton (population, 262,000). WUCC provides services to one of the most deprived areas of the West Midlands. People living in more deprived areas tend to have a greater need for health services. There is a lower value for income deprivation affecting children and older people in comparison to the average across England. The out of hours service (OOHs) is extended to patients registered at seven named practices in Seisdon:

- Claverley Surgery
- Dale Medical Practice
- Featherstone Family Health Centre
- Lakeside Medical Centre
- Moss Grove Surgery
- Russell House Surgery
- Tamar Medical Centre

WUCC is open 24 hours a day, seven days a week for people who walk in, or are referred following contact with the NHS 111 service. The services provided include an out of hours service between the hours of 5.30pm and 9am on weekdays and 24 hours a day at weekends and bank holidays. All services are provided from one location.

WUCC forms part of the urgent and emergency care centre at New Cross Hospital and is commissioned to provide treatment for minor injuries and illness for patients who do not require A&E treatment but who cannot wait until the next available appointment with their registered GP. Patients within this category undergo a triage assessment by a nurse employed by WUCC and a nurse employed by the hospital and if clinically assessed as appropriate are given an appointment to attend WUCC.

WUCC is led at a local level by a GP Lead, Centre Manager, Senior Team Leader and Lead Advanced Nurse Practitioner who have management oversight of the integrated services at a local level. All the services are staffed by the same group of doctors, nurses and reception staff. This includes the GP on shift who carries out home visits during the period when the patients' registered GPs are closed.

There is a total of 63 staff working at WUCC. This number includes sessional GPs who are self-employed contractors. The organisational structure at WUCC include a Regional Director, an Assistant Regional Director, a Local Clinical Director and a Clinical Support Manager. Other staff roles include:

- 1 Salaried GP (Also has the role of the Regional Clinical Director)
- 1 Salaried GP lead – 3 sessions
- 21 Sessional GPs
- 1 Centre Manager
- 1 Senior Team Leader
- 1 Lead Advanced Nurse Practitioner
- 4 Advanced Nurse Practitioners
- 1 Emergency Care Practitioners
- 4 Nurse Practitioners
- 4 Junior Nurse Practitioners
- 6 Drivers
- 9 Receptionists
- 1 Senior Team Leader
- 2 Team Leaders
- 5 Despatches

Are services safe?

At our previous inspection on 6 February 2018, we rated the service as requires improvement for providing safe services This was because:

- Surges in demand at the centre and staff shortages were not consistently managed in a manner that ensured the impact on patient safety was minimised.

These arrangements had improved when we undertook a follow up inspection on 8 November 2018. The service is now rated as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff provided examples of referrals made to social services and community health providers related to safeguarding concerns. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- In response to our inspection in February 2018 the service had put systems in place to manage surges in demand and staff shortages. We saw records that showed the planning and monitoring of the number and mix of staff needed. Staff shortages were consistently managed in a manner that ensured the impact on patient safety was minimised. The service had actively increased the number of permanent staff working at the centre.
- Systems were in place to manage people who could potentially experience long waits. Records we looked at showed that ongoing monitoring and reviews of patients attending and waiting at the centre took place throughout the day. This supported the early management of patient waiting times and surges in demand at the centre.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Four reception staff spoken with knew how to identify and manage patients who showed signs of deterioration. The staff explained the procedure they would follow in the event of a patient who required emergency clinical support within the waiting area. Staff had access to red flag alerts to support them to recognise patients that may be at risk and needed to be brought to the attention of one of the clinical staff immediately.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

Are services safe?

- When there were changes to services or staff the West Midlands Doctors Urgent Care Centre - Wolverhampton Urgent Care Centre (WUCC) assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. We looked at four random care records. These showed that information needed to deliver safe care and treatment was fully recorded at consultations. The records ensured that appropriate patient information was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, preferred care records for patients with end of life care plans were referred to, special notes were available and alerts were added to the system for patients identified as vulnerable.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs and vaccines, minimised risks.
- The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately. We saw records that showed that these items were checked by the drivers at each shift change.
- The service carried out regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing. GP prescribing practices were monitored when auditing their records related to patient consultations.
- The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Staff prescribed or administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.
- Palliative care patients were able to receive prompt access to pain relief and other medication required to control their symptoms.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts. Searches were undertaken and relevant medicine and equipment alerts were shared with staff in a timely manner. GPs and nurses spoken with demonstrated an awareness of safety alerts.
- The service encouraged joint reviews of incidents with partner organisations, which included the hospital staff, local GP practices, Wolverhampton Clinical Commissioning Group and NHS111 service.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were two serious incidents recorded since the last inspection in February 2018. One involved the collapse of a patient and the other alleged abuse of a patient. Both had been appropriately recorded, investigated and records showed that lessons learned were shared with staff in a timely way.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and

Are services safe?

acted to improve safety in the service. The outcome of significant events and incidents were included in a monthly staff newsletter. Learning was also shared with staff at regular staff meetings.

- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. Updates on safety alerts received were included in a regular newsletter and staff had access to this information on the provider intranet. Staff were able to

discuss three most recent alerts received and records we looked at showed the action taken to act on these where appropriate. The provider used a risk assessment tool to demonstrate the reason for the level of action or non-action on the alerts received.

- The provider governance team delivered a 'lessons learned' session each month. Two of the topics discussed were serious incidents and safeguarding. Real examples were anonymised and shared with staff and discussions were held on what the service could have done better.

Are services effective?

At our previous inspection on 6 February 2018, we rated the service as inadequate for providing effective services This was because:

- The service was not meeting key performance indicators, which could have a negative impact on the services provided for patients.

These arrangements had improved when we undertook a follow up inspection on 8 November 2018. The service is now rated as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider used a structured assessment tool to monitor and review telephone and face to face consultations carried out by clinicians to ensure these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Clinical staff had access to preferred care records for patients with end of life care plans. Special notes were available and alerts were added to the electronic records of patients identified as vulnerable. Care plans and guidance were in place to provide appropriate support for palliative care patients.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with people who attended the centre regularly. For example, frequent attendance by babies and children was monitored. Staff referred patients to the local safeguarding service if they were concerned.

- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and a clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

From 1 January 2005, all providers of out-of-hours services were required to comply with the National Quality Requirements (NQR) for out-of-hours providers. The NQR are used to show the service is safe, clinically effective and responsive. Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which includes: audits; response times to phone calls: whether telephone and face to face assessments happened within the required timescales: seeking patient feedback and, actions taken to improve quality. The service shared with us the performance data from April 2018 to September 2018 which showed improvement. The data showed significant improvement in two of the following performance indicators:

- 99% of people who arrived at the service completed their treatment within 4 hours compared to January 2018, when the service performance was 95%. The contractual target was 95%.
- 54% of people who attended the service were provided with a complete episode of care within one hour (60 minutes of arrival) compared to January 2018, when the service performance was 52%. The contractual target was 80%.
- 83% of people who attended the service were provided with a complete episode of care within two hours (120 minutes of arrival). compared to January 2018, when the service performance was 52%. The contractual target was 90%.

We saw that there were improvements overall in the performance of the service since the last inspection in February 2018. This was evidenced in the improved overall waiting times and decrease in delays experienced by patients in having an initial assessment.

Are services effective?

- 89% of patients arriving at the centre had an initial assessment within 15 minutes of the patient arriving in the centre for the period April 2018 to September 2018, compared to 40% for the period April 2017 to December 2017. The contract target was 95%.
- 94% of patients arriving at the centre had an initial assessment within 20 minutes of the patient arriving in the centre compared to 50% for the period April 2017 to December 2017. The contract target was 95%.
- Where the service was not meeting the target, the provider had put actions in place to improve performance in this area. There were management systems in place to ensure ongoing improvements minimised any negative impact on the quality of service provided. Systems in place included daily monitoring of patient waiting times and staff training in the use of a nationally recognised triage assessment tool.
- We saw evidence that referrals to A&E, safeguarding, the rapid access nursing team or mental health professionals were reviewed to ensure they were appropriate. Any inappropriate referrals were discussed with the clinician concerned.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. West Midlands Doctors Urgent Care Centre - Wolverhampton Urgent Care Centre (WUCC) had completed five clinical audits one of which looked at antibiotic prescribing practices to ensure appropriate and in keeping with national guidance. The audit looked at eleven different antibiotics prescribed at the centre between June 2017 and July 2018. Twenty five patients were randomly selected for each of the antibiotics identified. The outcome for one of the antibiotics showed that in 95% of the cases appropriate prescribing practices were followed. The remaining 5% showed that national prescribing guidance was not followed in one or more of the set criteria. This was followed up with the clinicians involved and the outcome of the audit was shared with clinicians. There were plans to repeat this audit in 12 months.
- The service used information about care and treatment to make improvements. For example, 'Safe Practice Bulletins' were produced quarterly for clinical staff. These were used to discuss and communicate learning outcomes from clinical case reviews to improve services.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The provider had an induction programme for all newly appointed staff. Topics covered included health and safety, safeguarding, and an introduction to the organisation governance arrangements.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. The service had recruited new staff to the WUCC, this included nurse practitioners who were responsible for seeing and treating patients and junior nurse practitioners whose role involved streaming and triaging patients.
- The provider had an effective system for monitoring the training requirements for individual staff. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. For example, discussions were held with GPs and nursing staff where there were concerns about their standard of record keeping following patient consultation and triage notes. We saw that a risk assessment process was used to manage staff performance. Where serious concerns were highlighted clinicians would be stopped from working further shifts at the centre until a formal assessment had been completed.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- Records we looked at showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. For example, when working with the hospital emergency department.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, when referring patients experiencing mental health.
- Staff communicated promptly with patients registered GPs so that the GP was aware of the need for further action. An electronic record of all consultations was sent to patients' own GPs. Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, ensuring appropriate communication was completed for patients transferred to accident and emergency or social services in the event of safeguarding concerns.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. For example, the urgent care centre had access to special care records for patients who had specific wishes for meeting their care needs.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.
- Issues with the Directory of Services were resolved in a timely manner. Such as synchronisation issues and ensuring the data was up to date.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given. For example, this included ensuring parents had appropriate guidance on the signs they should look for and the action they should take if the health of a child appeared to deteriorate.
- The service identified patients who may be in need of extra support. This included older people and patients with special notes who may require a home visit.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs. Staff had access to alerts which identified patients with special notes and patients who were flagged as vulnerable.
- Feedback received from patients in the waiting area was positive about the service they experienced on the day. This was in line with the results of the NHS Friends and Family Test and other feedback received by the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than

English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Comments received from patients told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected patient confidentiality at all times.
- Staff recognised the importance of people's dignity and respect.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service complied with the Data Protection Act 1998.

Are services responsive to people's needs?

At our previous inspection on 6 February 2018, we rated the service as requires improvement for providing responsive services This was because:

- Patients were not able to consistently access care and treatment from the service within an appropriate timescale for their needs.

These arrangements had improved when we undertook a follow up inspection on 8 November 2018. The service is now rated as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. The service engaged with its commissioners to secure improvements to services where these were identified. For example, the service was aware of Public Health England data on population health in Wolverhampton as well as information shared by local Healthwatch and the local Clinical Commissioning Group.
- The facilities were suitable for people with disabilities and patients with young children. There were electronic opening doors and wide corridors to manoeuvre wheelchairs and pushchairs. A lowered area at the reception desk made it easier for patients in wheelchairs to communicate with the reception staff and a hearing loop was available. There was access to disabled toilets and baby changing facilities. Patient access was via a lift or stairs to the first floor. The facilities were accessible to children.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. Clinical staff had access to the preferred care pathways for patients receiving end of life care.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- West Midlands Doctors Urgent Care Centre - Wolverhampton Urgent Care Centre (WUCC) was open 24 hours a day, seven days a week, 365 days a year for people who walked in, were referred following contact with the NHS 111 service or by referral from a healthcare

professional. The services provided included an out of hours service between the hours of 5.30pm and 9am on weekdays and 24 hours a day at weekends and bank holidays. All services were provided from one location. Following contact with the NHS 111 service and an initial telephone assessment, patients could be given an appointment to attend WUCC or receive a home visit from a GP as part of the OOHs.

- The reception staff had a listed 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. Reception staff had received training to support them to manage and monitor patients waiting in the reception area. The training provided staff with basic knowledge for identifying visible signs of deterioration in a patients' health.
- Patients were informed about anticipated waiting times by the receptionists and a television monitor. Following the last inspection in February 2018 and concerns received from the CCG the staff carried out regular checks of the television monitor, to ensure it was working.
- Patients were generally seen on a first come first served basis. At previous inspections in March 2017, October 2017 and February 2018 we found that patients did not have timely access to initial assessments, diagnosis and treatment and there was a lack of appropriate and sustainable systems for the safe triage of children and walk in patients. At this inspection we found the service had a system in place to facilitate prioritisation according to clinical need and where more serious cases or young children could be prioritised as they arrived.
- Joint triage assessments were carried out between WUCC and The Royal Wolverhampton NHS Trust emergency department. Following an assessment patients could be given an appointment at WUCC.
- The service had increased its capacity to undertake home visits. Advanced nurse practitioners and paramedics had received training to undertake home visits.
- Patients had timely access to an initial assessment, diagnosis and treatment. We saw the most recent [local and national KPI] results for the service April to September 2018 which showed the provider had made significant improvement in the following indicators following the last inspection in February 2018:

Are services responsive to people's needs?

- Initial assessment within 15 minutes of the patient arriving in the centre was:
 - 84% over quarter one, April 2018 to June 2018 compared with 17% for April 2017 to June 2017. Contract target 95%.
 - 94% over quarter two, July 2018 to September 2018 compared with 29% for July 2017 to September 2017. Contract target 95%.
- Initial assessment within 20 minutes of the patient arriving in the centre was:
 - 89% over quarter one, April 2018 to June 2018 compared with 22% for April 2017 to June 2017. Contract target 95%.
 - 96% over quarter two, July 2017 to September 2017 compared with 36% for July 2017 to September 2017. Contract target 95%.
- We saw that the service monitored waiting times and continuously made changes to manage and mitigate risks. The management team had introduced regular waiting times monitoring and reviews throughout the day and these which were discussed by the local management team. An overall daily report of the times patients were triaged following arrival at the centre was also collated and reviewed.
- The service had an effective system in place for handling complaints and concerns. The complaint policy and procedures were in line with recognised guidance.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaints system with posters available in the reception waiting area in two languages. Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- All complaints were recorded electronically. Information available showed that 75 complaints were received between October 2017 and December 2018. We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency when dealing with the complaint.
- We saw evidence that lessons were shared and action was taken to improve safety in the service. One to one meetings were held with staff to discuss and address concerns where appropriate. Action taken to address patient responses included hourly overview of patients waiting in the centre, waiting times and home visit management and telephone triage training was provided to more clinicians which included nurse practitioners and advanced nurse practitioners.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services well-led?

At our previous inspection on 8 February 2018, we rated the service as requires improvement for providing well-led services This was because:

- The provider did not have robust arrangements in place for managing risks specifically related to the management of patient waiting times and delays in receiving an initial assessment.

These arrangements had improved when we undertook a follow up inspection on 8 November 2018. The service is now rated as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- Following the outcome of previous inspections carried out at the service, the provider had implemented a new regional structure with a local management team in place who had delegated authority at an operational level. This allowed for a full review of the service.
- The local management team worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The senior management team were accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners and included the views of patients.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- The introduction of a local management team had strengthened the leadership of the service locally and had a positive impact on staff working at the centre.
- Staff spoken with which included receptionists, administrators, drivers and clinical staff, felt respected, supported and valued. They told us they were proud to work for the service, felt consulted and part of a team and knew their contribution was valued.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, all staff had received training on communicating with patients and how to respond to their concerns. Procedures were in place to ensure staff were aware of the need to report notifiable incidents and staff had received training in the incident reporting system. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The provider had made changes to ensure that arrangements were seamless and supported clear responsibilities, roles and systems of accountability at a local, regional and national level.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The provider had strengthened its management structure at both a local and regional level. These changes helped to ensure that governance arrangements were embedded into the day to day operation of the service.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Effective systems were in place to demonstrate that safety alerts were acted on and that NICE guidelines and updates were received and actioned in a timely manner.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- At the inspection in February 2018 we found that the provider did not have robust arrangements in place for managing risks specifically related to the management of patient waiting times and delays in receiving an initial assessment. At this inspection we saw that arrangements for the safe triage of walk in patients who were not given an appointment, which included children with or without an appointment, had significantly improved.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through

audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

- Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had plans in place and had trained staff for major incidents.
- Recorded information demonstrated that the learning outcomes from significant events, complaints and incidents were shared with all staff. The outcomes were also discussed and good practice guidance shared with staff at governance meetings.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

Are services well-led?

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service engaged with Healthwatch to encourage patient feedback and participation in the way the service operated and identify where improvements could be made. The most recent survey was completed over a week in September 2018 and involved patients.
 - The service also collated feedback from complaints received and the NHS Friends and Family results. The results were displayed in the patient waiting area for patients to read.
 - Staff were able to describe to us the systems in place to give feedback. These included monthly staff team meetings both clinical and non-clinical, monthly newsletters, a shared intranet platform and emailed communication, a monthly newsletter, quarterly clinical bulletin reports. Copies of the minutes of meetings and newsletters were shared with us. These documents were detailed and included discussions related to significant events, safety alerts, complaints and the day-to-day operation of the service.
 - The service was transparent, collaborative and open with stakeholders about performance.
- Continuous improvement and innovation**
- There were systems and processes for learning, continuous improvement and innovation.
- The management and staff team locally had pro-actively made use of extensive internal and external reviews of the impact the service was having on patients and staff. This had supported West Midlands Doctors Urgent Care Centre - Wolverhampton Urgent Care Centre (WUCC) to make changes in its delivery over the past six months.
 - There was a focus on continuous learning and improvement at all levels within the service. Following the review of the service, improvement and updates carried out included ensuring all staff had an appraisal, performance monitored and professional and personal plans developed considered the vision, values and strategy for the service.
 - The service made use of internal and external reviews of incidents and complaints and learning was shared and used to make improvements.
 - Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
 - There were systems to support improvement and innovation work. Further planned improvements included the introduction of electronic prescribing, development of a clinical shift lead and the development of the patient information system to include electronic monitoring of the 'Manchester Triage System'.
 - To encourage and support patient feedback and involvement in the service WUCC had plans to develop a 'Friends of UCC' Group in 2019.