Coastal Healthcare - Morecambe Same Day Health Centre

Quality Report

1 Hannover Street.
Morecambe.
Lancashire
LA4 5LY
Tel: 01524518623
Website: www.coastalhealth.nhs.uk

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice.

We inspected Coastal Health Care Morecambe Same Day Health Centre on 15th October 2014. 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. This 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.

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

We rated the service as Good across all five domains.

Our key findings were as follows:

- Access to the service was effective and appropriate.
- There was a clear management structure to support and guide staff to deliver safe, responsive and effective care to patients.
- Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions
- The practice was clean and well maintained.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure there is a process in place with the wider health economy for example other GP practices to secure appropriate access to summary care records.
- Ensure there is a formal governance arrangement in place to allow staff to follow patients through pathways.
- Ensure there is an auditable system for reviewing and monitoring the recording of serial numbers on blank prescription pads held in storage and once allocated to GPs.

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?

Good

The service is rated as good for safe.

Staff understood and fulfilled their responsibilities to raise concerns, and report incidents. Lessons were learned and communicated widely to all staff to support improvement.

Information about safety was recorded, monitored, appropriately reviewed and addressed.

Risks to patients were assessed and well managed. There were adequate numbers of staff on each shift to keep patients safe.

Are services effective?

Good

The service is rated as good for effective.

Data showed patient outcomes were at or above average for the locality. National Institute of Health and Care Excellence (NICE) guidance was referenced and used routinely. Patient's needs were assessed and care was considered in line with current legislation. This included assessment of capacity and the promotion of good health.

Staff received training appropriate to their roles and further training needs were identified and planned. The practice had appraisals and personal development plans for all staff. Multidisciplinary working was evidenced.

Are services caring?

Good

The service is rated as good for caring.

Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them.

Patients told us staff treated them with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Good

The service is rated as good for caring.

Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them.

Summary of findings

Patients told us staff treated them with kindness and respect ensuring confidentiality was maintained.

Are services well-led?

Good

The service is rated as good for well-led.

The service had a clear vision and strategy in place in order to deliver and further develop the service. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

The service had a number of policies and procedures to govern activity and regular governance meetings

had taken place. There were systems in place to monitor and improve quality and identify risk. The service proactively sought feedback from patients and this was acted upon.

Staff had received in-depth inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

What people who use the service say

We spoke with eleven patients, a member of staff from North West Ambulance Service and a member of staff from a neighbouring GP practice.

Patients we spoke with commented that they had always been treated with dignity and respect by staff including the doctors, nurses and receptionists. They said they always felt listened to and that staff were always professional, caring, polite, helpful and informative.

Patients also commented that the environment had always been clean and hygienic.

In particular patients commented that they could get an appointment here when they needed it, when they could not with own GP.

All the patients we spoke with said they had no reason to complain about the service provided. They did tell us that parking was a problem on site but they were keen to stress they felt this was beyond the control of the Same Day Health Centre. Some patients told us they felt the reception area was not ideal as everyone could hear you when you spoke however, they did point out they had been offered a private area to speak to the receptionist if they desired.

Areas for improvement

Action the service SHOULD take to improve

There was no process in place with the wider health economy such as other GP practices to secure appropriate access to summary care records.

There was no formal governance arrangement in place to allow staff to follow patients through pathways when they were referred to other services.

There was no audit system for reviewing and monitoring the recording of serial numbers on

blank prescription pads once allocated to GPs.

Coastal Healthcare - Morecambe Same Day Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP, practice manager and expert by experience. We also had an observed from within CQC.

Background to Coastal Healthcare - Morecambe Same Day Health Centre

Coastal Health Care, Morecambe Same Day Health Centre (MSDHC) is registered with the Care Quality Commission to provide urgent care consultations to patients in the local area. The service is commissioned by the Clinical Commissioning Group (CCG) to provide 'on the day' GP services across the whole of the population of the local CCG. The practice provides a service from 8am -8pm seven days per week.

MSDHC are registered with the CQC to deliver the following regulated activities; treatment for disease, disorder and injury and diagnostic and screening services.

The service was originally commissioned to provide an 8am-6.30pm seven day a week service due to a reduced number of GP's available in the local area which is indicated by the Indices of Multiple Deprivation (2010) **to** be amongst the fifth most disadvantaged area of the country.

The service was successful in achieving a Prime Ministers Challenge bid that has resulted in extended opening hours to 8am-8pm seven days a week and to also offer radiology services to patients. The service has GP appointments available Monday to Friday 10am-6pm and nurse appointments available at all times when the service is open. Appointments are available with either the GP or nurses dependant on need. The weekend service is nurse led with a GP available for telephone advice. All appointments are 15 minutes in duration.

Patients can access the service via the 111 telephone service or via their own GP practice who hold a number of 'on the day' appointments for their patients. Each GP practice had the option to divert 1% of their minor illness patients per day to the service. This allows GPs to have more time for in-depth appointments for their chronic disease management patients. In total this means the service offer 69 urgent appointments for minor illness to the GP practices on a daily basis. The service also offer 'walk in' appointments to patients who sustain minor injuries or present with chest pains and also accepted Category C patients from the North West Ambulance Service (NWAS). Category C patients are those presenting conditions which are not immediately serious or life threatening. Every fourth appointment during the day is left vacant to accommodate emergency 'walk in' or ambulance patients attending the service.

Detailed findings

The service is based in a large single storey building shared with other services including GP and Out of Hours (OOHs) services. They have appropriate access for patients with limited mobility. There are radiology facilities available at the service.

The service currently has four directors overseeing the service, senior management team; a team of eight GP's working a variety of hours and three senior Advanced Nurse Practitioners. Working alongside these staff members are eight emergency or unscheduled care nurses and eight health care support workers all are supported by a small administration team. The service has access to four clinic rooms, one treatment room and one GP consulting room.

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. This 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.

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

To get to the heart of patients' experiences of care 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

'Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 15th October 2014. During our visit we spoke with a range of staff and spoke with patients who used the service. We observed how people were being cared for and spoke with carers and/or family members.

Good

Are services safe?

Our findings

Safe Track Record

The service had systems in place to monitor all aspects of patient safety. Information from our own CQC systems and Lancashire North CCG indicated the service was appropriately identifying and reporting incidents. There were comprehensive policies and protocols in place to support patient safety whilst receiving care and treatment in the service.

Complaints were fully investigated and discussed at the monthly governance meetings.

There were formal systems in place for staff to access information regarding any safety alerts, such as medical devices. This was provided by the CCG and shared via email as appropriate with staff.

Staff we spoke with told us they were aware of their responsibilities to raise concerns and were supported to report incidents internally or externally as appropriate.

The service had an up to date risk register to ensure all staff were aware of any risks associated with providing their service, this included risks associated with lone working.

Accidents and incidents were appropriately recorded and investigated.

Learning and improvement from safety incidents

The service had a comprehensive system in place for reporting, recording and monitoring significant events. All staff were aware of their responsibility for reporting significant or critical events and our conversations with them confirmed their awareness of this. The manager told us staff were made aware of their roles and responsibilities with regards to incident reporting during their induction where they were shown the process.

We saw significant or critical clinical events discussions were a standing item on the governance meeting agenda. We saw details of the events recorded, learning outcomes and action points. Staff meeting minutes showed these events were discussed with staff, with actions taken to reduce the risk of them happening again.

We discussed the process for dealing with safety alerts with the nurse with the delegated responsibility for risk. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. They told us alerts came into the practice electronically and were printed and passed on to clinicians and those who needed to see them. Any actions to be taken were agreed and a record was kept of alerts received and actions taken.

Reliable safety systems and processes including safeguarding

There were comprehensive policies and procedures in place to support staff in recognising and reporting safeguarding concerns to the appropriate individual within the service and within the local safeguarding team. Safeguarding team contact numbers and locations were available throughout the service for staff to access. This ensured staff had appropriate information should they wish to raise a concern. The service had two safeguarding leads to ensure someone was always available to support staff.

Staff had received training to the appropriate professional level in safeguarding adults and child protection. All GPs and advanced nurse practitioners were trained to level 3 for safeguarding adults and children with nurses trained to level 2 and all other staff trained to level 1.

A recent safeguarding audit carried out by the CCG had commended the service on its safeguarding policy and process. The policy includes PREVENT a Department of Health Strategy identifying to healthcare professionals the key role they can play to protect patients.

The service had up to date information for staff on how to respond and report domestic abuse. Information about local services on domestic abuse was available in various parts of the service.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system Adastra which collated all communications about the patient. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Information on attendance at the service was sent to the patient's own GP practice by eight am the following morning.

Good

Are services safe?

There was information regarding the availability of chaperones for patients displayed in all areas of the service. Staff told us they regularly used chaperones which were other members of staff especially for intimate examinations.

Staff had appropriate guidance in relation to the Mental Capacity Act 2005 to ensure that patients who could not give consent were safeguarded against care and treatment provided against their will or understanding.

The service had not had an instance where restraint had been required since its opening but staff were aware of the distinction between lawful and unlawful restraint. However this process was not recorded in the service policies. Management told us they would add this to the safeguarding policy at their earliest opportunity.

Medicines Management

Security arrangements were in place for medicines within the service. There was authorised access only to the medicine storage cupboard which was locked and senior staff held the keys. The service had recently been audited against the national formulary and found to be prescribing appropriately.

The service had a well-stocked medicine cupboard in line with the National Formulary for the CCG a recent external audit had been undertaken. Medicines were audited weekly and all discrepancies investigated and reported. Disposal of out of date medicines was carried out by the local pharmacy team. The service did not hold any controlled drugs on site.

The service only issued sufficient medication to support the patient until they could see their regular GP.

The service used computer generated prescriptions but held a stock of pink FP10 prescription pads in case of computer failure. We checked the security and safe storage of prescription pads and found there was no auditable track of the prescription pads. In order to minimise risk of misappropriation of the prescription pads, we highlighted to the service recent guidance from NHS Protect regarding security and safety of these forms. Staff assured us this process would be followed and the process would be included in the medicines management policy.

Medicine fridge temperatures were checked and recorded daily. Any vaccines held on site were administered by nurses using directions that had been produced in line with legal requirements and national guidance. Members of the nursing staff who were qualified nurse prescribers received regular supervision and support in their role as well as updating in the specific clinical areas of expertise for which they prescribed. Nurses were able to prescribe medicines against Patient Group Directives (PGD's). PGD's are signed by a doctor and agreed by a pharmacist, they then act as a directive to a nurse to supply and/or administer prescription-only medicines to patients using their own assessment of patient need, without necessarily referring back to a doctor for an individual prescription.

Clear records were kept whenever any medicines were used. We gained assurance that medicines administered or prescribed were fully recorded in the patient's records for future reference. Clear checking processes were followed for any medicine administered to patients on site. We observed saw advance nurse practitioners checking and signing medication to be administered to a patient awaiting transfer to the local NHS hospital.

Cleanliness & Infection Control

We saw all areas of the service were clean, tidy and adequately maintained.

We were shown the infection prevention and control policy (IPC) for the practice which had an identified IPC lead person. IPC audits were carried out on a quarterly basis and hand washing audits carried out weekly to include all staff members.

We saw evidence that staff had completed training in IPC to ensure they were up to date in all relevant areas. Personal protective equipment including disposable gloves and aprons were available for staff to use. There was also a policy for needle stick injury.

Hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Cleaning support was provided by external cleaners for the whole of the building. The health care support workers cleaned the clinical rooms every morning and restocked equipment. Once a month there was a deep clean process within the clinical room where all areas were emptied and cleaned.

Good

Are services safe?

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out examinations, assessments and treatments.

Emergency equipment including a defibrillator and oxygen was readily available for use in a medical emergency. Daily checks were carried out on all emergency equipment.

A maintenance log of clinical/emergency equipment was in place. We saw that all of the equipment had been tested and the service had contracts in place for portable appliance tests (PAT). We saw evidence of calibration of relevant equipment; for example weighing scales and the fridge thermometer

Staffing & Recruitment

MSDHC had an effective recruitment policy and process in place, staffing within the practice was stable and most staff had been employed since the start of the service.

We looked at eight staff files and found them to be comprehensive and well maintained. They contained appropriate curriculum vitae and references for the person to be employed. All appropriate checks including references and health checks were carried out before the staff member started working within the service. All staff had three yearly disclosure and barring checks in line with good practice guidelines. DBS checks are police and criminal record checks so check the suitability of the person to the role they will be employed for.

The senior manager checked as a routine part of the quality assurance and clinical governance processes, the General Medical Council (GMC) and Nursing Midwifery Council (NMC) registration lists twice yearly, to make sure the clinical staff were appropriately listed on their applicable register. All GPs had appropriate Medical Defence Union coverage to support them working in out of hour's services.

MSDHC did not use locum GPs on a regular basis.

We were shown the staff induction package which was in-depth and covered all aspects of the service.

Monitoring Safety & Responding to Risk

The service had clear lines of accountability for all aspects of patient care and treatment.

The GPs and nurses had lead roles such as health and safety lead, medicine lead and infection control lead. Each of the clinical leads had systems in pace for monitoring their areas of responsibility, such as routine checks to ensure staff were using the latest guidance and protocols.

We found the service ensured that the clinical staff received annual cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaphylaxis shock. Staff trained to use the defibrillator received regular update's to ensure they remained competent in its use.

MSDHC had an up to date risk register that was discussed and updated on a regular basis at the governance meetings to ensure all risks were appropriately addressed and actioned.

There were appropriate arrangements in place to manage unexpected staff changes or shortages.

Arrangements to deal with emergencies and major incidents.

There was a comprehensive business continuity plan in place to deal with emergencies that might interrupt the smooth running of the service, such as power cuts and adverse weather conditions.

Senior staff at MSDHC were included in the major incident planning preparation meetings at the local NHS hospital and had clear roles to carry out if the policy was put into action. The senior team were also involved in 'winter pressure' processes for the NHS hospital to assist them to meet demand if required.

Staff were trained to a minimum of basic life support to treat patients who had an emergency care need. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly.

Staff knew what to do in event of an emergency evacuation and all fire equipment was tested and maintained in line with manufactures guidance. Fire alarm testing was conducted weekly and was undertaken whilst we were on site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs.

As the service did not currently have access to patients summary care records appointment slots were 15 minutes in duration to allow for a thorough and complete history taking.

The GP we spoke with was the governance lead and also provided all staff with both educational and clinical support to improve their learning and outcomes for pts. Following audits of their patient consultations. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

MSDHC provided a service for all age groups with a wide variety of needs. As such they had close working relationships with other health care professionals to ensure the care delivered was the most appropriate and up to date for that patient. Patients attending with a cardiac problem could be directly referred to the cardiac centre at the nearby NHS Trust without the need for admittance at A&E. During the inspection we observed three patients being transferred to the local hospital for further treatment in a more appropriate environment.

MSDHC had a comprehensive consent policy to assist staff to ensure that consent was gained and recorded in line with national guidelines. Nurses and the GP we spoke with identified differences between implied and informed consent and when each would be used whilst treating their patients. Nurses were able to discuss with us when they would need to apply Gillick Competency to assist them to treat patients under the age of 18, to determine their understanding of consenting to any proposed treatment.

Patients requiring assistance under the Mental Capacity Act 2005 were supported as required by the MSDHC team however these patients were not routinely seen at the service.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs and nurses showed that the culture in the service was that patients were treated on need and that age, sex or race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Patients comments demonstrated that they were extremely satisfied with the care and treatment received from the doctors and nurse at the service.

All records for patients attending MSDHC were sent to their own GP electronically by 8am the following day. This ensured that GPs were aware of their patient's attendance at the service and any tests carried out. For patients who did not have a local GP for example tourists and workers out of the area their records were forwarded directly to their appropriate GP.

The directors of the service had a variety of mechanisms in place to monitor the performance of the service and to ensure the clinician's adherence with best practice.

Staff told us medicine and safety alerts were shared with them and any actions required were discussed as a team and implemented fully in a short timescale.

Staff said they could openly raise and share concerns about clinical performance. Consultations and telephone calls were monitored on a monthly basis and were evaluated by an independent GP and the feedback was shared individually with staff and areas for improvement monitored.

The service worked to Key Performance Indicators (KPI's) set by the CCG that took relevant standards from The National Quality Requirements (NQR's) for out-of-hours providers. The service was required to report on these regularly. We saw evidence that MSDHC had been fully compliant to date.

All staff maintained a range of mandatory training, including fire safety and safeguarding for adults and children. Some training was available to staff via e-learning, others were in conjunction with the other partner services. Appraisals were on-going for all staff. The nurses working within MSDHC evidenced that they had maintained their registration with the Nursing and Midwifery Council (NMC)

Good

Are services effective?

(for example, treatment is effective)

and by doing so assured the NMC that sufficient training had been completed to maintain this registration. This allowed the management to identify staff improvements in line with training needs.

The service had systems in place for completing clinical audit cycles. Examples of clinical audits included auditing the prescribing of Benzodiazepines which had been re-audited to check for changes in prescribing practice. This re-audit revealed the number of prescriptions now being issued had fallen to almost a third as a result of raising awareness and these were mainly for muscular skeletal pain. The medical director had now issued guidance that the amount prescribed should not exceed the number of days remaining for the patient to access their own GP for further investigation. (For example three days' supply if over the weekend)

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support.

A good skill mix was noted amongst the doctors and nurses with some nurses being Advanced Nurse Practitioners with qualifications to allow them to prescribe medicines against Patient Group Directives (PGD's).

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with NHS England.

All staff undertook annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the service was proactive in providing training and funding for relevant courses, for example, nurse prescribing modules with the local university.

Practice nurses had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. Those with extended roles such as prescribing medication were also able to demonstrate they had appropriate training to fulfil these roles.

The service provided equality and diversity training via e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last twelve months.

Working with colleagues and other services

MSDHC worked with other service providers to meet patient's needs and manage complex cases. The service had direct links into the two local NHS Trusts and could admit directly into the service avoiding attendance at A&E. We saw during the inspection a patient admitted to the paediatric assessment ward, the parents were complimentary about the service and the promptness of their diagnosis and transfer.

MSDHC offered support to nursing and care homes in the local region. They had recently sent out leaflets and posters to inform these care establishments that patients could be seen in the service as an alternative to A&E for minor illness. The leaflets had also been distributed to local dentists, pharmacists and GP surgeries in the area.

The senior nurses had visited local schools, universities and contractor's offices for temporary workers in the area to alert them to the availability of the service. MSDHC also worked with the local power station's occupational health department to carry out joint training for emergency situations and share learning with them

MSDHC had an agreement with North West Ambulance Service (NWAS) to advise on non-serious care matters. In line with this if NWAS were called to care services or a patient's home and felt the patient could be attended to at the service without transfer to hospital this would be arranged with MSDHC. Patients arriving at the service via NWAS were prioritised and booked in through the service in a prompt and efficient manner. Staff from NWAS told us the waiting time at the service for them was minimal and they felt staff attended to patients promptly. They told us they could ring and ask for advice from the staff re the appropriateness of the patient they had attended to and could divert to A&E if needed.

Information Sharing

An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

Currently MSDHC could not access summary care records for patients from their GP surgeries. (Summary Care

Good

Are services effective?

(for example, treatment is effective)

Records provide healthcare staff treating patients in an emergency or out-of-hours with faster access to key clinical information) Staff managed this risk during GP surgery hours by ringing the surgery and asking for relevant information but over the weekends when not available staff took in-depth histories from the patient.

All patients transferred to other services were transferred with copies of electronic records of the treatment they had received.

Consent to care and treatment

We found staff were aware of the Mental Capacity Act 2005 and the Children's and Families Act 2014 and their duties in fulfilling it. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with learning disabilities and those with dementia were supported to make decisions whilst being treated within the service. Staff we spoke with gave examples of how a patient's best interests were taken into account if a patient did not have capacity. All clinical staff demonstrated a clear understanding of Gillick competencies.

There was a practice policy for documenting consent for specific interventions. The electronic patient record had a specific 'drop box' that would not allow staff to move forward with their consultation notes if they did not record consent had been gained.

Health Promotion & Prevention

Patients were encouraged by the service to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and well-being.

We saw monthly health promotion boards followed national health promotion topics. There were information boards on smoking cessation and alcohol restriction. The staff member responsible for health promotion showed us the yearly plan and past promotions they had supported.

We found information for patients was readily available in the waiting areas of the service.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the service on patient satisfaction. This included information from patient satisfaction questionnaires which were given to each patient when they arrived at the service. The evidence showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Feedback from NHS Choices website told us patients were generally satisfied with the service, their complaints.

We spoke with 12 patients on the day of our inspection they told us they felt the service offered was excellent and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

We saw staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. Patients raised with us that the reception area was not good for maintaining confidentiality due to its size but acknowledged they had been offered an alternate location to give their details if required.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they would raise these with the manager. The manager told us these would be investigated and any learning identified would be shared with staff.

Posters were displayed in the reception area suggesting the service employed a Zero Tolerance for any discriminatory or abusive behaviour in the service. Staff told us this was not usually a problem.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the service well in these areas.

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available. There was also a loop system available for patients with a hearing impairment.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the service and rated it well in this area. The patients we spoke to on the day of our inspection were also consistent with this survey information. For example, they highlighted staff responded compassionately when they needed help and provided support when required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided.

The NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) told us that the service engaged regularly with them and other practices to discuss local needs and of the service improvements that needed to be prioritised.

The service worked collaboratively with other agencies and regularly shared information to ensure good, timely communication of care and treatment.

Patients we spoke with told us they accessed this service in preference to their own GP as they were always seen in a timely manner and felt the staff here had more time to listen to them.

The service held open every fourth appointment for emergency 'walk in' or ambulance patients' requiring appointments at the service. This also ensured that the waiting time for patients was never longer than 45 minutes as there was always an appointment for them to slot into to.

If patients required follow-up appointments with their own GP MSDHC was able to book these appointments with the practice before the patient left the service. This ensured patients were able to get timely appointments with their own GP to follow up on the treatment started at MSDHC.

Tackling inequity and promoting equality

The service had recognised the needs of different patient groups in the planning of its services. The senior staff had met with local employers of temporary workers to inform them of the service available at MSDHC.

They also had close links with schools and universities in the area to promote awareness of the service.

Staff told us they regularly had patients access the service because they were visiting the area and had forgotten to bring their medication. In cases like this they would ring the patients regular GP and ask them to fax or email the patients usual medication and ask permission from the GP to issue the prescription. If this was over the weekend the patient would be given a minimum supply and asked to return on Monday to allow staff to check the prescription with the patient's GP.

The service had access to telephone translation services and a hearing loop for patient a hearing impairment.

The premises had been adapted to meet the needs of patients with disabilities. There was an automatic door at the entrance to the service but the button to press to open the door was not well signposted and we witnessed a number of patients struggle with access. The manager told us they would address this as a priority.

The service had experienced some problems with patients using the public toilets in the building for activities relating to substance abuse. To address this issue for all patients using the facilities the service had worked with the police and had subsequently installed 'blue lights' in the public toilets to dissuade people from using the toilet for such activities. The 'blue light' prevents veins from showing up on arms and as such deters drug-injecting abusers from using the facilities.

Access to the service

Appointments were available from 8am to 8pm pm seven days per week.

These were via the patient's own GP service, via 111 or as emergency 'walk in' patients either alone or via the ambulance service

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor or nurse on the same day.

The service was situated in a single storey building shared with other services.

We saw that the waiting area was very small but did facilitate patients with wheelchairs and prams and allowed easy access to the treatment and consultation rooms.

Listening and learning from concerns & complaints

The service had a system in place for handling complaints and concerns. The complaints policy is in line with recognised guidance and contractual obligations for GP services in England and there was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system and posters and the

Good

Are services responsive to people's needs?

(for example, to feedback?)

policy were available in reception. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the service.

We looked at four complaints received since April 2014 and found these had been investigated fully, detailed actions taken and lessons learnt had been shared with all staff.

The service reviewed complaints at the monthly governance meetings to detect themes or trends. To date no themes had been identified, however lessons learnt from individual complaints had been acted upon.

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. We found details of the vision and practice values were embedded into all the services plans for the future.

The service vision and values included delivering appropriate evidence based care to any patient who required it within the local community in a timely manner and to have committed and motivated caring staff who treat all patients as individuals. We were told there were plans to reach out to the socially isolated groups in the community through collaborative working with other community groups. This work had already started within the service provider company in another area of the CCG. Staff were passionate about this and had already started to design the service.

We spoke with eight members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these.

We looked at minutes of staff meetings and saw that staff had discussed and agreed that the vision and values were still current.

Governance Arrangements

MSDHC had a number of policies and procedures in place to govern activity and these were available to staff within the service. All policies had details of review dates and reviewers recorded on the front of them.

MSDHC held monthly governance meetings. We looked at minutes from the last three meetings and found that performance, quality and risks had been discussed.

MSDHC used the CCG based Key Performance Indicators (KPI's) to measure their performance. The data for this service showed it was performing in line with national standards. We saw that the data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The nursing team told us they had regular opportunity for supervision and peer support during their working week.

The service had completed a number of clinical audits, for example an audit of patients presenting with urinary tract infections and their treatment with appropriate antibiotics which identified all prescriptions had been made in line with professional guidelines. Another audit was carried out to look at the high instance of tonsillitis patents presenting at the service. This identified the treatments delivered were appropriate but uncovered that Centor scores were not always recorded. Centor scores estimate the probability that sore throat is streptococcal in origin. Awareness was raised with staff to ensure the scores were recorded and we were told that the process would be re-audited in the next few months.

The service had robust arrangements for identifying, recording and managing risks. The practice manager showed us their risk log which addressed a wide range of potential issues, such as fire safety. We saw that the risk log was regularly discussed at team meetings and updated in a timely way. Risk assessments had been carried out where risks were identified action plans had been produced and implemented.

Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and two senior nurses were the lead for safeguarding. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The operations manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures, induction policy and safeguarding policy which were in place to support staff. Staff we spoke with knew where to find these policies if required.

Staff were aware of the whistleblowing policy and told us they knew who they could go to for support.

MSDHC had a system was in place for the recording, investigation and learning from significant events, identifying any trends and any learning derived from them.

New staff received an in-depth induction programme in order to familiarise themselves with the service. This

Are services well-led?

Good

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

included working through the organisational policies and procedures and shadowing other members of staff. This process was fully monitored by identified mentors and competency checks were carried out throughout the induction phase.

We saw minutes of regular monthly governance and quality meetings with information disseminated from the monthly meetings to staff.

Staff in general told us they felt management were approachable and could be relied on to support staff when needed and they would not hesitate to discuss topics.

Service seeks and acts on feedback from users, public and staff

The service had gathered feedback from patients through patient surveys, handed to all patients when then booked into the service. Patients had asked in one of the feedback sheets for patients to have access to a water fountain in the waiting room. This was not able to be provided so the service had displayed notices to inform patients if they asked the reception staff they would be given a glass of water 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 in the service to improve outcomes for both staff and patients.

They had a whistle blowing policy which was available to all staff in the policy file.

Management lead through learning & improvement

Staff told us that the service supported them to maintain their clinical professional development through training and mentoring.

We looked at eight staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

One member of staff who was completing their nurse training still worked at the service in their spare time; they told us the service had supported them to attend study days within the service that may be able to support their nurse training.

The service had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients.

The service was in the future planning to take student nurses on their community placements to give them an insight into the work of a same day service.

There was a clear focus on clinical excellence and a desire to achieve the best possible outcomes for patients. The service operated an 'open culture' and actively sought feedback and engagement from staff all aimed at maintaining and improving the service.