

The Loxford Walk-in-Centre

Inspection report

Loxford Polyclinic
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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

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 carried out an announced comprehensive inspection at The Loxford Walk-In Centre on 11 September 2019 as part of our inspection programme of primary care services.

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.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service had systems for sharing information with staff and amongst relevant stakeholders to ensure them to deliver safe care and treatment.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was regular communication between the provider and the location from where services were being delivered to ensure that local policies for building management were compliant with the providers policies.
- Staff we spoke we were able to describe the service ethos, told us the management were approachable and were happy to work at the service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a nurse specialist advisor observer.

Background to The Loxford Walk-in-Centre

The provider of the service is Healthbridge Direct Limited. This is a group of local general practitioners who have agreed to work together to offer a health service provided by clinicians with expertise in, understanding of, and commitment to their local communities. Healthbridge Direct has three executive board members and nine local clinical lead directors, who are all local GPs with practices in the London borough of Redbridge. The clinical team are supported by a delivery team of seven led by a Federation/Business Manager and includes an operations manager and several administrative/reception staff.

Healthbridge Direct Limited employs a mixture of approximately 58 male and female GP's to provide patient facing consultation services.

Healthbridge Direct Limited has contracted with BHR GP solutions a separate company that provides the call centre at the walk-in centre and across the out of hours hub services that Healthbridge Direct also provide.

The walk-in service is commissioned by the Local Clinical Commissioning Group (CCG) not only for the residents of Redbridge, but for any individual living outside the borough who wishes to see a clinician on the day.

The management team for Healthbridge Direct Limited is based at The Vintry, Redbridge Lane East, IG4 5EY

The walk-in centre is located on the ground floor of the Loxford Polyclinic, 417 Ilford Lane, Ilford IG1 2SN. Patients wishing to see a clinician can attend the Loxford Polyclinic where they will be given an appointment slot to see the clinician on site that day. Local practices, the accident and emergency unit of the local hospital and NHS 111 services unable to provide a same day appointment to their patients, can redirect patients to the walk-in centre.

The service operates from Monday to Sunday from 8am to 8pm.

The provider Healthbridge Direct Limited is registered with the CQC to provide the regulated activity treatment of disease, disorder and injury, family planning and diagnostics and screening procedures.

Are services safe?

We rated the service 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 had systems to safeguard children and vulnerable adults from abuse. There was a local safeguarding lead and an organisation-wide strategic safeguarding lead.
- There were policies covering adult and child safeguarding which were accessible to all staff, both substantive and sessional, and were regularly reviewed. They outlined clearly who to go to for further guidance.
- Staff we spoke with demonstrated that they could access policies and procedures and had access to safeguarding pathways and flowcharts. We also saw these were displayed in the consultation room.
- Clinical and non-clinical staff we spoke with knew how to identify and report concerns. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We saw evidence that clinical and non-clinical staff had received safeguarding children and adult training appropriate to their role.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We were able to look at a selection of employment files for non-clinical and clinical staff members. We saw appropriate checks had been carried out at the time of recruitment. For example, proof of identification, qualifications, references, registration with appropriate professional body, inclusion on a performer's list, medical indemnity and appropriate Disclosure and Barring Service (DBS) checks. (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).
- Staff who acted as chaperones were trained for the role and had received a DBS check. Staff we spoke with on the day understood their role as a chaperone. Patient information regarding the availability of a chaperone service was available in the waiting area.
- There was an effective system to manage infection prevention and control (IPC) which included a nominated IPC lead, training for all staff relevant to their

role and regular audit. NHS Property Services were responsible for the cleaning and maintenance of the building that housed the Walk-In Centre and on the day of inspection, we found that the reception area and the clinical room that we viewed were cleaned to appropriate standards. We were informed that staff would ensure that any supplies that were used during opening hours, was replenished at the end of the day. The provider was able to access various risk assessments had been carried out at the premises which included legionella and fire.

- The provider ensured that medical equipment was safe and maintained according to manufacturers' instructions. We saw evidence that annual calibration had been undertaken in October 2018. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a portal for all clinical sessional staff to register which sessions they were going to do at the centre and this was accessible to the management of Healthbridge Direct to ensure that there were the required number of staff available for clinical sessions.
- There was responsible an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognize those in need of urgent medical attention. Patients attending the walk-in service were seen in order of attendance or at a certain time if they had called the service in advance, with the exception of patients presented with severe infections/symptoms such as asthma or a fever. In line with available guidance, patients were prioritized appropriately for care and treatment, in accordance with their clinical need.
- Clinicians at the service told patients when to seek further advice. Details of their attendance at the service would be forwarded to their GP (if living within the borough of Redbridge) if consent was given by the patient. Patients who did not give their consent were encouraged to inform their GP at their next appointment following attendance at the walk-in centre.

Are services safe?

- The provider had adequate arrangements in place to respond to medical emergencies. We saw there was a defibrillator available and oxygen with adult and children's masks. The emergency medicines we checked were in date.

Information to deliver safe care and treatment

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

- The provider had a customised electronic records system to ensure Individual patient care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The provider had recently changed clinical systems and was currently running the old and new systems together until it is agreed that the new system had been running sufficiently long enough to enable existing information from the old system to have been transferred successfully to the new system.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The customised electronic patient records system the service used did not have access to the patient medical history. The providers of the service were aware of this and had sought to ensure that patient care and treatment was delivered safely. This was done so in a few ways including only prescribing medicines for a short period and advising patients to make an appointment with their regular GP at their earliest opportunity to request further medicines.
- We noted that clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service complied with the Data Protection Act 2018, including General Data Protection Regulation (GDPR). We saw that staff had undertaken data security awareness training.

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 minimised risks. The service kept prescription stationery securely and monitored its

use. Each prescription administered was logged with details of the date, NHS patient number, the name of doctor administering the prescription and prescription number.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines kept and their expiry dates. The service did not hold controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to health and safety issues for both the provider and at the walk-in centre. Healthbridge Direct kept copies of the health and safety reports undertaken by NHS Property Services at the Loxford Polyclinic.
- The provider 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.

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. Service leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve the service. For example, we viewed an incident relating to a patient who attended the service later than the pre-arranged appointment time. The patient was not on site when the clinician called them for their appointment, and when they did arrive the clinician refused to see them. The patient (when they arrived) explained that they could not identify the

Are services safe?

correct reception, and this was the reason they were late. As a result of this incident, clinicians were reminded (via email and staff newsletter) that patients are given a 10-minute period/cut-off time from their appointment time to notify reception that they have arrived. Should the patient arrive within that timeframe, they will still be able to see a clinician.

- The provider 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 staff.
- We saw evidence that the provider shared information about the service with those who commissioned the service through quality reports. The reports outlined incidents and significant events, as well as identified trends and action taken.

Are services effective?

We rated the service 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 monitored that these guidelines were followed.
- The service did not carry out telephone assessments, with patients being assessed when seen by the doctor. If patients contacted the service in advance of attending the walk-in centre, patients were asked what their symptoms were and recorded this on the system and the call handlers then booked patients into the next available appointment.
- The service used a red flag system should patients present with any urgent needs. For example, for patients presenting with suicide, requiring antidepressants, any issues with pregnancy, suspected meningitis, and sepsis would be prioritise to be seen by the next available clinician.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.

- The service was meeting its locally agreed targets as set by its commissioner. The provider reported weekly the number of appointments available, the number of patients seen, and the number of patients who did not attend. In addition, the referral routes that patients came from such as NHS 111, A&E, GP practices, direct patient access, and out of hours GP service.

- 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.
- The service was actively involved in quality improvement activity. For example, we viewed an audit of consultations over four months (two consecutive months in 2018 and two consecutive months in 2019) undertaken by clinicians at the service. A random sample of two consultations per clinician were independently assessed against the Royal College of General Practitioner Consultation Guidelines to see if the clinicians were in compliance. The results of the audit showed an overall improvement with the quality of information recording within patient consultation notes between the first audit in 2018 and the second audit in 2019. The service identified that there was still room for improvement within clinical practice and had highlighted areas to be discussed with all clinical staff at the service.

Effective staffing

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

- Staff working at the walk-in centre had been trained in infection control, safeguarding children and adults, fire safety, chaperoning, basic life support and information governance training. The provider had an induction programme for all reception staff working at the service.
- The clinical lead for the service oversaw the induction of the sessional clinical staff and there was an induction pack for all new sessional clinical staff.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider ensured that all clinical staff had completed safeguarding training and basic life support, had maintained their GP registration and had completed their revalidation. Up to date records of skills, qualifications and training were maintained and there were mechanisms in place to alert staff when update training was due.
- The provider did not offer any doctor specific training, this was offered as part of the monthly local CCG and GP federation training for all GPs in the area.

Are services effective?

- 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 clinical roles by audits of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We viewed a record where the Operations Manager spoke with a clinical member of staff who left the centre before the end of their clinical session. The clinical lead for the service was informed and all clinical staff were reminded of their obligation to stay to the end of the clinical session that they have committed to undertake.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Staff communicated promptly with patient's registered GP's (if registered in the local area and subject to consent) so that the GP was aware of the need for further action. The introduction of the new clinical system at the service allowed clinical staff to have some access to local patients' clinical notes. Staff also referred patients back to their own GP with a copy of their most recent consultation with the service to ensure continuity of care, where necessary.
- 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.
- The provider had formalised systems with the NHS 111 service, the accident and emergency unit at the local hospital and with GP surgeries within the local area with specific referral protocols for patients referred to the service.

- The provider ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments and transfers to other services. Staff were able to make direct referrals and/or appointments for patients with other services.

Helping patients to live healthier lives

As a walk-in centre, the service could not fully provide continuity of care to support patients to live healthier lives in the way that a GP practice would. However, staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service clinicians gave relevant advice to patients to enable them to self-care where it was appropriate to do so.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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. The provider monitored the process for seeking consent appropriately through conducting audits of consultation notes.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

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.
- We did not receive any Care Quality Commission comment cards regarding the service. Due to the timings of our inspectors on site on the day of inspection, we were unable to speak with any users of 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).

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Patients had access to a chaperone if required.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

- The provider organized 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 provider engaged with commissioners to secure improvements to services where these were identified. For example, the provider told us that introduction of the new clinical patient notes system would contribute to ensuring that there was continuity of care for patients attending the service.
- The facilities and premises were appropriate for the services delivered. The service had a main entrance, which had access for disabled patients. The signage for the walk-in center reception was clear and visible, to distinguish it from other healthcare providers located within the building. There was limited parking outside the building and in the area surrounding the Centre. The service was accessible by public transport.
- The service was responsive to the needs of people in vulnerable circumstances and we were told that longer appointments could be provided (if required.).
- An interpretation service could be requested if required for patients who first language was not English. The service had a hearing loop and offered large print patient information leaflets.

Timely access to the service.

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

- Patients were able to access care and treatment at a time to suit them. The service operated at the following times:-
- 8:00am - 8:00pm (Monday to Sunday)

Patients could also obtain access to services through calling NHS111, or by referral from practices within the local area who were unable to offer a same day appointment to patients requiring one.

- Waiting times, delays and cancellations were minimal and managed appropriately. Patients were seen by time of arrival, unless the need to see a clinician urgently on arrival at the service was clear. Patients (who had been allocated a time prior to their arrival) who arrived late for their appointment, would be advised that they would be seen but after those who had arrived before to them.
- Where a patient's need(s) could not be met by the service, staff redirected them to the appropriate service for their needs.

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.
- 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.
- The complaint policy and procedures were in line with recognised guidance. The service had received five complaints in the last year all of which had been acknowledged and dealt with in accordance with the recognised guidance.

Are services well-led?

We rated the service as being good for leadership.

Leadership and capability

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritized compassionate and inclusive leadership.
- 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 patients, staff and external partners.
- 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 ensured that staff who worked away from the provider's administrative base felt engaged in the delivery of the provider's vision and values.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviours and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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.
- There was a strong emphasis on the safety and well-being of all staff.
- 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 that we spoke with felt they were treated equally.
- There were positive relationships between all members of staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- 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 coordinated person-centred care.
- All staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider required that sessional clinicians provided them with evidence of their medical indemnity and had additional cover in place.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of

Are services well-led?

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 local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

- 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.
- The providers had plans in place and had trained staff for major incidents.

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 provider used performance information which was reported and monitored, and management and staff were held to account.
- The provider submitted data or notifications to external organizations as required.
- There were 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.

- 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.
- Staff were able to describe to us the systems in place to give feedback.

- Staff reported good communication and support from the management team.
- 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.

- There was a focus on continuous learning and improvement at all levels within the service. On the day of inspection, two of the executive directors could talk to us about the introduction of the new clinical patient notes system and the migration of information from the old system to the new system. The new system (which was in use in the majority of local GP practices) would provide access to patient notes, which in turn would increase the scope of the service and enable the patient to complete their journey without immediate referral back to their local GP.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- A recent audit conducted by the provider looked at the number of patients who did not attend (DNA's) the service following an appointment being made. Using the data collected, the service has started to make improvements in DNA numbers at the service, through analysis of the data to identify causes for DNA's and engagement with external stakeholders and potential patients.
- The provider told us of the aim to introduce a nursing provision within the service with a view not only to seeing patients, but to provide specific clinics to assist GP practices within the local CCG area.
- The provider was in contact daily with the accident and emergency (A&E) unit of the local hospital to offer available slots to them. This allowed the local A&E to focus on those requiring urgent care at A&E, whilst ensuring that those who need to see a clinician on the day for a lesser medical condition could do so at the walk-in centre.