

# The Phoenix Walk in Centre

## Quality Report

The Phoenix Health and Walk-In Centre  
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Date of inspection visit: 8 March 2017  
Date of publication: 31/05/2017

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

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

# 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 Phoenix Walk-In Centre on 8 March 2017. Overall, the service is rated as good.

#### 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 Phoenix Health centre with good facilities and was well equipped to treat patients and meet their needs.
- The service reviewed complaints and how they are managed and responded to, and made improvements as a result.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- There were processes in place to ensure patients attended the most appropriate service to meet their needs. Patients who attended the Walk-In Centre received an initial assessment on entry.
- Patients were 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 measured against key performance indicators for emergency departments. This made it difficult to compare patient outcomes against other Walk-In Centres.
- There were information leaflets and posters available in the shared waiting area and a second notice board for patients in the Walk-in Centre's own waiting area.
- The lead nurse practitioner met regularly with colleagues from The Royal Wolverhampton NHS Trust's emergency services directorate to discuss the service provided and formulate a strategy for future delivery.
- The practice had a local clinical lead nurse practitioner and there was clinical leadership governance arrangements provided by the wider trust team.

There were areas of practice where the provider should make improvements:

- Implement a programme of clinical audits including re-audits to improve patient outcomes and ensure improvements have been achieved.

# Summary of findings

- Introduce audits of prescribing that assess the performance of individual prescribers.

**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.

- Staff understood their responsibilities to raise concerns, and to report incidents, significant events and near misses. There were systems in place to monitor the outcomes of incidents and share with staff.
- When there were unintended or unexpected safety incidents, patients received reasonable support, information, 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. The provider had safeguarding procedures in place that included protocols and policies needed to reflect the activity required by the provider for staff to respond appropriately if they suspected abuse had occurred.
- The provider carried out regular infection prevention control audits and the premises were seen to be visibly clean and tidy.

The service had carried out risk assessments and had an electronic system for recording accidents and near misses.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- 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 little evidence of clinical audit to improve patient outcomes and ensure improvements have been achieved.
- The provider consistently performed within the national targets. However these targets were for emergency departments, not walk-in centres.

Good



# Summary of findings

The service was not required to engage with other providers of health and social care but to refer patients to their own GP or back to A&E. They documented, provided discharge letters, and recorded in the patient records when they required onward specialist referrals.

## Are services caring?

The practice is rated as good for providing caring services.

- 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 sufficient information available to help patients understand the service.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients could access Phoenix Walk-In Centre 365 days per year between 10am and 7pm on week days and between 10am and 4pm at weekends and on bank holidays.
- Patients did not need to make a prior appointment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was 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.

Good



## Are services well-led?

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

- The service had documented aims and objectives with a written vision and a set of values; staff were aware of the vision and values and their responsibilities in relation to it.
- The service lacked a programme of continuous clinical audit, which could be used to monitor quality and to make improvements.
- There was a documented leadership structure and staff felt supported by management. The lead nurse practitioner managed the centre with support from members of the trust's emergency services directorate's management team.

Good



# Summary of findings

- The service had policies and procedures to govern activity, these were aligned with the local hospital policies, for example, safeguarding.
- All staff had received inductions and staff had received regular performance reviews and had opportunities to attend monthly staff meetings.

# 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 three comment cards, which were both positive about the standard of care received. Comments included the overall service was found to be excellent and there had never been cause for complaint.

In addition there were 57 recorded compliments received in the last 12 months. The common theme was an excellent service with little wait. The provider monitored patient experience through the friend and family test. For the six month period July 2016 to December 2016, the total number of returns was 1,645 of which an average of 88.5% said they would recommend the service.

# The Phoenix 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.

## Background to The Phoenix Walk in Centre

Phoenix Walk-In Centre is registered with the Care Quality Commission (CQC) as an organisational provider. The provider is part of The Royal Wolverhampton NHS Trust and the centre is managed in conjunction with the emergency department at New Cross Hospital.

The Walk-In Centre (WIC) was formally located in Parkfields and was formally part of the Wolverhampton City Primary Care Trust (PCT). In 2011, the WIC was transferred to the Wolverhampton NHS Trust as part of the Transforming Community Service (TCS). The objective of the WIC is to provide a complementary service to local GP practices and to the Accident and Emergency department based at New Cross Hospital. Patients can access the service by self-presenting, being directed by the NHS 111 service, being directed by West Midlands Ambulance Service (WMAS) or by signposting from their GP practice. The building is owned by NHS Property Services who provide estates, facilities and domestic services.

Since 2011, Phoenix WIC has been run alongside the emergency department as part of a block contract under a service specification directly commissioned by Wolverhampton Clinical Commissioning Group (CCG). The WIC provides a nurse led walk in service for any patient

offering on the spot advice for minor health problems, minor illness, ailments, minor injuries and signposting to other health services. This inspection focussed on the services provided at the Phoenix WIC only.

The Phoenix WIC is open from 10am to 7pm Monday to Friday. Clinicians are rostered until 8.30pm to complete any outstanding patients. The service is open from 10am to 4pm Saturday, Sundays and on bank holidays. During the services opening times reception staff work within a dedicated reception area booking patients into the service as patients walked in. 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 to A&E.

The Phoenix WIC staffing consists of:

- Eleven Nurse Practitioners and one Advanced Nurse Practitioner (ANP) providing 11.8 WTE hours.
- Two Healthcare Assistants (2 WTE).
- Four reception/administration staff (2.1 WTE).

The management structure within the Phoenix WIC has a senior nurse practitioner as the centre manager reporting to the Senior Matron for emergency services based at New Cross Hospital. In the absence of the lead, another clinician steps up to cover as lead or an advanced clinical practitioner (ACP) filled in from the hospital.

## 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



# Detailed findings

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.

## 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.

During the inspection we spoke with members of staff including the Group Manager, Matron and Directorate Manager from The Royal Wolverhampton NHS Trust and Nurse Practitioners, Healthcare Assistant and reception/administrative staff from the centre. We gathered feedback from two patients by 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 Phoenix 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 (Datix) that goes to the management. 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; relevant information fed back, a 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 serious incidents and recorded incidents to identify any trends. There had been no serious incidents and 34 incidents recorded and reviewed in the previous 12 months.
- The incidents were risk rated and categorised from low to high and we saw that of the 34 incidents, 23 had been rated as low risk, 10 of moderate risk and one of significant risk. A review of the incidents had identified that staffing levels was the main reason for recording incidents (14 out of the 34 incidents). The provider stated that recruitment of clinicians was an issue, and in response, had carried out a skill mix review in December 2016 that resulted in increased support being given to 'nurse development posts' aimed at increasing the clinical skill mix. We reviewed the incident that had been categorised as significant risk; a patient who had been involved in a road traffic collision was found to have difficulty being placed in a comfortable, lying down position when using the lift. The event had been reviewed and the provider was actively seeking to be relocated the ground floor of the building.

### 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 could access the Trust internal website that provided comprehensive guidance on safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children to level three and on safeguarding adults. There had been a lead member of staff for safeguarding, however they had recently left and a new lead had been identified. Staff could access the safeguarding team based at New Cross Hospital for advice or to make referrals. Concerns could be raised with the paediatric liaison service, a service that co-ordinated concerns with GP surgeries, school nurses and safeguarding boards.
- 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. (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. A member of The Royal Wolverhampton NHS Trust was the infection control clinical lead and an infection prevention control team performed an annual audit to monitor against 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. For example, all areas were decluttered. However

## Are services safe?

some of the actions identified were outside of the provider's control. For example, the elbow operated taps turned inward and sinks were not plug free. These issues had been notified to the landlord.

We checked medicines stored in the medicine cupboard and refrigerators and found they were stored securely and were accessible to those with a key. The medicines stock was date rotated and appeared well managed.

- The Walk-In Centre (WIC) 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 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 pharmacists or doctors based at the hospital for 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.
- Patients were assessed on arrival. The questions included, whether the patient required immediate lifesaving intervention, a high-risk situation such as breathlessness or bleeding, or required immediate non-urgent care resources such as radiology.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. If a patient's health deteriorated and they required emergency treatment, walk in centre staff were supported by their hospital staff colleagues through A&E or direct referral to a speciality (gynaecology, surgeons and paediatric services).
- The service had a defibrillator available on the premises and oxygen with adult and children's masks.
- Accidents and near misses were managed through an electronic system 'Datix'. All staff had access to the 'Datix' system to report any accident or near miss.

- The service had arrangements in place to manage emergencies. Emergency equipment was available including access to oxygen. Staff knew where the oxygen was stored and emergency medicines were easily accessible to staff in a secure area of the centre and all staff knew of their location. All the medicines we checked were in date and stored securely. These included those for the treatment of cardiac arrest, and anaphylaxis. Processes were also in place to check whether emergency medicines were within their expiry date. All the medicines we checked were in date and fit for use.
- 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 the fire marshal had completed fire risk assessments and carried out fire drills for all staff. 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. In the event of staffing levels falling below certain levels, consideration was included in the business continuity plan. For example in the event of a staffing level reduction to three clinicians and no prescriber, the centre had contact numbers for cover from within the trust or bank labour.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, health assessment, 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.

- There was an instant messaging system on the computers in all the consultation and treatment rooms,

## Are services safe?

which alerted staff to any emergency. Support was provided by the security staff employed within The Royal Wolverhampton NHS Trust (based at the hospital) who locked the building each night.

- The service 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. If the building was not accessible, patients would be directed by staff located in the car park to the urgent care centre based at New Cross Hospital.

# 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. Quick links to NICE guidelines were available on the clinical system automatically when a condition was inputted e.g. asthma. Nurses also referred to a Wolverhampton formulary for prescribing guidelines.
- The Phoenix Walk-In Centre (WIC) was allocated a governance lead from The Royal Wolverhampton NHS Trust to monitor compliance against any new guidelines.

### Management, monitoring and improving outcomes for people

Non-clinical audits performed monthly included attendance at the surgery, hand-washing (five moment hand hygiene audit) and an 'environment audit' that monitored the property and contents. However there was little evidence of clinical audit. One audit looked at nurse activity in 2016 and highlighted patterns of nurses not seeing children and referring to A&E. Training was arranged for individuals involved and a repeat audit planned.

- Medicine searches were completed on medicines usage at Phoenix WIC 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 early warning score (EWS) which gives an indication of the likelihood of sepsis. There was also Paediatric Early Warning System (PEWS) charts used for children.

- An audit from January 2017 looked at the point of care testing for blood glucose levels. There was a point of care testing team that had an overarching trust framework that ensured quality of testing. The audit confirmed that good practice was followed.

The service provided data such a breakdown as to whether patients had been seen within the contracted consultation times, which they submitted to the local Clinical Commissioning Group (CCG). These figures showed the numbers of patients who attended by date and whether the patient had consulted with a nurse was 35,761 for 11 months April 2016 to February 2017. All of which will have an initial risk assessment from a healthcare assistant (HCA). The attendance levels were stable year on year when compared against the previous two years. Seasonal patterns showed a slight reduction in the summer months. Of the patients seen, a breakdown produced in December 2016 showed that of 3,590 attendances, 2,462 (69%) were for clinician's advice, 819 (23%) were for prescription requests and 82 (2%) were re-directed to the A&E department.

As a provider of urgent medical services, performance of the service was measured against national emergency department targets. The service was operating in line or better than these targets. Data from the provider demonstrated:

- Between April 2016 and January 2017 the 95th centile was 135 minutes (95% of patients total time spent from arrival to treatment completed lasted less than 135 minutes).
- All patients were seen and discharged within four hours (the national target is 95%).
- The average median time was 53 minutes. This is the median time that patients took to be sent home or re-directed.
- A total of 590 patients left without being seen. This equated to 1.7% of attendances. The national target was less than 5%.

The service's own annual data showed that:

- Between April 2016 and February 2017, 35,761 patients were seen.

# Are services effective?

## (for example, treatment is effective)

- The average triage (time from presenting to initial assessment) was 11 minutes 56 seconds (the national target is to be triaged in less than 15 minutes).
- The percentage of unplanned reattendance rates (patients who reattended the walk in centre for the same problem) was 1.8% (the national target is to achieve below 5%).
- The majority of patients resided in Wolverhampton.

The Trust as a whole was working with GP practices on vertical integration, a model that explored how specialist services from the hospital could be extended to support GP practices and reduce A&E admissions.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. There was a two day corporate induction followed by a role specific induction. For example, there was nurse induction that covered such topics as safeguarding, infection prevention and control, medical equipment training, medical equipment training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse practitioners had a walk in centre competency framework that included assessments of competencies in specialisms, for example; respiratory, cardiovascular and mental health.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of development needs written into individual personal development plans. 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 granting study leave. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic-life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The management was able to identify where there were training gaps and prompt staff to attend training using knowledge, information, training and education (KITE).

- The provider was contracted to provide a specified number of opening hours per week. The service then determined their own staffing levels and skill mix.
- The service had been proactive in training clinicians due to a shortage in non-medical prescribers. This included the transfer of staff from other departments within the trust, for example the emergency department and the minor injuries centre.

### 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 available in both electronic and printed format on site in the clinical rooms for staff to refer to.

- The service shared relevant information with the patients 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 hospital team and staff told us that they were able to contact consultants and specialist nurses when required.

Staff ensured patient information was forwarded by clinical letter or shared electronic systems, which included when patients needed to be referred, or following discharge. Their contractual obligations included that patients would undergo an initial assessment and be referred, only where appropriate.

### 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 nurse risk assessed the patient's capacity and, referred to the safeguarding board if concerned.

## Are services effective? (for example, treatment is effective)

- The process for seeking consent could be monitored through patient record audits.

# 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 fob 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 waiting room.
- A sign on the reception desk advised patients of their estimated wait time.

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

In addition there were 57 recorded compliments received in the last 12 months. The common theme was an excellent service with little wait. The provider monitored patient

experience through the friend and family test. For the six month period July 2016 to December 2016, the total number of returns was 1,645 of which an average of 88.5% said they would recommend the service.

### Care planning and involvement in decisions about care and treatment

Patient feedback recorded by the provider told us they felt involved in decision making about the care and treatment they received. They also said 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 practice 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. An instant access to telephone translation service was used as required.
- Information leaflets about the Phoenix Walk-In Centre (WIC) were available for patients to access in the waiting areas.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the waiting area, which told patients how to access a number of support groups and organisations. Staff were aware of how to signpost patients to local bereavement support services.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The Phoenix Walk-In Centre (WIC) was located at the Phoenix Health Centre and operated as part of the emergency department of New Cross Hospital, managed by The Royal Wolverhampton NHS Trust. The centre provided nurse led appointments without the need for patients to book an appointment. The scope of the service was to provide advice and treatment for minor health problems, minor illness, ailments and minor injuries. On attendance, patients received an initial set of questions from the receptionist to establish the priority of treatment. Patients then received an initial assessment from a healthcare assistant.

There were a number of service exclusions:

- Babies under one year.
- Any pregnancy related conditions.
- Dental.

Patients who attended but were part of the exclusion criteria were signposted to other services.

The WIC was clearly sign posted for patients when entering the building. All rooms were located on the second floor of the building and a lift was available for patients to use. Because of the nature of the service patients were not provided with fixed appointment times. There were arrangements in place to help respond appropriately to individual patients;

- Consultations were longer for patients with complex needs or a learning disability. Staff had access to a learning disability lead from within The Royal Wolverhampton NHS Trust.
- Children, and those patients with medical problems that required urgent care and treatment, were prioritised. This was done at the reception desk or during the initial assessment conducted by the healthcare assistant.
- There were disabled facilities and translation services available.

### Access to the service

The service was open 365 days per year between 10am and 7pm each week day (the shift pattern finished at 8.30pm to allow treatment of patients to be completed) and between 10am and 4pm at the weekend and on bank holidays. The 57 recorded patient comments made in the previous 12 months and the three comment cards were positive about being able to access to the service.

Staff told us that staffing levels were generally sufficient but there had been difficulties at weekends in the past (in 2016). The management team were aware and had a documented action plan on the risk register (a register of risks that were currently being managed). Actions included; ongoing recruitment of clinical staff, upskilling existing clinicians and using bank staff from within The Royal Wolverhampton NHS Trust.

### 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.
- There was a formal complaints lead and the lead nurse was a localised designated responsible person who handled all complaints.
- Phoenix Walk-In Centre (WIC) complaints information poster was available in the waiting room area and shared with A&E.

We looked at the three formal complaints received in the past 12 months. Informal complaints were logged with the Patient Advisory Liaison Service (PALS). 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 Patient Experience Support Officer. Minutes of meetings showed us that complaints were shared with the whole team via the monthly team and governance meetings.

In addition there 57 compliments received in the last 12 months. The common theme was an excellent service with little wait.

# 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 Royal Wolverhampton NHS Trust had a statement of purpose, and a written vision and set of values. The vision was 'to be an organisation that strived continuously to improve patient experience and outcomes'. The set of values was 'to be safe and effective, kind and caring and to exceed expectation'. The staff spoken with were clear about the service's aim and spoke positively of a strong team ethos. It was clear staff were interested in future plans and wished to be informed and, when appropriate, to be involved.

### Governance arrangements

Phoenix Walk-In Centre (WIC) was included within the Acute Directorate of The Royal Wolverhampton NHS Trust. This clinical directorate within the Emergency Services Group included Cannock Minor Injuries Unit and the Acute Medical Unit at New Cross Hospital. The directorate linked the WIC to the overarching governance and support mechanisms of the Trust. These included:

- Monthly clinical governance meetings supported by the trust governance officer.
- Shared learning from incident and risk management.
- Policy and procedure approval.
- Complaints management and monitoring.
- Health and safety and fire officer support.
- Human resource support. For example; mandatory training and sickness management.

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.
- Staff members had been assigned as leads for individual areas of responsibility. For example, there was a lead for health and safety, first aid, hand hygiene and a fire marshal.
- The Royal Wolverhampton NHS Trust specific policies were implemented and were available to all staff electronically and hard copies.

- Monitoring on the performance of the service was maintained. Key performance indicators were aligned with emergency departments as the service was commissioned under a block contract.
- There were effective 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.
- The provider used an electronic knowledge, information, training and education (KITE) system to assist in the management of staff training and development.

### 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. Staff told us that the management team encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong with care and treatment:

- Staff used an electronic system 'Datix' to record any incidents. Each entry was flagged to the lead nurse.
- 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 both local management and by the Trust as a whole.

- Staff attended monthly team meetings supported by management from the trust emergency services directorate.
- The lead nurse practitioner acted as a link to The Trust by attending group and divisional performance meetings.
- 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.

# Are services well-led?

Good 

(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 management.

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

The provider encouraged patients to complete the friends and family test questionnaires. For the six month period July 2016 to December 2016, the total number of returns was 1,645 of which an average of 88.5% said they would recommend the service.

The provider completed an annual 'ChatBack' survey that captured the views from staff members on a set of questions. These same questions were repeated each year and reported as a percentage. Results from 2016 included:

- 94% of staff said they were proud to tell people where they worked.
- 100% of staff said they had opportunities to train, learn and develop in the last 12 months.
- 94% of staff said that they were encouraged to report errors and near misses.
- 100% of staff said that they were aware of the systems for handling and recording incidents, events and near misses.

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