Selly Oak Health Centre

Quality Report

15 Katie Road
Birmingham
B29 6JG
Tel: 0121 415 2090
Website: www.southdocservices.co.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.

Summary of findings

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Summary of findings

Overall summary

South Doc Services Limited provides a GP led walk in centre service at Selly Oak Health Centre including 'out-of-hours' primary medical services between 6.30pm and 8.00pm weekdays and 8.00am to 8.00pm at the weekend and on bank holidays.

During our inspection we spoke with three patients who were using the out-of-hours service and seven members of clinical and administrative staff. This included the medical director who was also the registered manager at this location. Patients that we spoke with told us that they were happy with the service that they received.

There were systems in place to ensure the safety of patients which included learning from incidents, a clean and hygienic environment and the safe use of medicines administered on site.

However, we were concerned that the provider did not have robust arrangements in place to ensure patients were protected from the risks of unsuitable staff. Up to date criminal records checks (Disclosure and Barring Service checks) were not undertaken to support decisions about the suitability of new staff before they were employed.

We found the service was effective in meeting the wide ranging needs of patients that presented at the service and the varying levels of demand that were placed on the service. Care received by patients was audited and information shared with patient's usual GP to support continuity of care between different providers.

Patients received a caring service. They told us that they were involved in discussions about the health care they received. We observed patients being treated with sensitivity by reception staff. However, we found few opportunities for patients to provide feedback about the care they had received.

The service was responsive to the needs of patients. Staff had access to equipment, guidance and where possible information about the patient to support clinical decisions and effectively respond to those in urgent need. However, the lack of oxygen as part of the emergency equipment meant staff may not always be able to immediately respond to a medical emergency that may arise. Access to the premises could be improved for patients with mobility difficulties however, the provider was limited by the constraints of the premises which it did not own.

Staff described the service as well-led. Staff at all levels felt supported and information was routinely shared with staff via email. There was good support for new members of staff. However, we found that there were limited opportunities for established staff to formally discuss issues relating to their work. Performance was monitored through audits but it was not always clear what action had been taken in response to findings.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The provider had satisfactory systems in place to protect patients from avoidable harm and abuse. Staff were aware of policies and procedures in place for reporting serious events and for safeguarding patients at risk of harm. Incidents were investigated and acted upon and any learning shared with staff to mitigate any future risk.

The provider recruited local GPs who were familiar with the local health and social care services. This also supported good communication between different providers.

We found appropriate systems in place to protect patients from the risks associated with medicines and cross infection. However, recruitment processes did not ensure appropriate criminal record checks were undertaken to protect patients from un-vetted staff.

Are services effective?

The provider managed patient demand for the service effectively. Staff had limited information about patients that presented to the service but used what information they had effectively to prioritise and ensure patients received appropriate care. Reception staff were trained to be able to recognise when patients needed urgent care and were supported by clinical staff to ensure that urgent need was met. Feedback from patients about the service was very positive.

Are services caring?

Patients we spoke with described being treated with respect and dignity and felt involved in decisions about their health care. We observed staff being helpful and sensitive to patient's needs.

There was limited health information for patients to read or take away from the wating areas and none of the information displayed with available in a language other than English.

Are services responsive to people's needs?

The service had good arrangements in place to ensure that it could meet the demand and needs of the patients that presented at the service with minimal delay. Staff told us that they had access to equipment needed to attend to patient's needs. Staff had access to information needed about local services available should a patient require specialist care.

Staff were aware of arrangements in place for responding to medical emergencies that may arise. However emergency equipment did not include the use of oxygen.

There were limited opportunities for patients to express their views about the service they received. We also found that patients with mobility difficulties may experience some difficulties using the service due to the limited space available in the waiting areas.

Are services well-led?

Staff who worked within the service described a supportive and open work environment and patients gave positive reviews of the service received. New staff received induction training and current guidance to support them in their role. There were arrangements in place to learn from incidents and complaints which were shared with staff. Audits were undertaken but it was not evident that the findings from them were always acted on.

Summary of findings

New staff received regular supervision opportunities to discuss their performance and issues relating to their role. However, this was not robust for established staff who had few opportunities to formally raise any issues or concerns they might have about their work.

Summary of findings

What people who use the out-of-hours service say

We spoke to three patients who had used the out–of-hours service during our inspection. We also received one comment card from a relative of a child who used the service. All comments received were positive. Patients told us that they were treated with dignity and respect and that their health options were discussed with them in a way they could understand. Feedback received from patients supported the comments that had been recorded by patients on the NHS choices website.

Areas for improvement

Action the out-of-hours service MUST take to improve

Establish robust processes to protect patients from the risks of being cared for by unsuitable staff. Ensure appropriate criminal records checks are undertaken for new staff before they start working with patients. Establish formal processes for recording the interviews of GPs so that the information can be taken into account and supports the recruitment of suitable staff.

Action the out-of-hours service COULD take to improve

- Ensure that all health promotion information is available in a variety of languages to reflect the diverse population using the service.
- Ensure there are adequate opportunities for patients to feedback their views about the service provided.
- Once an audit has been carried out and an action plan formulated include actions taken to make improvements or demonstrate learning.
- Introduce formal systems for supervision and appraisal to ensure all staff have regular opportunities to discuss their performance and role. Ensure staff have adequate opportunities to raise any issues relating to their work in a confidential and professional setting.
- Review emergency arrangements and ensure that the service is adequately equipped to respond to medical emergencies that may arise.

Good practice

Our inspection team highlighted the following areas of good practice:

- Reception staff were proactive in looking for patients in need of urgent care and were supported by clinicians to meet that need.
- Reception staff were supportive and sensitive to patients who may have difficulty completing the ‘patient forms’ needed to provide clinicians with relevant background information about the patients health.
- Contact details for local services were displayed in the consulting rooms so that staff who may not be familiar with local health and care services had access to information to make referrals or obtain specialist advice when required.
- Staff throughout the service (at all levels) described an open and supportive working environment.
- Employment of local experienced GPs who are familiar with the local population, resources and referral pathways.

Selly Oak Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP. The team included a second CQC inspector and a variety of specialists: a GP Practice manager and a nurse / midwife.

Background to Selly Oak Health Centre

South Doc Services Limited provides a GP led walk in centre service at Selly Oak Health Centre. The walk in centre is open between 8.00am and 8.00pm, seven days a week including bank holidays. The service includes the provision of out-of-hours primary medical services between 6.30pm and 8.00pm weekdays and 8.00am to 8.00pm at the weekend and on bank holidays. Any person entitled to NHS care in the UK can access the service in person.

During the out-of-hours period people could also access the service via the NHS 111 telephone service and would be allocated an appointment to attend the walk in centre. The number of people seen during the out-of-hours period varies between 300 and 600 people per month. The provider does not carry out home visits as part of the out-of-hours service.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. 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, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share what they knew about the service. We carried out an announced visit on the 29 January 2014. During our visit we spoke with a range of staff, including the medical director and members of the senior management

Detailed findings

team, a GP, an advanced nurse practitioner, a receptionist and other administrative staff. We spoke with patients who used the service. We observed how people were being cared for and reviewed personal care or treatment records of patients. We held a listening event for patients and members of the public to share their views and experience of the service and reviewed comment cards that people had completed.

Are services safe?

Summary of findings

The provider had satisfactory systems in place to protect patients from avoidable harm and abuse. Staff were aware of policies and procedures in place for reporting serious events and for safeguarding patients at risk of harm. Incidents were investigated and acted upon and any learning shared with staff to mitigate any future risk.

The provider recruited local GPs who were familiar with the local health and social care services. This also supported good communication between different providers

We found appropriate systems in place to protect patients from the risks associated with medicines and cross infection. However, recruitment processes did not ensure appropriate criminal record checks were undertaken to protect patients from un-vetted staff.

Our findings

People's views

We spoke with three patients that were using the out-of-hours service on the day of our inspection and read the comment card that had been completed by a relative of a child that had also used the service. All the comments we received were positive and did not raise any concerns about patient safety.

Significant events

The provider had arrangements in place for reporting significant incidents that occurred at the walk in centre. A 'significant events reporting policy' was available for staff so that they knew how to report incidents for investigation. We saw from the providers 'significant events register' that there had been eight incidents reported in the last year. This showed that the incidents had been investigated shortly after they had happened and that they had been acted upon. We saw where appropriate relevant staff were contacted to inform them of the incident and any changes that had been made to working practices as a result. This meant the provider used the learning from incidents to minimise the risks to patient safety in the future.

Staffing and staff recruitment

The medical director advised us that all staff were directly employed by the service and that they did not use a locum agency to cover shifts. We were advised that the doctors employed were mainly GP's from around the local area. This meant patients would be seen by experienced GPs who were familiar with the local health and social care services should they need to refer patients promptly to other services.

There were formal processes in place for the recruitment of new staff to check their suitability and character. We looked at the recruitment records for two GPs and a nurse. We saw recruitment checks had been undertaken which included checks of the persons skills and experience through their curriculum vitae (CV), personal references, identification and general health. Where relevant, the provider also made checks that the member of staff had indemnity and was a member of their professional body and on the GP performer's list which helped ensure that new staff met the requirements of their professional bodies and had the right to practice. However recruitment records did not show that new GPs had been through an interview process. Staff told us that the medical director would meet the new GP in person but there was no formal record kept of this.

We were not satisfied that criminal record checks had been carried out appropriately to ensure patients were protected from the risk of unsuitable staff. As part of the recruitment process applicants were required to supply their own Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) certificate. In all three recruitment records we reviewed the CRB certificates had been obtained in respect of previous employment. One GP's CRB check was dated as the 2 November 2011 although we were advised that they had not yet worked for the provider. Another GP had a CRB certificated dated as the 6 November 2008 and they had undertaken work for the provider. There were no risk assessments in place in the absence of a current DBS certificate to identify any action needed to protect patients from un-vetted staff.

Cleanliness and infection control

As we looked around the premises we found it clean and tidy. The waiting room looked a little tired but the clinical rooms were in good condition and supported infection control practices. One patient told us, "I'd say the building is very clean and tidy when we've been here." We looked in

Are services safe?

three clinical rooms, the flooring had coved skirting and work surfaces were free of damage enabling them to be cleaned thoroughly. Sinks had no touch or elbow taps to prevent cross infection. We saw that the clinical rooms were well stocked with gloves and aprons and had hand washing guidance displayed by the sinks. There was a clear distinction between clinical and domestic waste to ensure appropriate disposal. These practices helped to protect patients from the risks of cross infection.

Safeguarding patients from harm

Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and what they should do if they suspected anyone was at risk of harm. There were policies in place for safeguarding vulnerable adults and children from abuse. These contained information to support staff in recognising and reporting safeguarding concerns to the appropriate authority for investigation. Staff told us that they were aware of these policies. We saw that safeguarding information was displayed throughout the premises to support staff and to raise awareness with patients who visited the service. The provision of this information ensured staff had the information needed to act on concerns if they believe a patient may be at risk of harm.

Staff had access to on-line training in safeguarding children and vulnerable adults which they were required to complete. One member of the administrative team explained that this training was a mandatory requirement of the service and that mandatory and safeguarding training were monitored closely for completion. Staff advised us that there were two safeguarding clinical leads for the service. Training records showed that the clinical safeguarding leads were trained to level three (the highest level) for safeguarding children and young people. This meant there was a clear lead to support staff in protecting patients from harm.

Medicines

The provider held medicines on site were for use in an emergency or for patient administration during a consultation. We saw that emergency medication was checked weekly to ensure that they were in date and safe to use. We checked a sample of medicines that were held at the premises and found these were in date with the exception of one which had exceeded the date recommended by the manufacturers to ensure their effectiveness. This was immediately removed by the nurse responsible for checking the medicines.

One GP we spoke with told us that when they administered some medicines to a child, they asked that they stay on site for half an hour so that they can monitor them. This meant any concerns could be identified quickly and appropriately responded to ensure the child's safety.

Are services effective?

(for example, treatment is effective)

Summary of findings

The provider managed patient demand for the service effectively. Staff had limited information about patients that presented to the service but used what information they had effectively to prioritise and ensure patients received appropriate care. Reception staff were trained to be able to recognise when patients needed urgent care and were supported by clinical staff to ensure that urgent need was met. Feedback from patients about the service was very positive.

Our findings

Outcomes for patients

We spoke with three patients using the out-of-hours service at the walk-in centre. All three patients told us that they were satisfied with the service they had received. We saw that there were 51 comments from patients posted on the NHS choices website about the walk-in centre as a whole and that most of these were very positive.

We spoke with one GP about how they received updates relating to best practice or safety alerts they needed to be aware of. The GP advised us that these were shared with them through the email system and they received reminders about these updates on their IT system. This meant clinical staff were provided with information needed to deliver good clinical care.

We looked at the patient records for three sick children. Of these records one demonstrated full compliance with best practice guidance (from the National Institute for Health and Care Excellence (NICE)) and two demonstrated partial compliance with best practice. We spoke with the medical director about this so that they could take appropriate action. The medical director explained that the current computer software does not easily support the development of templates which would assist the GP to record and demonstrate compliance with best practice.

Access to the out-of-hours service

Patients accessed the out-of-hours service in person or by appointment through the NHS 111 telephone service where they received telephone triage by another out-of-hours provider.

Patients presenting at the service were asked to complete a short questionnaire about themselves which included details about their symptoms, pre-existing conditions and any allergies. Reception staff told us they screened the questionnaires completed by the patient to see if their condition was urgent and if appropriate would alert medical staff in line with protocol. One receptionist told us, “It’s never an issue to get a clinician to see a patient if we are concerned. If I see a child or an adult I have concerns about I make sure the doctor knows immediately.”

Policies and procedures were also in place to help staff recognises and act appropriately where there were concerns about a patient. Reception staff had information to help them to recognise patients in need of urgent care when they presented at the service. Information about life threatening conditions was also provided as part of their induction. These processes helped ensure the service could appropriately respond to the needs of patients using the service.

Staffing

Clinical staff we spoke with described staffing levels at the service as good. The medical director advised us that staffing levels were determined by previous trends but that there were ‘escalation’ procedures available during periods of unexpected high demand. This involved increasing the number of appointment slots. We spoke with one GP who was able to explain the escalation process and told us that they would come in short notice if needed. These processes enabled the service to meet patient needs and demand for the service.

Information sharing

The medical director advised us that they didn’t usually receive much information from other providers about the patients who might use this service. As this provider did not undertake home visits they were less likely to see seriously ill or patients nearing the end of their life where the availability of information of patient would be beneficial. Information received was usually limited to that received by the out-of-hours provider who undertook the telephone triage through the NHS 111 telephone system. We were advised any information shared about a patient from another provider was attached to the patient’s records. This meant clinicians providing the care would have access to any relevant information about a patient and could take this into account when providing care or treatment.

Are services effective?

(for example, treatment is effective)

In the general absence of information about patients that presented at the service the provider advised us that they kept a copy of the records of any patients seen by them. A questionnaire was also completed by all patients attending the service. This information helped to support clinical decisions about the care and treatment of patients where the patient's medical history was otherwise unknown.

Information about patients who used the out-of-hours service was shared with their usual GP. This was an automated process carried out by the out-of-hours provider which carried out the initial triage. We were advised that the information was transferred by 9am the day after the patient had been seen. We did not see that there had been any concerns raised about the sharing of information. These arrangements meant the patients usual GP was aware of any treatment given at the first opportunity and would help support of care.

Review of care

We saw that the quality of patient records were audited by the medical director. We saw evidence of these audits having been carried out during May and October 2013. This helped to identify any variation in practice between clinicians. The Medical Director explained how they had reviewed one GP's records after they had received several complaints about them. These audits enabled the provider to identify and address any issues which might impact on the care patients received.

Are services caring?

Summary of findings

Patients we spoke with described being treated with respect and dignity and felt involved in decisions about their health care. We observed staff being helpful and sensitive to patient's needs.

There was limited health information for patients to read or take away from the wating areas and none of the information displayed with available in a language other than English.

Our findings

Patient views

We spoke with three patients who were using the out-of-hours service on the day of our visit. One patient who used the service described feeling "well looked after." Another patient told us that it was a "wonderful service." We also looked at other feedback received from patients about the service from our comment cards and the NHS choices website and saw that this was very positive.

Involving patients/Consent

A clinical treatment policy was in place which set out how the provider involves patients in their treatment choices so that they can make informed consent. The policy also included information about the patient's right to withdraw consent and made reference to Fraser guidelines when assessing whether children under sixteen are mature enough to make decisions without parental consent for their care. Fraser guidelines allow professionals to demonstrate they have checked the persons understanding of the proposed treatment using a recognised tool to record the decision making process. This meant staff had access to guidance to involve and help patient's make informed consent about their care and treatment.

The patients we spoke with confirmed that they had been involved in decisions about their care and treatment. They told us treatment options were explained to them and they understood the information given to them. We saw from the 'patient forms' that patients were routinely asked for their consent to receive treatment from clinicians at the service and to share information with their usual GP. This demonstrated a commitment to supporting patients to make informed choices about their care and treatment.

We saw patients had access to a chaperone service when they underwent an examination. Information was displayed in the waiting area if patients wanted to request a chaperone during an examination. Nurses and sometimes reception staff acted as chaperone. We checked and saw from the staff training matrix that reception staff had received training in this area. Provision of a chaperone helps to provide some protection to patients and clinicians during sensitive examinations.

Patient information

Patient information throughout the walk-in centre was limited. We saw that the waiting room had some information displayed in relation to safeguarding from abuse, information relating to waits and the chaperone service. However, we did not see any health information or information available in languages other than English.

We spoke with one GP who told us that they gave some basic written information to patients during consultations but that this was usually related to prescriptions. Provision of information to take away helps to support patient understanding and co-operation with their treatment.

Respect and dignity

Patients spoken with described being treated with respect and dignity when using the service. One patient told us, "Receptionists are always helpful." We observed reception staff speaking with patients in a friendly and helpful manner. We saw them discretely checking with patients that might have difficulty completing the 'patient form'.

We saw from the summary of complaints that where complaints had been received about staff attitude that they had been raised with the member of staff. This demonstrated that the provider was committed to providing a caring service.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service had good arrangements in place to ensure that it could meet the demand and needs of the patients that presented at the service with minimal delay. Staff told us that they had access to equipment needed to attend to patient's needs. Staff had access to information needed about local services available should a patient require specialist care.

Staff were aware of arrangements in place for responding to medical emergencies that may arise. However emergency equipment did not include the use of oxygen.

There were limited opportunities for patients to express their views about the service they received. We also found that patients with mobility difficulties may experience some difficulties using the service due to the limited space available in the waiting areas.

Our findings

Patient feedback

There were limited opportunities for patients to feedback their views of the service provided. There was no evidence of patient surveys having been carried out. There was no information displayed informing patients how they could raise a complaint if they wanted to although we did see that it was mentioned in the walk in centre information booklet available at reception. Providing opportunities for patients to report on their experiences helps to ensure that the service continues to be responsive to the needs of patients.

Access to services

While the surgery was accessible to patients who may have mobility difficulties space was limited in the waiting areas which could make it difficult for patients in a wheelchair to move about particularly when the service was busy. The Medical Director explained that they did not own the premises and agreed larger premises were needed. We saw that the premises were accessed by automatic doors and consulting rooms were situated on the ground floor. We saw that some of the consulting rooms were large and gave easier access to patients with mobility difficulties. There was also a toilet for disabled patients.

Staff we spoke with told us that they had access to interpreter or translation services for patients who needed it. There was guidance available to staff informing them on the use of interpreter services and contact details. One GP told us that they spoke several Asian languages which are spoken in the local areas. Having this guidance available ensured staff knew what to do to ensure all patients were able to access health care at the service and communicate their needs.

Availability of equipment

Consultation rooms were shared between different staff who worked shifts at the walk-in centre. We asked one GP about the equipment that was available to them to enable to do their job and respond to patient needs. The GP advised us that basic equipment was made available to them when they came on duty and that it was kept in good condition. Equipment appeared clean and in good condition and where appropriate had undergone electrical safety checks. This meant staff had the equipment needed to assess and respond to the needs of patients.

There were arrangements in place to deal with foreseeable emergencies. Basic life support was part of the mandatory training that all staff were required to undertake. Staff we spoke with were aware of the emergency equipment available and where it was kept. Emergency equipment included medications for use in an emergency and a defibrillator. The Medical Director advised us that they did not keep oxygen as part of the emergency equipment and explained that the benefits were clinically unproven. However, guidance available from the National Resusitation Council emphasises the use of oxygen in certain emergency situations. This meant staff may not be able to respond quickly if a medical emergency arose.

Emergency drugs were stored in a labelled box to help staff find the medication quickly. The emergency medication was checked weekly to ensure they were present and in date when needed. We looked at some of the emergency medicines available and found they were in date. This meant that medicines required in an emergency should be effective and safe to use.

Medicines

Some medicines were available on site for immediate patient administration. There was a named member of staff

Are services responsive to people's needs?

(for example, to feedback?)

who was responsible for checking medicines held on site. This meant that that the clinicians would be able to respond promptly to patient symptoms that they were presented with.

Mental Health

We spoke with staff about the management of patients with mental health issues who may be at their most vulnerable when attending the service. Clinical staff told us that the reception staff were good at identifying mental health problems that needed to be seen urgently. The GP was also able to describe the pathways for patients in a mental health crisis. This provided some assurance that the service would be able to respond appropriately to support patients at crisis point in relation to their mental health and wellbeing.

Referrals

We saw in the consulting rooms there were contact details for various services available in the local area. This meant staff who may not be familiar with local health and care services had access to information needed to make referrals or obtain specialist advice when required.

Are services well-led?

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

Summary of findings

Staff who worked within the service described a supportive and open work environment and patients gave positive reviews of the service received. New staff received induction training and current guidance to support them in their role. There were arrangements in place to learn from incidents and complaints which were shared with staff. Audits were undertaken but it was not evident that the findings from them were always acted on.

New staff received regular supervision opportunities to discuss their performance and issues relating to their role. However, this was not robust for established staff who had few opportunities to formally raise any issues or concerns they might have about their work.

Our findings

Leadership and culture

We saw that the walk-in centre as a whole received positive feedback from patients on the NHS Choices website. Patients rated the service four out of five stars.

Both clinical and administrative staff described a positive culture within the service of openness and support. Comments received from staff included, "The best thing about this service is the ethos and the team spirit of the organisation;" "You can always contact the medical directors if needed. There is a good team spirit. The GPs and nurses support each other" and "We are an open practice, you can ask anything and you can get training if you want it."

Management of staff

New staff received an induction programme in order to familiarise themselves with the service. This included working through the organisational policies and procedures and shadowing other members of staff. The induction helps ensure staff receive consistent information in relation to the day to day running of the service.

Staff had access to a range of policies and procedures which were kept up to date. We looked at several of the policies and saw that they were comprehensive and covered a range of issues such as medicines management, complaints, safeguarding and business continuity. The policies and procedures were available to staff on line and staff told us that any changes were notified to them via email. This meant staff had access to current guidance to support them in their work.

GP performance was reviewed by the medical directors. We were advised that this was carried out via a system of audits of patient consultations. One GP confirmed that they received feedback on their performance such as the number of patients seen, waiting times and referrals to the accident and emergency department which they used to support their own GP appraisal. We were advised by the medical director of action taken when there had been concerns regarding GP performance. This provided assurance that performance of the GPs was kept under review and action taken as necessary to improve the service patients received .

New staff employed by the service received supervision meetings with senior staff after three, six and nine months in which their performance was reviewed. Supervision meetings looked at the member of staffs suitability to the role, team working, capabilities, punctuality, conduct and reliability. Supervision meetings helped to identify any staff issues early on in the member of staff's employment so that any necessary action could be taken to improve performance.

Staff told us that they received annual appraisals. However, we noticed from staff records that the nurse on duty had not had an appraisal for nearly two years. This meant some staff were not getting regular formal opportunities to discuss their performance and any training needs they might have.

Learning from complaints and incidents

There were arrangements in place for staff to discuss and learn from complaints and significant events that had occurred at the service. A complaints and significant events review meeting was held on an annual basis. All staff were invited to this event to discuss and identify any improvements that could be made to current procedures. These arrangements helped to support service improvement.

Although there was a formal complaints process in place there was a lack of opportunities for capturing patient comments. Reception staff did not have any clear forum

Are services well-led?

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

where they were able to raise issues they had received with senior staff. This meant there may be some missed opportunities to identify and respond to patient concerns in order to improve the service.

Audits and performance monitoring

We saw that there had been some audits of clinical practice undertaken during the last year. These related to the quality of patient records and infection control. However, it was not always clear what action had been taken as a result of the audits. For example actions still appeared outstanding with the infection control audit undertaken in April 2013. We were advised that service managers met weekly to discuss any quality monitoring audits and anything that needed to be shared with staff was done through the email system. Arrangements in place did not always make it clear that action had been taken in order to deliver service improvement.

Out-of-hours providers are required to regularly report on their performance against a series of national quality requirements (NQR). These requirements are designed to ensure that the service is safe, clinically effective and delivered in a way that gives the patient a positive experience. The medical director advised us that as a walk in centre they had no set national standards and were not required to submit any data as part of the NQRs. Instead the provider had local contractual standards with only one standard relating to out-of-hours services. This standard was reported back to the out-of-hours provider who undertook the call handling, triage and arrangemed appointments with the provider.

Minimising risk

We saw that a health and safety risk assessment had been undertaken of the service. This clearly stated the nature of the risk and what measures had been put in place to minimise the risk in the future. Where further action to minimise risk had been identified we saw that this had been actioned. This helped to protect patients and staff from harm.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Family planning Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers. Recruitment processes did not provide adequate safeguards to protect patients from being cared for or supported by unsuitable staff. The provider did not undertake adequate checks to ensure DBS certificates were up to date or undertake risk assessments in the short term in the absence of an up to date DBS check. Regulation 21. (a)(i) (b)