Angel Medical Service Limited

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Angel Medical Service Limited, a walk-in centre, on 21 March 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
  - The service informally audited and reviewed individual assessments, investigations and where necessary diagnosis and treatment. However, there was no clear feedback trail from this audit or evidence that the learning was shared with both individuals and all staff as relevant.
  - Feedback from patients about access to the service and treatment received was consistent and highly positive.
  - Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
  - The service understood the needs of the changing local population, increased demand on local health services and had planned services to meet those needs.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- The service should review the process for auditing performance of individual clinicians including, individual assessments, investigations and where necessary diagnosis and treatment. Ensuring that there is a clear feedback trail from the audits and evidence that the learning is shared with both individuals and all staff as relevant.

Summary of findings

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 providing safe services.

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went, wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The service is rated as good for providing effective services.

- Data that the service provided to the clinical commissioning group (CCG) showed that they were meeting targets in most areas. For example, in over the past twelve months five percent of patients provided feedback. When asked about their overall satisfaction with the walk in service; 100% of patients said they were satisfied and 0% of patients said they were dissatisfied.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients that we spoke to and those who completed comment cards said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- Feedback from patients was positive with the majority of patients reporting that all staff gave them the time they needed, that GPs and nurses were good at explaining treatment and all staff including reception staff were very helpful.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The service is rated as good for being well-led.

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 held regular governance meetings.
- There was an overarching governance framework that supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The service had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- The service informally audited and reviewed individual assessments, investigations and where necessary diagnosis and treatment. However, there was no clear feedback trail from this audit or evidence that the learning was shared with both individuals and all staff as relevant.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

What people who use the service say

As part of our inspection, we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. All of the 40 comment cards we received from patients were wholly positive about the service experienced. They reported that they did not have to wait long in the walk in centre and that they were able to resolve their concerns. They also commented that staff were helpful and supportive.

We also spoke with seven patients during the inspection. All seven patients reported that they felt that all the staff treated them with respect, listened to and involved them in their treatment. Patients commented that the service was easy to find and that the service had been accessible.

The service had used various systems to seek patients' feedback about the services provided over the last year and was currently using Angel Medical Services Limited developed feedback questionnaire. This feedback was collated by one of the service managers, and the feedback from patients was mostly positive.

Angel Medical Service Limited

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector led our inspection team**.** The team included a GP specialist adviser, a second CQC inspector and an expert by experience.

Background to Angel Medical Service Limited

Angel Medical Services Limited was commissioned from 16 October 2009 to provide a walk in minor injuries and illnesses service to Islington and the surrounding area. Although Islington Clinical Commissioning Group commissions the service, the urgent care service is available to both local residents and to patients who might work in the local area.

The service is situated in an area which is classified as the fourth most deprived decile on the index of multiple deprivation. The majority of the patients are either young or of working age. A small percentage of patients are aged between 65 and 85. The service is above the national average for patients aged between 20 and 40 and below the national average for patients aged between 65 and 85.

The health of people in London Borough of Islington is lower when compared with the national average. For example, 45% of people within London Borough of Islington have a long-standing health condition, comparable to the national average which is 53%. The lower percentage of people with a long-standing health condition could mean a lower demand for GP services including walk-in services.

The partners at Ritchie Street Practice (a GP practice) established the service and the service rents two rooms from Ritchie Street Practice. The service operates from 34 Ritchie Street, London, Islington, N1 0DG. The service is on one level and is accessible to those with poor mobility.

On site, a practice manager and one of the GP directors have oversight of the urgent care service. One GP locum and one nurse locum, provided through a bank of regular locums used by Angel Medical Services Limited, cover daily appointments. The service shares reception staff with the Ritchie Street Practice.

The service is commissioned to provide a maximum of 18,408 face-to-face appointments per year. The service offers 72 20-minute face-to-face appointments a day Monday to Friday and 46 appointments a day on Saturday and Sunday. In total, the service offers 452 appointments per week and 23,504 appointments per year.

The urgent care service is open from 8:00am to 8:00pm Monday to Friday and 9:00am to 6:00pm on Saturday, Sunday and bank holidays. The service is closed on Christmas day, Boxing day and New Year's day. Patients upon arrival at the service are given an appointment slot.

Patients have to attend the service in person to make an appointment.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had not previously been inspected by the CQC.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service. We carried out an announced visit on 21 March 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, senior staff at Angel Medical Services Limited and members of the administration and reception team. During the inspection we also spoke with seven patients who used the service,
- Observed how patients were seen to in the reception area and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 40 comment cards where patients shared their views and experiences of the service.

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?

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the Care Quality Commission at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- All serious incidents from practices and services run by the Angel Medical Services Limited were reviewed and any learning from these events was shared with staff by way of a regular bulletin. We saw the bulletin and the information shared, and staff told us that information was readily accessible.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Learning was shared through e-mails, and where possible by ad hoc meetings with staff. There was also a notice board in the staff room.
- The service carried out a thorough analysis of the significant events.
- The policy for serious events was taken from a pro-forma used by Ritchie Street Practice, which was fit for purpose.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. Although the service did not have a patient list of its own, the service kept a local register of patients at risk that was updated on a quarterly basis. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff (including locums and nurses) were all trained to child safeguarding level 3.Non-clinical staff were trained to child safeguarding level 2. The service attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Safety alerts such as such as medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), were received from head office and disseminated by the service manager. We saw that MHRA alerts were discussed where they were relevant to the service.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Staff assured us that cleaning specifications were in place to support the cleaning of the premises and specific medical equipment. We did see that completed records were in place to demonstrate that the clinical rooms were cleaned on a daily basis.
- We saw calibration records to ensure that clinical equipment was checked and working properly. All equipment used by the service was provided on site, locum GPs did not bring their own equipment.

Good

Are services safe?

- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. Infection Control training was mandatory on induction and we saw records to support that staff had completed this training, certificates for which were kept centrally by Ritchie Street Practice. There was a policy for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury. For example, the service maintained records of immunity status for all staff.
- There were systems for managing medicines for use in an emergency. Records were maintained of medicines used and signed by staff to maintain an audit trail. The medicines were stored securely in a locked cupboard and medicines that required refrigeration were stored in refrigerators in which temperatures were monitored to help ensure their effectiveness; access to the medicines was limited to specific staff. There was evidence of stock rotation and medicines we checked at random were all within date.
- The service did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We saw checklists that showed that Angel Medical Services Limited retained proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were retained. Copies of all personnel records were retained; this included all relevant information relating to locum doctors.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office that identified local health and safety representatives. We noted that for premises and health and safety risk assessment the service used those produced by Ritchie Street Practice. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. The practice manager told us that annual leave and staff availability was covered by Ritchie Street Practice staff.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available.
- The service had a defibrillator available on the premises and there was flowing oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

The practice manager and GP director attended regular provider group meetings with the owner of the premises where any issues of safety could be discussed.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We found the service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The service had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We spoke with nurses about their assessments of patients and found they had an understanding of NICE guidance. There was a clinical assessment protocol and staff were aware of the process and procedures to follow.
- Reception staff had a process for signposting patients with high risk symptoms, such as chest pain, shortness of breath or severe blood loss.

Management, monitoring and improving outcomes for people

Patient feedback was used by Islington CCG to measure the performance and effectiveness of the service, the provider has consistently met the targets set by the CCG over the past 12 months. Feedback was in the form of each patient being given a feedback form to complete and return on the walk in centre premises following their appointment. This information was reported by the practice to Islington CCG on a quarterly basis. One thousand five hundred In patients attended the service in February 2017, 5% of those patients provided feedback, the results showed that they responded positively about their experience at the service, for example:

- When asked whether they were involved in decisions about their care and treatment; 94% of patients said definitely, 1% of patients said to some extent and 5% of patients said no.This is comparable to the annual average of 94% of patients said definitely, 6% of patients said to some extent and 0% of patients said no
- When asked whether the doctor or nurse treated them with respect and dignity; 98% of patients said yes, 1% of patients said some of the time and 1% of patients said no.This is comparable to the annual average where 98% of patients said yes, 2% of patients said some of the time and 0% of patients said no.

  When asked about the length of time they had to wait to be seen by a clinician; 89% of patients said the length of time they had to wait was reasonable, 10% of patients said they had to wait longer than they would have liked and 1% of patients said they were unhappy with the amount of time they had to wait. This is comparable to the annual average where 93% of patients said the length of time they had to wait was reasonable, 4% of patients said they had to wait longer than they would have liked and 3% of patients said they were unhappy with the amount of time they had to wait.
- When asked if they had not been able to use this service, would they have attended an emergency department instead; 42% of patients said yes, 57% of patients said no and 1% of patients were unsure.This is comparable to the annual average where 62% of patients said yes, 38% of patients said no and 0% of patients were unsure.
- When asked about their overall satisfaction with the walk in service; 99% of patients said they were satisfied and 1% of patients said they were dissatisfied.This is comparable to the annual average where 100% of patients said they were satisfied and 0% of patients said they were dissatisfied.
- When asked if patients would you be willing to be seen by a GP or Nurse at another local practice if there was limited availability at the service; 75% of patients said yes and 25% of patients said no.This is comparable to the annual average where 86% of patients said yes and 14% of patients said no.

We saw evidence of daily performance monitoring undertaken by the service including a day by day analysis of feedback and commentary. This ensured a comprehensive understanding of the performance of the service was maintained.

- The service informally audited and reviewed individual assessments, investigations and where necessary diagnosis and treatment. The GP director managing the service confirmed that they informally audited patient consultations at regular intervals and any issues

Good

Are services effective?

(for example, treatment is effective)

identified were discussed with individual clinicians. However, there was no clear feedback trail from this audit or evidence that the learning was shared with both individuals and all staff as relevant.

- Staff told us that feedback could be provided in one to one sessions, but if there were wider areas for learning these could be shared with the whole team.

The service had a system for completing a range of clinical audit cycles. For example, there had been two clinical audits undertaken within the last two years, all of which were completed audits where the improvements made were implemented and monitored. For example, an audit looking at the prescribing of Co-Amoxiclav & Ciprofloxacin, a medicine used to treat infections by killing the bacteria responsible for the infection. The practice as part of the audit monitored the prescribing of Co-Amoxiclav & Ciprofloxacin. The result of the audit showed that adherence to the prescribing audit criteria was 31 prescriptions a year, above the national average. However, there was notable improvement of nine prescriptions a year during the second cycle, in line with the national average.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. We saw that all staff had had an appraisal within the last 12 months.
- Staff received training that included; health and safety, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available from the registration form filled in by patients when they attend the service. Patient records are only available for patients registered with Ritchie Street Practice and patients who have previously used Angel Medical Service. The service within one week of seeing a patient would send general feedback relating to the walk in appointment to their registered GP, urgent information would be sent by fax within 24 hours of the appointment.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through an informal audit of patient

Supporting patients to live healthier lives

As a walk in centre, the service did not have continuity of care to support patients to live healthier lives in the way that a GP practice would. However, we saw the service demonstrate their commitment to patient education and the promotion of health and wellbeing advice. There was healthcare promotion advice available, and patients that we spoke to and those that completed feedback forms told us that they were provided with relevant information.

Staff we spoke with demonstrated a good knowledge of the health needs of the local and wider patient groups who

Good

Are services effective?

(for example, treatment is effective)

might attend the centre. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Patients who might be in need of extra support were identified by the service. These included carers, homeless patients and those with sexual health needs. The service also had systems for identifying patients at risk. Patients were provided with information or signposted to relevant external services where necessary.

The service was not commissioned to provide screening to patients such as chlamydia testing or commissioned to care for patients' with long term conditions such as asthma or diabetes. Only limited vaccinations were provided at the service. These were provided as needed and not against any public health initiatives for immunisation.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

All of the 40 patient Care Quality Commission comment cards we received were entirely positive about the service experienced.

We also spoke with seven patients on the day of our inspection, and these patients reported that they had been treated with courtesy and dignity. All of the patients we spoke with said they would recommend the service and commented on the timely, excellent service they received. We noted that a number of patients who completed cards repeatedly attended the service, generally to have dressings changed. They reported that it was easier for them to do this at the walk in centre than their GP, and five patients said that they considered the walk in centre offered a better response to their specific needs.

We reviewed patient comments on the NHS choices website. The large majority of patients reported that they had been dealt with quickly and they had received good care from the service.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us 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.

Patients that we spoke to were aware that interpreters could be requested. The service staff told us that they regularly used language line services, even though this was not provided for in their contract.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. We found the service was responsive to patient's needs and had systems to maintain the level of service provided. The service understood the needs of the local population. For example, the service was aware that there were older patients in the local area who would need dressings changed. Aware of the pressure on GP services to deliver this, the service allowed patients to attend for this reason.

No patients were registered at the service as it was designed to meet the needs of patients who had an urgent medical concern, or those who were consulting a general practitioner out of hours that did not require accident and emergency treatment, such as non-life-threatening conditions.

The service was responsive to patients' needs in a variety of ways:

- Appointments were not restricted to a specific timeframe so clinicians were able to see patients for their concerns as long as necessary.
- There were ramps leading to the entrance to the service. All areas to the service were accessible to patients with poor mobility.The doors at the entrance were automatic.
- There was a hearing loop in the reception area.
- The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. There was enough seating for the number of patients who attended on the day of the inspection.
- Toilets were available for patients attending the service, including accessible facilities with baby changing equipment.

Access to the service

The urgent care service is open from 8:00am to 8:00pm Monday to Friday and 9:00am to 6:00pm on Saturday, Sunday and bank holidays. The service is closed on Christmas day, Boxing day and New Year's day. Patients upon arrival at the service are given an appointment slot.

Patients did not need to book an appointment but could attend the centre and wait to see a nurse or GP. The opening hours of the service meant that patients who had not been able to see their GP during opening hours could attend for assessment and treatment at any time. The service was accessible to those who commuted to the area as well as residents.

Information on how to access the service was available on the provider website. Instructions that are more detailed were available on the NHS Choices website and were available from Ritchie Street GP practice.

When patients arrived at the service, there was clear signage that directed patients to the reception area. Patient details (such as name, date of birth and address) and a brief reason for attending the centre were recorded on a computer system by one of the reception team. A receptionist would also complete a brief set of safety questions to determine 'red flags' which might mean the patient needed to be seen by a clinician immediately. Patients were given an appointment slot and were generally seen on a first come first served basis, but there was flexibility in the system so that cases that were more serious could be prioritised as they arrived. The receptionists informed patients about anticipated waiting times.

Listening and learning from concerns and complaints

The service had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for urgent care centres in England.
- There was a designated responsible person who handled all complaints in the service.
- We saw that information was available to help patients understand the complaints system through information in the waiting areas.

We reviewed four complaints that had been received in the past year. We saw that in all cases patients received a written response, with details of the Ombudsman's office provided in case the complaint was not managed to the satisfaction of the patient. For example, a patient attended the service requesting a repeat prescription for a long-term condition. The service explained that they could not assist the patient, as they have limited information about the

Good

Are services responsive to people's needs?

(for example, to feedback?)

medical history and their regular GP would be better suited to process the request. The practice reviewed and investigated the complaint in line with their policy and as a result amended their literature and website to inform patients of the limitation of the services they can offer.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The service had a mission statement and staff knew and understood the values.
- The service had a strategy and supporting business plans that reflected the vision and values and were regularly monitored.
- Our discussions with staff and patients indicated the vision and values were embedded within the culture of the service. Staff told us the service was patient focused and they told us the staff group were well supported.

Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. These policies and protocols were developed by Ritchie Street Practice and had been rolled out to the service where the practice manager had adapted them.
- A comprehensive understanding of the performance of the service was maintained. The service reported quarterly to the Clinical Commissioning Group (CCG) and NHS England.
- The service informally audited and reviewed individual assessments, investigations and where necessary diagnosis and treatment.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection representatives of the provider demonstrated, they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that there were clear lines of responsibility and communication. The service provider told us that they were able to meet with all staff every two months. They reported that they would like to have more regular meetings with staff, but that the nature of a walk in centre made these difficult to accommodate. Notwithstanding this, staff were aware of their responsibilities and they told us that management and governance information was shared. For example, the service produced a monthly newsletter, providing all staff with month updates.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. The service had systems to ensure that when things went wrong with care and treatment:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- As far as they were able to, the service engaged with patients who used the service. Patients were provided with an opportunity to provide feedback, and if necessary complain.

Are services well-led?

Good

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

- Staff told us that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run.
- Staff told us that they were proud of the service being delivered and that they felt engaged in decisions relevant to how the service might be delivered in the future. Staff also told us that the team worked effectively together.

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the service was part of a local pilot scheme which assisted trainee GP's and pharmacists in attaining walk in centre work experience.