

# Sidwell Street Walk in Centre

## Quality Report

31 Sidwell Street  
Exeter  
Devon  
EX4 6NN

Tel: 01392 403785

Website: [www.northdevonhealth.nhs.uk](http://www.northdevonhealth.nhs.uk)

Date of inspection visit: 1 March 2017

Date of publication: 04/05/2017

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

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

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
What people who use the service say	6

### Detailed findings from this inspection

Our inspection team	7
Background to Sidwell Street Walk in Centre	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sidwell Street Walk In Centre on 1st March 2017. Overall it is rated as good.

There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was a genuinely open culture in which all safety concerns raised by staff and people who use services were highly valued as integral to learning and improvement.

Risks to patients were assessed and well managed. The walk in centre had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development.

Staff had received training appropriate to their roles. There were systems in place to support multi-disciplinary

working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Learning was celebrated and the centre was proactive in using opportunities to improve services by seeking and acting upon feedback from staff, patients and other stakeholders.

People's individual needs and preferences were central to the planning and delivery of tailored services. We saw several examples of this. For example in order to meet patient needs, nurses had received extra training in traumatic wounds, infections and mild cellulitis; dental pain; animal and human bites protocol and patients presenting with minor ailments protocol. Health Care Assistants (HCAs) had received further training in areas such as dementia awareness, learning disabilities, tissue viability, anaphylaxis, duty of candour and end of life care.

There was high patient satisfaction, with all nine patients we spoke with and the seven patient comment cards received, confirming they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

# Summary of findings

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 centre had good facilities and was well equipped to treat patients and meet their needs.

The provider was aware of and complied with the requirements of the duty of candour.

The leadership, governance and culture at the walk in centre was used to drive and improve the delivery of high-quality person-centred care.

**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 walk in centre is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the centre.
- 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The walk in centre is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

Good



### Are services caring?

The walk in centre is rated as good for providing caring services.

- Feedback from all of the patients through our comment cards and collected by the provider was very positive.
- 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.
- Patients were kept informed with regard to their care and treatment throughout their visit.

Good



### Are services responsive to people's needs?

The walk in centre is rated as good for providing responsive services.

Good



# Summary of findings

- The provider reviewed the needs of its local population and engaged with the NHS England area team and local clinical commissioning groups to secure improvements to services where these were identified.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- 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?

The walk in centre is rated as good for being well-led.

- There was a strong focus on continuous learning and improvement at all levels.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There was a strong focus on continuous learning and improvement at all levels. 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 which 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 provider encouraged a culture of openness and honesty. The service had systems in place 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.

Good



# Summary of findings

## What people who use the service say

This service was not included in the National NHS GP Patient Survey. We looked at feedback received from a range of publically available sources. This showed the following;

All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced and highlighted that staff responded compassionately when they needed help and provided explanations about treatment. We spoke with nine patients who said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The recent Friends and Family patient survey scores in the last 12 months showed there had been 183 outpatient responses, of these, 98% of patients stated they would recommend the service to friends and family.

The same staff worked across both NHS Trust walk in centres in Exeter. There had also been a trust staff survey in 2015 to 2016, which had 788 responses. Of these, 80% of staff would recommend this service for care and welfare; 72% of staff would recommend this service as a place to work.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Respondents commented that they had received excellent attention and were listened to by the team.

# Sidwell Street Walk in Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included two additional CQC inspectors, an assistant inspector and a GP specialist advisor.

## Background to Sidwell Street Walk in Centre

Sidwell Street Walk In Centre is situated in the city of Exeter, Devon. It is one of two walk in centres in the city of Exeter that are managed by the same provider, North Devon Healthcare NHS Trust. The overarching governance framework which supported the delivery of the strategy and care was the same across both locations. This included arrangements to monitor and improve quality and identify risk. All staff also worked in both walk in centres. The data within this report with regard to the Friends and Family survey pertains to both walk in centres.

This report relates to the regulatory activities being carried out at:

Sidwell Street, Exeter. Devon. EX4 6NN

We visited this location during our inspection.

The 2011 census data showed the majority of the local population identified themselves as being White British. During the last 12 months the service had provided care and treatment to about 35,000 patients.

There is a team of 18 nurses, 16 female and two male. Some worked part time making the whole time equivalent 12.65 WTE. The clinical team are supported by a service manager, two lead nurses, 15 nurses, two health care assistants and additional administration staff.

Patients using the service also have access to the sexual health service which was co-located within the same building.

Sidwell Street Walk In Centre service is open between the NHS contracted opening hours 8am and 4pm Monday to Saturday and 10am to 4pm on Sundays. Appointments are offered anytime within these hours. Outside of these times patients are directed to contact the out of hour's service and the NHS 111 number.

The service has a Personal Medical Services (PMS) contract with NHS England.

## 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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2017. During our visit we:

- Spoke with a range of staff including headquarters based staff that managed the organisation tasks such as the service manager, business location manager, four nurses and three receptionists for the unit, and reviewed

organisational records and systems. We also spoke with nine patients and reviewed seven comment cards where patients and members of the public 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, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

### Safe track record and learning

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

Staff told us there was a clear process of reporting and recording incidents and there was a recording form available on the computer system. Staff said there was a no blame culture and added that staff were supported through the process. Each event was logged for the area it came from. For example, a sexual health department or walk in centre.

We looked at 22 documented examples and found that when things went wrong with care and treatment, patients were given an apology, truthful information and feedback about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events had been discussed and saw evidence that the organisation carried out a thorough analysis of the significant events. For example, a trend in incidents was noted for violence and aggression towards staff. We found that staff had all received conflict resolution training and had access to security and panic alarms.

We saw evidence that lessons were shared and action was taken to improve safety following an event. For example, a significant event had resulted from a patient with chest pain being incorrectly referred to the walk in centre from the Emergency Department (ED). The incident resulted in a full investigation being performed by the Trust. The staff member was offered support and asked to present the case at the significant event meeting. Positive points included highlighting the appropriate action and safety netting carried out by staff. Learning outcomes included a change of protocol that no patients with chest pain would be seen by staff at the walk in centre. These patients would be immediately referred to the ED. Records and documents demonstrated that learning was shared with all staff.

### Overview of safety systems and processes

There were clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

The staff at the Walk In Centre (WIC) were fully engaged with safeguarding and protecting children. There was a named nurse for safeguarding children for Northern Devon Healthcare Trust; this statutory role covered the entire Trust which included the WIC's in Exeter. The lead nurse and senior nurse were both qualified safeguarding children supervisors and had undertaken additional training to perform this role. They also attended quarterly meetings where safeguarding issues/learning and information sharing was provided. Any developments were relayed and processes and practices were discussed and developed.

All WIC staff were trained to level 3 in safeguarding children. Staff also attended MACSE (the Missing and Child Sexual Exploitation forum). These conferences were held each month to discuss children at risk, perpetrators and risk areas as well as the processes for disruption and support. Information was obtained from the WIC on a monthly basis regarding any young people that had attended the service and who were to be discussed at the MACSE forum.

As well as the process for referring children at risk of significant harm to the local agency safeguarding hub, there was an internal system which identified children and families that may need safeguarding or early help. This system required the practitioner to complete an electronic form which was sent to the safeguarding children team. Information was collated on a data base and then shared with the child's GP/Health Visitor/School Nurse and any other health professional working with the child. All children subject to a child protection plan or who have been accommodated by the Local Authority were highlighted on the electronic system when they attended. This information was supplied to the centre by the Devon County Council on a weekly basis. Administrative staff who worked at the service had attended safeguarding training as part of their induction programme.

A notice in the waiting room and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones 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

## Are services safe?

contact with children or adults who may be vulnerable). Staff explained that only clinical staff were asked to act as chaperones and all were able to access the policy and were aware of their role.

The walk in centre maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a lead nurse responsible for infection control 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 and we saw evidence that action was taken to address any improvements identified as a result. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Contract cleaners were used to clean the premises when not being used. Clear lines of responsibility, schedules and communication were in place. These were monitored by a minimum of six monthly audits. Any issues were raised and actioned by the cleaning company.

The arrangements for managing medicines, including emergency medicines and vaccines, in the walk in centre kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Medicines were stored securely in a double locked metal cabinet. Medicines we checked were all in date, there was a system in place to check expiry dates. Pain relief medicines were kept locked in a separate metal safe. Their use monitored by a dedicated system, including counter signatures by second members of staff. Emergency medicines were all in order. Fridge temperatures were monitored daily by thermometers and recorded correctly.

The centre carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription stationary were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the centre to allow nurses to administer medicines in line with legislation.

We reviewed five 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.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There were procedures for assessing, monitoring and managing risks to patient and staff safety.

There was a health and safety policy available. The centre had an up to date fire risk assessment which had last been reviewed in June 2015 and February 2017. Actions highlighted at the 2015 had been carried out. A fire log book showed that weekly fire alarm tests and regular fire drills were performed. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises

The centre had a variety of other risk assessments to monitor safety of the premises such as general environmental risk assessments, use of oxygen and control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Arrangements to deal with emergencies and major incidents

The walk in centre had a comprehensive business continuity plan for major incidents such as power failure, building damage or a major disaster such as a bomb alert. The plan was very comprehensive and included detailed instructions and emergency contact numbers for staff. Staff completed annual training refreshers on business continuity.

There was an alarm system in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training. There was a defibrillator available on the premises and oxygen with adult and children's masks.

There were monthly monitoring audits (Health, safety, security and fire audit and risk assessment) completed by NHS Northern Devon Healthcare including fire alarms and emergency lighting. Evacuation drills were carried out as training scenarios.

## Are services safe?

There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

There were 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 walk in centre monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example an audit was undertaken of a set of 10 notes per month looking at documentation, consent, under 16 consent, presenting complaint, history of presenting complaint and adherence to policy and discharge information. Audits were routinely undertaken to ensure compliance with current legislation and NICE guidance. The management team told us they planned to increase the scope of clinical audits to highlight how continuous improvement could be made.

### Management, monitoring and improving outcomes for people

The service used the AdAstra computer system in common with the out of hour's service Devon Doctors to facilitate information sharing. The service had an information governance policy shared with Devon Doctors. Within AdAstra the service offered electronic prescribing for patients. There was no dispensary at the WIC, but there were several pharmacies within walking distance of this busy city centre location. There was a notice in the walk in centre which informed patients that a record of their visit would be shared with their own GP unless they requested them not to. This helped with continuity of care and allowed the patients GP to see what treatment had already been given.

The walk in centre monitored its patient outcomes on a monthly basis in the form of a detailed report of patient numbers. We saw records showed that walk in patients had been treated and referred on to sexual health, accident and emergencies, their own GP and to a wide range of other

outcomes. The service had provided treatment to 3,200 patients within December 2016. This included 138 at the DVT (Deep Vein Thrombosis) 1,800 at Sidwell Street Walk In Centre and 1,262 at the Walk In Centre – RD&E Wonford.

### Effective staffing

Staff were aware of current evidence based guidance. We saw records that showed staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. Staff received mandatory 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 walk in centre had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and equality and diversity. They could demonstrate how they ensured role-specific training and updating for relevant staff. For example, in order to meet patient needs, nurses received extra training in the treatment of traumatic wounds, infections and mild cellulitis; dental pain; animal and human bites protocol and blood transfusions protocol. Health care assistants had received further training in dementia awareness, learning disabilities, tissue viability, anaphylaxis, duty of candour and end of life care.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of service 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating nurses. All staff had received an appraisal within the last 12 months.

### Co-ordinating patient care and information sharing

Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. They worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs. The service shared information on a regular basis with the out of hour's service and if necessary with the sexual health service. The service carried out joint training

# Are services effective?

## (for example, treatment is effective)

with the sexual health services team. Safeguarding training also took place jointly. The service liaised, with patient consent, with local GP practices and dental services on a regular basis in order to support patients appropriately.

Meetings took place with other health care professionals on a monthly basis when care plans, and safeguarding plans were routinely reviewed and updated for patients with complex needs.

The centre ensured that care and treatment was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. For example, a homeless person was identified as someone who required help and support with their insulin. They were unable to administer their own insulin and there was also a storage issue as they did not have access to a fridge. Their lifestyle also caused some concern about how they could be helped and supported to take their insulin regularly and remain well. Their GP contacted the WIC and they arranged a care plan to ensure that the patient was helped to take their insulin. A community prescription was provided by the GP which was kept in the WIC with a supply of insulin and needles. The WIC staff also used their regular weekend attendances to check this patient's blood sugars and also used the opportunity to check that they had eaten that day and provided them food and drink. All the WIC clinical notes were electronically sent to the patient's GP within a few hours of the patient having been seen to ensure that the GP was updated regularly about the patient's attendance and care given.

The service had considered and implemented the NHS England Accessible Information Standard to ensure that

disabled patients received information in formats that they can understand and receive appropriate support to help them to communicate. The service could provide information in larger fonts as required and a hearing aid induction loop was available. A receptionist was trained in British Sign Language (BSL) and helped patients with hearing difficulties to communicate their needs effectively.

### **Consent to care and treatment.**

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

Staff had been trained and 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 assessed the patient's capacity and, recorded the outcome of the assessment.

The process for seeking consent was monitored through patient records audits.

### **Supporting patients to live healthier lives**

The walk in centre identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Information leaflets and contact telephone numbers were displayed throughout the walk in centre and patients were then signposted to the relevant service.

# 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. People who used services were active partners in their care. Patients 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.

- To maintain patients' privacy and dignity during examinations, investigations and treatments there was access to individual treatment rooms. We saw privacy screens throughout the building to be used if a patient became unwell in the waiting room or reception area.
- Staff knew they could offer patients a private room to discuss sensitive issues or if patients appeared distressed.
- The service provided a variety of length of appointments according to patient's need. At Sidwell Street walk in centre patient's had appointments from five minutes to sixty minutes in length. Several patients commented on the thoroughness of examination and were complimentary about not feeling rushed and having the time to be examined and treated properly.

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

Patient said they felt involved in the care and treatment they received. They told us they were seen promptly and updated regularly, being informed at every stage what tests were needed and why they were necessary.

The service 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. Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the Walk In Centre pages within NHS Trust website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The service identified patients who were military veterans in line with the Armed Forces Covenant 2014 in order to ensure these patients received priority access to secondary care, for health conditions arising from their service for their country. In October 2016 Northern Devon Healthcare NHS Trust which managed the Walk In Centre had won a silver employer recognition award for supporting the armed forces community. This award recognised the fact the service had signed the Armed Forces Covenant, demonstrated support for service personnel issues, employed at least one member of the armed forces community, showed flexibility towards reservists and supported the employment of military veterans.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service involved patients in planning and making decisions about their care, including their end of life care. The walk in centre was able to view patient's TEP (treatment escalation plans) on their shared computer system.

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. We also saw that electronic care plans were personalised. Patients not registered with a GP were encouraged to register with their nearest GP practice, the details of which were provided by the Walk In Centre.

### Access to the service

The opening hours at Sidwell Street reflected the opening hours of the neighbouring city centre retail shops. Opening hours were between 8am and 4pm Monday to Saturday and 10am to 4pm on Sundays. Patients booked in at

reception on arrival and at that point were told approximately how long they would have to wait. Once the patient was seen their appointment was dependent on their needs and not time limited.

### Listening and learning from complaints and concerns

The walk in centre had a system for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance. There was a designated responsible person who handled all complaints in the walk in centre. We saw that information was available to help patients understand the complaints system. There were leaflets on display which explained how to make a complaint should a patient wish to do so.

We looked at the two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient was concerned that when they visited the walk in centre they had not been had a swab taken to help diagnose their condition. The complaint was investigated, the patients notes looked at this was discussed with the nurse involved. A full explanation was given back to the patient about why a swab would not have been necessary and they were reassured that they were given the correct course of treatment.

# 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 walk in centre had a clear vision to deliver high quality care and promote good outcomes for patients. The values were integrity, compassion, excellence, support and diversity. These were displayed on the NHS Trust website and on communications. All staff knew and understood the values.

### Governance arrangements

There was an overarching governance framework which supported the delivery of the strategy and good quality 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. Nurses had lead roles in key areas, for example infection control and mental health. There was an information governance policy and a member of staff was the Trust Information Governance lead. Walk in centre specific policies were implemented and were available to all staff. These were updated and reviewed regularly. For example personal safety.

A comprehensive understanding of the performance of the service was maintained. Staff meetings were held monthly which provided an opportunity for staff to learn about the performance of the service.

A programme of continuous clinical and internal audit was used to monitor quality; however, it was sometimes difficult to evaluate how learning from audits had been implemented to improve the provision of patient care. There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the management demonstrated they had the experience, capacity and capability to run the centre and ensure high quality care. The service manager was supported by two nurse managers, an administration manager and a business manager. The service manager reported to the divisional manager for specialist services employed by Northern Devon NHS Healthcare Trust. They

told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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 support training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty.

The walk in centre gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management. The service held and minuted a range of multi-disciplinary meetings including meetings with youth offending nurses, police officers and social workers to monitor vulnerable patients. Staff told us there were regular monthly team meetings and that there was an open culture within the centre allowing them to raise any issues either at team meetings or as issues arose at any time. We noted that a team away day was planned to be held in May 2017. Planned topics included mental health and addictions, together with team building sessions. Staff also held quarterly social events. Staff said they felt respected, valued and supported.

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

The walk in centre encouraged and valued feedback from patients. It proactively sought feedback from different sources. This included, The Friends of Sidwell group. This was a self-appointed voluntary group who met up regularly and had a website. They provided feedback and suggestions about the service. For example, the group had suggested a running petition for the public to sign when there were some concerns that the walk in centre may be closed and were very supportive of the service. The trust also gained feedback through the NHS Friends and Family test, complaints and compliments received.

The walk in centre encouraged and valued feedback from staff. This was done through an annual NHS Trust staff survey, through staff away days and generally through staff



# Are services well-led?

Good 

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

meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management add your own examples of where the service had listened to staff feedback. Staff told us they felt involved and engaged to improve how the walk in centre was run. The Trust had completed a staff survey in 2015 to 2016. The service was in the process of collating the results from the 2016 to 2017 staff survey which had 1,250 respondents.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the walk in centre. The staff team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, annual appraisals included a development plan such as minor injury and illness courses.

The service had previously employed a business apprentice and had encouraged their innovations in carrying out regular hand hygiene audits and acting upon the findings of these audits. The apprentice had since been employed on a permanent basis by the service. The service was planning to engage another business apprentice and had 20 applicants for this role. The service also supported and mentored student nurses and were keen to develop this further in the future.

The service monitored usage of the walk in centre and had designed a plan to accommodate changes such as staff numbers and hours in order to make these sustainable. The service was meeting with its stakeholders and commissioners to implement these innovations.