

Shropshire Walk-In Centre

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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shropshire Walk-In Centre on 29 September 2016. Overall, the service is rated as requires improvement and good for providing a safe, responsive and caring service.

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

- Feedback from patients about their care was consistently positive.
- The service was co-located within the local hospital A&E department with good facilities and was well equipped to treat patients and meet their needs.
- The service reviewed complaints and how they were managed and responded to, and made improvements as a result, however, there was no complaint literature about Shropshire Walk In Centre readily available for patients.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, we found there were no trend analysis which involved all clinical staff.
- Patients were triaged by A&E qualified nursing staff as a failsafe process to ensure patients attended the most appropriate service to meet their needs. The triage process had changed in July 2016 and it was part of a pilot entitled, 'Patient Streaming.' Patients could not simply choose to attend the Walk In Centre.
- Patients were not informed of the waiting times to be seen by a clinician.
- 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.
- Patient outcomes were hard to identify as little or no reference was made in terms of auditing clinical care and treatment.
- There were no provider information leaflets, complaint leaflets, or posters about the pilot streaming protocol or about patient choice, as the local hospital had determined that the provider should not locate these in the shared waiting area within the A&E department.
- Patients spoken with were confused as to what the Urgent Care Centre/Walk-In Centre or minor injuries unit was and of the service they provided.

Summary of findings

- The Walk In Centre manager and others within the organisation met regularly with stakeholders, such as the Clinical Commissioning Group and local hospital. They discussed the service provided and attended meetings held with the local hospital and their involvement with the Emergency Care Improvement Programme (ECIP). We found service's vision and strategy lacked the involvement of some Walk In Centre clinical staff.
- The Walk In Centre did not have a local clinical lead GP and there was a lack of clinical leadership governance arrangements for example, clinical audit.

There were areas of the Walk In Centre where the provider must make improvements:

- Ensure quality improvement activity and monitoring of prescribing which is specific to the Walk In Centre service.

There were areas of the Walk In Centre where the provider should make improvements

- Carry out quality improvement activity to improve patient outcomes and ensure improvements have been achieved which include monitoring of the newly implemented triage system called the 'Patient streaming protocol.'
- Ensure there is clinical leadership capacity to deliver all improvements.
- Implement formal significant event/complaint trend analysis with Walk In Centre clinical staff.
- Ensure that safeguarding policies fully reflect the procedures staff follow.
- Consider an accident book/documentation for Shropshire Walk-In Centre's own staff.
- Provide patient literature about the service including, complaint literature and information on the triage system in place.
- Engage and communicate the service's vision and strategy with staff involvement.
- Consider measures to inform patients of anticipated waiting times.

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?

The service is rated as good for providing safe services.

Good



- Staff understood their responsibilities to raise concerns, and to report incidents, significant events and near misses. There were no significant event, or incident annual review meetings to review any trends that included the Walk-In Centre GPs.
- When there were unintended or unexpected safety incidents, patients received reasonable support, information, and a verbal and 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 in place to keep patients safe and safeguarded from the risk of abuse.
- Staff understood their role and responsibilities in relation to safeguarding vulnerable adults and children and received training at nationally recognised levels. Staff rather than follow the provider safeguarding procedures said they followed those of the co-located A&E department.
- There was no accident book/documentation specifically for the Walk-In Centre.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was no evidence provided to demonstrate that quality improvement activity was driving improvement in patient outcomes. Patient outcomes were hard to identify as little or no reference was made to quality improvements made and there was no evidence that the walk in centre was comparing its performance to others either locally or nationally.

Summary of findings

- The service referred patients to their own GP or A&E as appropriate and provided discharge letters. They recorded in the patient records when they required onward specialist referrals.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was insufficient information available to help patients understand the service and patients were confused about which service they had attended. There had been an ongoing discussion with the service's colleagues in secondary care in respect of leaving Shropshire Walk In Centre literature in the shared waiting room.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients could access Shropshire Walk-In-Centre between 8am and 8pm every day of the week including bank holidays. However, access to the Shropshire Walk-In-Centre was not determined by patient choice. Patients were triaged by the local hospital nursing staff to; Urgent Care Centre/ Walk-In-Centre, minors, majors or resus care and treatment services using a four-question protocol.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was unavailable to patients in the shared waiting room or the area within the local hospital in which Shropshire Walk-In Centre delivered care and treatment. There had been an ongoing discussion with the service's colleagues in secondary care in respect of leaving their literature in the shared waiting room. There had been an ongoing discussion with the service's colleagues in secondary care in respect of leaving their complaints literature available to patients in the shared waiting room
- When patients had complained evidence showed the provider responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

The service is rated as requires improvement for being well-led.

- The service had documented aims and objectives with a written mission statement; however, staff were not aware of any strategy or business plan or their responsibilities in relation to it.
- The service lacked a programme of continuous improvement, which could be used to monitor quality and to make improvements.
- There was a documented leadership structure and staff felt supported by management but there was a lack of a local GP Lead. The practice manager informed us that they had advertised but had difficulty in recruiting.
- The service had policies and procedures to govern activity, but some staff followed the local hospital policies, for example, safeguarding, as they were co-located with a local hospital.
- All staff had received inductions and staff had received regular performance reviews and had opportunities to attend staff meetings at the provider's Whitehall Medical Practice location. Staff told us that informal ad hoc discussions were held at the Shropshire Walk-In-Centre but these were not documented.
- There were no Shropshire Walk-In-Centre based clinical meetings involving clinical staff held by the service.

Requires improvement



Summary of findings

What people who use the service say

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards, which were all positive about the standard of care received. Comments included the time efficient service they had received and the professional and kind attitude and approaches of the staff.

We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

Ensure robust quality improvement activity and monitoring of prescribing is in place which is specific to the Walk In Centre.

Action the service **SHOULD** take to improve

- Carry out quality improvement activity to improve patient outcomes and ensure improvements have been achieved which include monitoring of the newly implemented triage system called the 'Patient streaming protocol.'
- Ensure there is clinical leadership capacity to deliver all improvements.

- Implement formal significant event/complaint trend analysis with Walk In Centre clinical staff.
- Ensure that safeguarding policies fully reflect the procedures staff follow.
- Consider an accident book/documentation for Shropshire Walk-In Centre's own staff.
- Provide patient literature about the service including, complaint literature and information on the triage system in place.
- Engage and communicate the service's vision and strategy with staff involvement.
- Consider measures to inform patients of anticipated waiting times.

Shropshire Walk-In Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor, a CQC pharmacy inspector, a practice manager specialist advisor and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Shropshire Walk-In Centre

Shropshire Walk-In Centre provider organisation is Malling Health who joined with IMH Group during 2015 and is registered with the Care Quality Commission (CQC).

The Walk-In-Centre was located in Whitehall, Monkmoor, Shrewsbury and runs alongside Whitehall Medical Practice under an Alternative Medical Provider Services (APMS) contract. The practice provided both a traditional GP service for registered patients at Whitehall Medical Practice with a walk in element for any patient. In December 2014, a contract variation took place that led to the GP practice remaining in Monkmoor, Shrewsbury and the walk in element of the service moving to the Royal Shrewsbury Hospital A&E department. This inspection is of the service provided at the Shropshire Walk in Centre only.

The Shropshire Walk In Centre is open from 8am to 8pm every day of the year. During the services opening times reception staff, employed by Malling Health/IMH Group, work within the local hospital's A&E reception area booking patients into the service following triage completed by the

A&E nursing staff, which changed in July 2016 to a 'Patient streaming protocol. The commissioners of the service set out the range of expected patient conditions to be seen which includes a list of minor illnesses. The service does not routinely order blood tests or x-rays for walk in patients. If a test is required patients are referred back to their own GP. If an urgent referral to a speciality is needed, patients are referred to either to their own GP or back to A&E.

The Shropshire Walk In Centre staffing consists of a lead GP (female) giving 0.2 whole time equivalent (WTE) hours, two sessional GPs (male), two Advanced Nurse Practitioners (ANP) providing 1.2 WTE hours, a Nurse Practitioner (0.5 WTE) and two female Healthcare Assistants (0.2 WTE). There was an ANP vacancy for 0.8 WTE hours. The service was supported by a Practice Manager (1 WTE across two locations) and a recently appointed assistant Practice Manager (1 WTE) with five reception/administration staff (2.64 WTE).

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.

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

Before our inspection we reviewed the information we held about the service. We also reviewed intelligence including nationally published data from sources including NHS Shropshire Clinical Commissioning Group and Healthwatch.

During the inspection we spoke with members of staff including GPs, Advanced Nurse Practitioners, Shropshire Walk In Centre practice manager, area operational manager and reception/administrative staff. We gathered feedback from eight patients by speaking with them directly and considering their views on comment cards left at the service for two weeks before the inspection. We also reviewed an anonymised sample of the personal care or treatment records of patients.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time. Quality Outcomes Framework (QOF) data was not applicable to the Shropshire Walk In Centre service location, which does not have patients registered for the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place 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 practice'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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events. There had been four events recorded in 2016 and seven in 2015. We found for example following a significant event in 2016 discussion took place following a patient need for an electrocardiogram (ECG) which is a simple test that can be used to check the heart's rhythm and electrical activity and the ECG equipment was unavailable. The event led to changes being made and the service purchased their own ECG equipment. We found that there was trend analysis, which involved the clinical staff team.

Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place 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 who to contact for further guidance if staff had concerns about a patient's welfare. Staff told us they followed the co-located local hospital policy for reporting safeguarding as this enabled prompt access to appropriate support for patients. This was not documented in the provider policy. Staff demonstrated they understood their responsibilities and all had

received training on safeguarding children and vulnerable adults relevant to their role. There was a lead member of staff for safeguarding; a newly recruited clinical staff member who was booked to attend Level 3 safeguard training within the month.

- Patients were advised that chaperones were available and notices were placed in each consulting room. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A member of the nursing team 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; the last audit took place in August 2016. The audit included whether staff followed hand washing guidance, training and needle stick actions. We saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines stored in the medicine cupboard and refrigerators and found they were not always stored securely and were accessible to other people working within the building, including non-walk in centre staff. The practice manager advised that these rooms were shared with hospital staff and hospital staff needed to have access in the event of an emergency. Room temperature checks were not carried out in areas where medicines were stored, therefore we could not be assured that they were stored in line with manufacturer's instructions. The medicines stock was date rotated and appeared well managed. There was no warning sign displayed on the door of the room where oxygen cylinders were located.
- Prescribing data was submitted through the provider's separate Whitehall Medical Practice location with the local CCG, and the only available data was a combination of both Whitehall Medical Practice and Shropshire Walk In Centre. No monitoring of Shropshire individual walk-in centre prescribed data had occurred, including of antibiotic prescribing.

Are services safe?

- The Walk in Centre did not provide medicines classed as high-risk, for example hypnotics and controlled medicines. If these medicines were needed, patients were referred back to their own GP.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioners (ANPs) had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. Staff could access on site GP clinical support.

Monitoring safety and responding to risk

Risks to patients were assessed and well managed.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency. There were audible panic buttons available in each clinical room.
- Patient triage was led by the A&E qualified secondary care nursing staff as a failsafe process to ensure patients attended the most appropriate service to meet their needs. Therefore, patients could not simply choose to attend the Walk In Centre. The triage system had changed in July 2016 and was part of a clinical 'streaming' protocol. This consisted of four triage questions completed with the patient on arrival at the A&E/ Walk In Centre reception desk. The questions included, whether the patient required an immediate lifesaving intervention, had a high-risk situation such as breathlessness or bleeding, or if they required immediate non-urgent care resources such as radiology.
- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms shared with staff in A&E. If a patient's health deteriorated and they required emergency treatment, staff at the Walk In Centre staff were supported by their co-located hospital staff colleagues. The service had a defibrillator available on the premises and oxygen with adult and children's masks. They did not have their own accident book/documentation for Shropshire Walk-In Centre staff and staff told us they recorded accidents in the co-located A&E accident book.
- Walk in Centre staff accessed and responded to the A&E/ hospital emergency call service. There were procedures in place for monitoring and managing risks to patient and staff safety. The service was co-located with the local hospital A&E and the practice manager stated that their secondary care colleagues had completed the fire risk assessments, provided fire marshals and carried out fire drills for all staff. We requested information from the practice manager to ascertain that all staff had attended a regular fire drill post the inspection, which we have yet to receive. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 in place for all the different staffing groups to ensure enough staff were on duty. Shropshire Walk In Centre employed sufficient GPs to provide care and treatment everyday between the hours of 8am and 8pm, an advanced nurse practitioner (ANP) was available Monday to Friday from 8am to 8pm and at times two ANP's. The ANP cover at the weekends included one ANP from 8am to 4pm and a second ANP from 12pm to 8pm. There was usually a healthcare assistant on duty at weekends working from 8am to 1pm. The provider was contracted to provide 84 GP hours per week of which 6 hours were covered by a salaried GP and the remaining hours by regular locum GPs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

They had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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 in place 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 patients' needs. The clinical staff had access to various best practice clinical websites, their electronic systems utilised clinical templates to enable staff to follow best practice guidelines.
- Malling Health/IMH provider organisation monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The service was in contact with the Rapid Assessment, Interface and Discharge (RAID) service, which is a specialist multidisciplinary mental health service, working within all acute hospitals for the referral of patients with mental ill health, which included those on medicines, which require specific monitoring. This improved access for patients without need of a referral from their own GP.

Management, monitoring and improving outcomes for people

There was evidence of some quality monitoring in the patient searches completed by the provider such as time taken from the patient's point of contact at A&E to their consultation with clinical staff at the Walk In Centre. However, Shropshire Walk In Centre clinical staff had not completed any full cycle clinical audits to measure or improve the quality of care for this service.

- They were participating in a local patient streaming initiative subject to review and benchmarking which commenced on 18 July 2016. Patient streaming was led by qualified secondary care nursing staff as a failsafe process to ensure patients attended the most appropriate service to meet their needs. There was no evidence that the provider had audited the appropriateness of the initial streaming decisions taken by the triage staff. Patients were not told which service

they had been assessed to receive. There was no data available on the numbers of patients referred to the Walk In Centre who following consultation were referred back to A&E.

- Medicine searches were completed on medicines usage at Shropshire Walk In Centre but no monitoring of individual prescribed data had occurred, including of antibiotic prescribing.
- We saw the service had put in place best practice clinical guidance, for example use of the Centor Criteria which gives an indication of the likelihood of a sore throat being due to bacterial infection requiring antibiotics.

The service provided data to the local Clinical Commissioning Group (CCG). This data, for example, showed the numbers of patients who attended the Walk In Centre by date and whether the patient had consulted with a nurse or GP. These were cross referenced year on year, so for example in week commencing 3 February 2014, 531 patients attended, in the same week a year later, 229, patients attended. Of the 531 patients seen in 2014, 286 were seen by the GP and 305 by the nurse and in 2015, 133 patients were seen by the GP and 153 by the nurse. The service was aware that they were dealing with fewer patient numbers and were reliant on the safe streaming of patients by secondary care to their service.

Attendance data also demonstrated for example:

- In May 2016, 90% of patients had been seen in less than 30 minutes and of these, 61% of patients had been seen in less than 10 minutes. All patients were seen within two hours.
- 1,078 patients attended Shropshire Walk In Centre in May 2016. The majority of patients who attended had a Shropshire address (879). The other patients did not reside in the Shropshire area.
- Of the 1,078 patients seen in May 2016, 946 patients were attending for the first time, and 89 patients were attending for follow up appointments' for example, for the provider's weekend dressings service.

The service's own annual data showed that:

- Between September 2015 and September 2016, 11,546 patients were seen.

Are services effective?

(for example, treatment is effective)

- 89% of patients were seen in less than 30 minutes from time of arrival/streaming.
- 6,658 patient consultations lasted between 0 and 10 minutes.
- 1,930 patient consultations lasted between 0 and 20 minutes.
- 1,668 patient consultations lasted between 0 and 30 minutes.
- Nine patient consultations lasted between 0 and 2 hours 30 minutes.
- The majority of patients resided in Shropshire.
- 1,773 patients had attended the Walk In Centre on two or more occasions, 505 patients had attended the Walk In Centre on three or more occasions.
- Of the 11, 546 patients seen, 10,085 patients were attending for the first time.

Effective staffing

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

- The walk in centre had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, health and safety, and confidentiality.
- The walk in centre could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the advanced nurse practitioners had skills in the treatment care of patients with minor illness.
- 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 peer-to-peer discussions, facilitation, and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Staff received training that included safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice manager was able to identify where there were training gaps and prompt staff to attend training.

- A lead GP had left the service and the provider had been unable to recruit to the position. The salaried GPs could access remote support from the provider's Medical Director.

Coordinating patient care and information sharing

The information needed to deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. Referral pathways and protocols were also in printed format on site in the clinical rooms for staff to refer to which included contact numbers.

- The service shared relevant information with the patient's GP and made calls to the GP when they found a patient required an urgent referral to other services, or referred them back to A&E where appropriate to do so.
- The service worked closely with the local hospital team who streamed patients to the most appropriate service to ensure that they met patients' needs. Patient streaming was led by qualified secondary care nursing staff as a failsafe process to ensure patients attended the most appropriate service to meet their needs. Therefore, patients could not simply choose to attend the Walk In Centre. Shropshire Walk-In-Centre was not responsible for the staffing of the nurse streaming in place and did not control referrals into the service.

Staff ensured information was forwarded by clinical letter or shared electronic systems, which included when patients needed to be referred, or following discharge. For example, their contractual obligations included that patients would undergo an initial assessment and be referred, only where appropriate, using the General Medical Council (GMC) principles of Good Medical Practice (2006) unless specific referral pathways have been otherwise agreed. The GMC is a public body that maintains the official register of medical practitioners within the United Kingdom.

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.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent could be monitored through patient record audits.

Supporting patients to live healthier lives

The service identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service or were given patient information literature, which was then documented in the patient record.

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; rooms were keypad operated and 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 room to discuss their needs.
- Clinical staff collected patients from the joint waiting room and as part of their introduction; they explained their title and role to patients using the service.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the walk in centre offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Care planning and involvement in decisions about care and treatment

Patients told us 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 available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

The walk in centre provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the waiting areas informing all patients that this service was available.
- Information leaflets about the Shropshire Walk In Centre were not available for patients in the waiting areas. We discussed this with the service and area manager who informed us that they had regular meetings and had discussed this with their co located secondary care colleagues.

Patient and carer support to cope emotionally with care and treatment

A variety of patient information leaflets and notices were available in the joint A&E and Shropshire Walk In Centre patient waiting area, which told patients how to access a number of support groups and organisations. We saw one piece of out of date literature on the Mental Health Crisis helpline, which had been withdrawn and needed to be removed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The Shropshire Walk-in-Centre was located at the Accident and Emergency department of the Royal Shrewsbury Hospital. The centre was described within NHS publications, including an internet site, as being for patients with an urgent medical problem. The information also stated that an appointment was not required. However, the patient pathway to access the Walk-in-Centre differed from the published guidance. For a patient to access the service, it was necessary to register in the accident and emergency department. At this point patients were 'clinically streamed' by a qualified nurse. The streaming process used a set of history gathering questions to establish where patients should be directed. Following completion of this process, likely outcomes were:

- The patient was admitted to Accident and Emergency.
- The patient was given an appointment slot at the Walk In Centre.

Following completion of the triage, following the clinical streaming protocol, patients were asked to take a seat in the waiting room, from where they would be called for their consultation by clinical staff. Patients were not told which service they had been assessed to receive. Shropshire Walk In Centre literature was absent from patient waiting areas and available only on request and this included the complaints process, in part as agreements were not in place with their co-located colleagues.

Attendance rates at the Walk in Centre had fallen at times, for example when figures in February 2014 were compared to those of February 2015;

- Patient triage was led by qualified secondary care nursing staff to ensure patients attended the most appropriate service to meet their needs. Therefore, patients could not simply choose to attend the Walk In Centre.
- Consultations were longer for patients with complex needs or a learning disability.
- The service provided a dressings service on Saturday, Sunday and Bank holiday mornings for those requiring

daily dressings. Patients requiring a daily dressing needed a treatment plan to be submitted by the patient's GP with a copy given to the patient, and the patient needed to attend with their own dressings.

- Children, and those patients with medical problems that required urgent care and treatment, were prioritised.
- There were accessible facilities and translation services available.

Access to the service

The service was open between 8am and 8pm every day of the week including bank holidays. Patients reported being very happy with the care and treatment, they had received on the day of the inspection. The eight comment cards were positive overall about being able to access to the service. One patient commented about the length of time they had waited to be seen by the GP.

In cases where the urgency of need was so great that it would be inappropriate for the patient to attend Shropshire Walk-In Centre they attended A&E or alternative care arrangements were made. Clinical and non-clinical staff were aware of their emergency care responsibilities.

Listening and learning from concerns and complaints

The provider had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was a designated responsible person who handled all complaints.
- Shropshire Walk-In Centre complaints information was not available in the waiting room area shared with A&E.

We looked at the two complaints received in 2016 and two in 2015. We found that in 2015 there had been a common theme. We saw that the result of their findings had been dealt with in a timely way, with openness and transparency in dealing with the complaints. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. The organisation employed a complaint liaison staff member. The practice manager told us that complaints were shared with the whole team via team meetings. We saw no documented evidence that an annual review of complaints

Are services responsive to people's needs?

(for example, to feedback?)

took place within the organisation or any analysis of trends at Shropshire Walk-In Centre. The Friends and Family Test (FFT) information was inclusive of the A&E department and not reported separately.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

Shropshire Walk-In Centre had a statement of purpose, which outlined the service's aims and objectives. It also had a mission statement, which was to improve the health, well-being and lives of those they cared for.

The staff spoken with were clear about the service's aim to provide high quality, safe, professional primary health urgent care services to patients, but they were unaware of any documented strategy, vision or supporting business plan. It was clear staff were interested in future plans and wished to be informed and, when appropriate, to be involved. Staff were aware that the practice manager met regularly with their secondary care colleagues and the local clinical commissioning group (CCG) regarding the services provided to patients, including streaming protocols and shared waiting room and service areas.

The service attended meetings about the local hospital involvement with the Emergency Care Improvement Programme (ECIP), which is a clinically led programme that offers intensive practical help and support to urgent and emergency care systems, leading to safer, faster and better care for patients. The programme is delivered by NHS Improvement, supported by NHS England and the Department of Health to 28 urgent and emergency care systems across England that are under the most pressure to deliver real improvements in quality, safety and patient flow.

Governance arrangements

The organisation had a governance framework, which provided structures and procedures to reasonably ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Shropshire Walk-In Centre specific policies were implemented and were available to all staff with the exception of the provider's safeguarding policy.
- Monitoring on the performance of the service was maintained however, data was not readily available to the inspection team for example on the effectiveness of the new clinical streaming protocol.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We found the service lacked a programme of continuous clinical audit, which would be used to monitor quality and to make improvements.
- Further measures were required to ensure medicines security in shared areas of the service to include room temperature monitoring.
- The practice did not have a local clinical lead GP.

Leadership, and culture

The provider was aware of and had systems in place 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 support training for all staff on communicating with patients about notifiable safety incidents. Shropshire Walk-In Centres practice manager had encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong with care and treatment:

- Patients had complained via the hospital complaints systems, which had caused delay in the Walk In Centre's ability to respond to complaints at times.
- When complaints were received, the affected people were provided with reasonable support, information and a verbal and written apology.

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

- Staff told us they held team meetings at the provider's Whitehall Medical Practice location.
- Staff told us there was an open culture and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The practice manager worked across two provider locations Whitehall Medical Practice and the Walk-In-Centre. They worked at the Walk in Centre on average two days a week. The provider had recently employed an assistant practice manager who planned to attend the Walk-In-Centre more frequently.

Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported by local management.

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

Shropshire Walk-In Centre had been the subject of a Healthwatch 'Enter and View' report in 2015 which made several recommendations for action. The provider had reviewed the report and had responded to the recommendations.

- The provider encouraged patients to complete the friends and family test questionnaires (but these fed into secondary care, the hospital provider. Shropshire Walk-In Centre provider was looking to change this so they could record their own feedback.)
- The provider had not discussed with staff their ideas or mechanisms on how to obtain further feedback, for example contacting patients by phone with consent or forwarding patient questionnaires.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

A poster located close to the Walk-In-Centre consultation room area described the various services available at Shropshire and Telford Hospitals. It described the Urgent Care Centre service as well as other services that the local hospital provided. Patients we spoke with told us they were confused as to what service they were attending as locally the Shropshire Walk In Centre was known as the Urgent Care Centre.

Confusion as to what service patients were attending had been pointed out to Malling Health/IMH (the Shropshire Walk In Centre service provider) in the Healthwatch 'Enter and View' report in 2015.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a lack of robust quality improvement activity and monitoring of prescribing which was specific to the Walk In Centre.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	