

# New Wave Integrated Care Limited

## Quality Report

Boscombe and Springbourne Health Centre  
66-68 Palmerston Road  
Bournemouth  
Dorset  
BH1 4HT  
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Website: [www.nwic.org.uk](http://www.nwic.org.uk)

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

## Ratings

### Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



# 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 New Wave Integrated Care Limited on 4 March 2017. Overall the provider is rated as Outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients we spoke with or who provided feedback was consistently positive about the way staff treated them.
- 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 provider had good facilities and was well equipped to treat patients and meet their needs.
- GP care was delivered in line with current evidence based guidance.

- The service was responsive to the needs of the local population. For example, patients who were vulnerable and may have additional health needs were encouraged to attend the service. The service ensured information leaflets were available in community venues including a local addiction centre and shelter for the homeless. In addition, GPs who worked at the centre encouraged attendance through their outreach work at these venues.
- There was a clear leadership structure and staff felt supported by management. The provider proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The leadership drove continuous improvement and staff are accountable for delivering change.

We saw areas of outstanding practice:

- The provider worked with the local community in particular the Boscombe Community Forum and Neighbourhood Plan to shape the future of the community and to ensure the health needs of the local population were met.
- Patient's individual needs and preferences were central to the planning and delivery of the service. For example, the service had designed their own patient

# Summary of findings

feedback questionnaires to ensure patient's needs were met by the service. The service was promoted to vulnerable groups through close links with Boscombe Community Forum and the outreach work of GPs.

The areas where the provider should make improvement are:

- Review policies to ensure they are fully complete and reflect the systems and processes within the service.
- Review the service's website so that the conditions that can be handled by the walk-in-service are displayed for patients.
- Review the process for staff appraisals so a programme of appraisals is maintained.

**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 provider is rated as good for providing safe services.

Good



- 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 service.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients who used services were assessed and well-managed.

### Are services effective?

The provider is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There were clear protocols to support what conditions could be dealt with by service.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- GPs provided care to walk-in patients based on current evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff.
- There was evidence to demonstrate that quality improvement activity was driving improvement in patient outcomes.

### Are services caring?

The provider 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.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

# Summary of findings

## Are services responsive to people's needs?

The provider is rated as outstanding for providing responsive services.

- Access to the walk-in-centre was determined by patient choice. Patients could access the walk-in-centre between 8am and 8pm on Saturdays and Sundays only including bank holidays.
- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that meets these needs. This included patients who are in vulnerable circumstances or who have complex needs.
- Patients said they found it easy to access appointments with appointments available the same day.
- The walk-in-centre had good facilities and was well equipped to treat patients and meet their needs in an environment that was familiar.
- 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.

Outstanding



## Are services well-led?

The provider is rated as outstanding for being well-led.

- The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. There was high staff retention and staff were proud to work at the practice and had a shared vision to deliver high quality care.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The leadership 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 provider proactively sought feedback from staff and patients, which it acted on.
- There was a focus on continuous learning and improvement at all levels.

Outstanding



# Summary of findings

## What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients commented upon the helpfulness and friendliness of staff and of the high quality of the service. Several cards described the services offered by the walk-in-centre as excellent and reassuring.

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

# New Wave Integrated Care Limited

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser and a practice manager specialist advisor.

## Background to New Wave Integrated Care Limited

New Wave Integrated Care Limited is located in the Boscombe area of Bournemouth, a large seaside town on the south coast. New Wave Integrated Care Limited provides a walk-in-centre service aimed at patients living in the BH1 to BH5 postcode areas of Bournemouth. Patients who live outside of these postcode areas can also access the service. The service is contracted by NHS Dorset clinical commissioning group (CCG) to provide services on Saturday and Sundays only. The walk-in service does not hold a patient list. Service level data showed that the walk-in-centre treats approximately 5000 patients per year, 45% of whom live within the BH1 to BH5 postcode area.

The walk-in service is located in a purpose built centre and leased from NHS property services. On weekdays, a GP practice operates from the building. The leadership for the walk-in-service and GP practice are the same, and some staff are shared. The service leases two consulting rooms, a reception area and patient waiting area all based on the ground floor. The service has car parking for patients,

including two dedicated bays for disabled drivers. The waiting area in the service is large, bright and airy, with wipeable chairs and suitable seating for patients including young children.

The service is located in an area of high social deprivation. The 2011 census information shows that patients who live in areas of higher social deprivation are more likely to have poor health and greater health needs. Many ethnic groups live in the BH1 to BH5 post-code areas. Walk-in-centre level data shows that there are in excess of 30 different languages spoken within one mile of the service.

Eight GPs, four are female and four are male, work at the walk-in centre on a rota system. The GPs are supported by a clinical lead who is also available to support staff at weekends. When the service is open, one GP is always on duty. GP shifts are organised on either a six or 12 hour basis to meet the needs of the service and staff. The GPs are supported by a business manager and a team of six reception staff. The business manager is available to support staff at weekends. A minimum of two reception staff are also on duty when the service is open.

The service and reception desk is open from 8am until 8pm on Saturdays and Sundays only, with the last appointment being available at 7.30pm. The service offers urgent GP appointments and advice to all age groups.

We carried out our inspection at the provider's only location which is situated at:

Boscombe and Springbourne Health Centre  
66-68 Palmerston Road  
Bournemouth  
Dorset

# Detailed findings

BH1 4HT

## 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the provider and asked other organisations to share what they knew. We carried out an announced inspection visit on 4 March 2017.

During our inspection we:

- Spoke with a range of staff including GPs, the business manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 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 they would inform the business manager of any incidents. There was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were a regular agenda item at meetings and the service carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, a patient had a seizure in the waiting area whilst the GP on duty was attending to another unwell patient. The reception staff followed the protocols in place, informing the GP on duty and immediately called an ambulance and followed first aid procedures until the GP could attend. The service discussed this in a clinical meeting to see if anything could have been done differently and agreed all appropriate action had been taken.

### 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. Protocols clearly outlined who to contact out of usual working hours if staff had concerns about a patient's welfare and were

displayed in clinical areas for staff. There was a lead member of staff for safeguarding for the Walk-in-Centre. Staff demonstrated they understood their responsibilities and we saw that appropriate referrals were made. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to level 1.

- Notices in clinical rooms advised patients that chaperones were available if required. All staff who performed chaperone duties were trained for the role and had a satisfactory 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 walk-in-centre maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse employed by another provider, 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. Monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines in the service were safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling urgent prescription requests. Clinical staff received regular updates and peer review to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed the files of four staff that had been employed since April 2013 and found appropriate recruitment checks had consistently been undertaken prior to employment. These checks must include proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### Monitoring risks to patients

## Are services safe?

Risks to patients were consistently assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The service had a completed fire risk assessment in May 2015 and carried out regular fire drills. Staff had received recent fire safety training and we saw that regular tests of fire alarms and emergency lighting were conducted.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The service had employed an external contractor to conduct a risk assessment for Legionella in January 2017 and had completed the actions identified to improve safety. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- The service had effective systems in place to ensure patients were safe if they could not be seen immediately by a GP. When booked into the service, patients were initially assessed by reception staff using clear protocols to ensure they were either safe to wait, required more urgent GP attention or referral to an emergency service. Patients who could wait were given a time-slot for when

they would be seen. Patients could choose to leave the service and return at the given time. However, unwell patients or patients under five years or over 75 years, were always asked to wait in the service so staff could monitor them. There were clear protocols in place to support staff with these processes.

### **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 which alerted staff to any emergency. The service used a CCTV system for public areas to monitor the safety and security of the staff, patients and building.
- All staff received annual basic life support training and there were emergency medicines available. All the medicines we checked were in date and stored securely.
- Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. The location of emergency equipment was clearly sign-posted to aid staff.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. This was checked on a monthly basis to ensure it was operating properly. A first aid kit and accident book were available and were completed appropriately.
- There was a clear protocol for reception staff to help them deal appropriately with patients with potentially emergency conditions.
- The service had a business continuity plan for major incidents, such as power failure or building damage.

# 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 service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The service ensured that local guidelines on antibiotic prescribing were embedded in the computer templates used by GPs. This also included doses of antibiotics for children.

### Management, monitoring and improving outcomes for people

There was evidence of quality improvement including clinical audit. The service had regular contract review meetings with the clinical commissioning group (CCG) to ensure they were meeting the quality requirements set out in their contract. We saw evidence that from January 2016 to January 2017, the service met all of the quality requirements set out within the contract and in some cases exceeded these. For example, a requirement was that following a GP consultation, the service referred less than 110 patients to an accident and emergency department for treatment. The service referred 16 patients in this time period.

- There had been four clinical audits undertaken in the last year, two of which were completed audits where the improvements made were implemented and monitored.
- The service participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the service to improve services. For example, an audit was conducted to check that patients who were prescribed benzodiazepines (a medicine used to treat anxiety) and opiates (strong pain relief medicines) were done so in accordance with national guidance. During September 2016 to February 2017, no patients were prescribed any opiates and two

patients were prescribed a benzodiazepine. The service ensured that both of the patients prescribed a benzodiazepine were followed up by their own GP practice.

Information about patients' outcomes was used to make improvements. GPs employed by the service all worked for one GP group on week days. All patients registered with this GP group were reviewed by the GPs and discussed at clinical meetings to identify areas where care could be improved and to ensure patients had their needs met. Patients registered with other GP providers were advised to see their own GP to discuss any treatment changes that were advised. A summary of care relating to attendance at the service was automatically sent to these GP providers, so that patients care could be followed up appropriately.

The service reviewed the care given to all patients who were referred to hospitals as emergencies for further investigation or treatment to ensure care was appropriate and to ensure patients had their needs met.

The service had designed their own patient questionnaire to help gather feedback and monitor the impact of the service. Data from April 2016 to December 2016 showed that of 299 responses to the survey, 39%, or 116 patients, said they would have attended accident and emergency, and 33%, or 99 patients, said they would have used the NHS 111 service, if the walk-in-centre was not open.

### 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 health and safety, infection prevention and control, medical emergencies, manual handling and confidentiality.
- The learning needs of all 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 GPs. Not all reception staff had received an appraisal

# Are services effective?

## (for example, treatment is effective)

within the last 12 months, however we saw that these were booked for April 2017 for these staff. At the time of our inspection, staff had received pre-appraisal questionnaires and guidance on the process.

- Staff received training that included: safeguarding, fire safety awareness, conflict resolution, accident reporting, chaperoning, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

- This included risk assessments, care plans, medical records and, if the patient was registered at practices linked to the provider, investigation and test results.
- The service shared relevant information with the patient's GP and notified the GP if they found a patient required an urgent referral to other services. Staff ensured information was forwarded by clinical letter or shared electronic systems, which included when patients needed to be referred. 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

### 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 with a mental health 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. The service had a computer system which enabled staff to print off relevant health information or guidance.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues and they could offer them a private room to discuss their needs.

We received 20 patient Care Quality Commission comment cards which were all positive about the service experienced. Patients commented upon how the walk-in-centre offered an excellent service and that staff were helpful and caring.

Patients we spoke to said that staff responded compassionately when they needed help and provided support when required. They commented upon how staff listened and dealt with their concerns quickly. Patients told us they felt reassured by the service being open on Saturdays and Sundays.

### 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 service provided facilities to help patients be involved in decisions about their care:

- Service level data showed that approximately 40 different languages were spoken in the local area around the service. Staff told us that translation services were available for these patients. The service had also employed staff who spoke different languages, for example Polish, Arabic and Russian to help support patients.

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

A variety of patient information leaflets and notices were available in the walk in centre patient waiting area, which told patients how to access a number of support groups and organisations. Reception staff were also active in sign-posting patients to relevant services. For example, a patient with mental health problems who frequently attended the service had been referred to a local befriending service by reception staff.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patient's individual needs and preferences were central to the planning and delivery of the service. For example, the service was designed by its leadership to meet the higher health needs of the local population and promote ready access to healthcare in a familiar environment. The service treats patients with urgent problems which can be dealt with by GPs and therefore reduce the need for out of hours and accident and emergency services. Service level data showed that the walk-in-centre treats approximately 5000 patients per year. Approximately 45% of these live within the BH1 to BH5 postcode.

- The service worked with the local community police support unit and Boscombe Forum, a local community group, to understand the populations specific needs, such as isolation and poverty and to design services to meet these needs.
- The service did not discourage patients who frequently attended the service and who might be able to have their needs addressed elsewhere, for example by a pharmacist or their own GP. The service felt it was important to have an 'open door' policy to meet the needs of the patients in the area they served. For example, patients without a fixed abode or with a learning disability were always seen by the service.
- The service ensured information leaflets were available in community venues including a local addiction centre and shelter for the homeless. In addition, GPs who worked at the centre encouraged attendance through their outreach work at these venues. Patients were informed of the wait time to see GPs and could leave and re-attend the service at an allocated time if this was more convenient to them.
- There were clear protocols to support reception staff to direct patients to other services if the walk-in-centre was not appropriate for their needs. Emergency conditions, such as chest pain or suspected stroke were referred to

999 by the service. The service did not treat patients with vomiting or diarrhoea, complex dressings, eye or dental problems. However, this information was not clearly available to patients on the service's website.

- The walk-in-centre had a hearing loop for patients with hearing difficulties and offered private facilities for breastfeeding mothers.
- There were disabled facilities, baby changing and translation services available.
- The walk-in centre provided people with details of pharmacies they could access. There was a pharmacy located next door to the walk-in centre.
- The service encouraged patient feedback. There was a patient suggestion box for the walk-in-centre in the patient waiting area. The service had also designed their own patient questionnaire to help gather feedback.

### Access to the service

The provider was open between 8am and 8pm on Saturdays and Sundays. Appointments were from 8am to 7.30pm. Patients could walk-in without an appointment, could be referred by NHS 111 to attend the service or could phone the service to gain an appointment.

Results from the services own patient survey from April to December 2016 showed that patients' satisfaction with how they could access care and treatment was positive. Of 523 responses, 518 patients or 99% rated the service as good, very good or outstanding.

### Listening and learning from concerns and complaints

The walk-in-centre had an effective 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 designated responsible person who handled all complaints.
- We saw that information was available to help patients understand the complaints system via the walk-in-centre website and by a summary leaflet.

We looked at six complaints received in the last six months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality





## Are services responsive to people's needs? (for example, to feedback?)

of care. For example, a patient complained that they had been referred to NHS 111 by reception staff with which was thought to be a dental complaint which was then diagnosed as a tonsil abscess. The patient received an

apology letter and an explanation of the service's protocols. Staff received additional training regarding the service protocols and it was reiterated that if they were not sure to always check with the GP on duty.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The service had a clear vision and strategy to integrate care with local providers to deliver high quality care and promote good outcomes for patients in a patient-centred environment. Leadership was proactive and aimed to provide a service in response to the local populations needs. New Wave Integrated Care Limited is an ethical partnership which aims to work with the local community to make a meaningful difference.

- The service had a mission statement which was displayed in the waiting areas and on the service's website. The service has the values of equality, excellence, choice, collaboration and respect. Staff knew and understood the values.
- The service had an ambitious strategy and supporting business plans, which reflected the vision and values and were regularly monitored. This was evidenced in minutes of meetings and discussion with all members of staff as well as external organisations.
- The service was proactive at working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.

### Governance arrangements

There was a leadership team in place to oversee the systems, ensuring they were consistent and effective. The service had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were effective systems in place to ensure staff were kept informed of updates and changes.

Service specific policies were implemented and were available to all staff. We reviewed a number of these policies, for example, for recruitment, chaperoning and infection control and found them to be implemented and regularly reviewed.

The leadership ensured an extensive understanding of the performance of the service was maintained. For example, in the absence of national data, the service had developed

their own systems to collect information on patient outcomes. There was a proactive approach to seeking out and embedding new ways of providing care and treatment which had led to improved outcomes for patients:

- There were clear arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The leaders in the service proactively collaborated with the clinical commissioning group and local council and other community groups to develop services to meet patient's needs.

### Leadership and culture

The clinical lead of the service had the experience, capacity and capability to run the walk-in-centre and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. The clinical lead was reflective and sought regular mentorship and constructive challenge from senior leaders external to the walk-in-centre to ensure their skills, strategies and capability to lead the service were maintained and further developed.

The service 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. The leadership encouraged a culture of openness and honesty. The walk-in-centre had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us and we saw evidence that the provider held regular team meetings. For example clinical meetings and whole staff meetings. Staff told us these were held on different weekday evenings and staff were paid for their time to enable them to attend.



# Are services well-led?

Outstanding



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

- Staff told us there was an open culture within the provider and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the leadership in the service. All staff were involved in discussions about how to run and develop the service, and the leadership encouraged all members of staff to identify opportunities to improve the service delivered by the walk-in-centre.
- There was high staff retention and the service were committed to developing staff to meet the changing needs of the service. For example, the service had invested in an on-line training package for staff and supported staff to undertake training that was in addition to that which was considered to be mandatory.

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

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

- The service had gathered feedback from patients through surveys, complaints received and general feedback and acted upon suggestions from patients.
- The service had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- There were high levels of staff and patient satisfaction with the care and treatment provided. Staff were proud to work for the service and spoke highly of the service leadership. Patients we spoke with and comment cards received aligned with these views.

- Staff told us they felt involved and engaged to improve how the service was run and were given appropriate autonomy. The leadership recognised staff for their areas of expertise and demonstrated a willingness to learn and improve systems suggested by staff. For example, reception staff had suggested a different shift pattern to meet all staff's needs. This was implemented by the service.

## Continuous improvement

The leadership drove continuous improvement and staff are accountable for delivering

change. There was a focus on continuous learning and improvement at all levels within the service. The walk-in-centre team was forward thinking and was embedded in local pilot schemes to improve outcomes for patients in the area.

- The service worked with the local community in particular the Boscombe Community Forum an independent forum run by volunteers to shape the future of the community. Areas discussed at the forum included access to health; question and answer sessions with local councillors about regeneration of the Boscombe area; and talks by the local police force. The forum's purpose was to raise awareness of issues affecting the community and acting as an information exchange of what services are available to people.
- The service is involved in the development of the neighbourhood plan for Boscombe, which aims to promote the health and well-being of residents. Neighbourhood plans allow local people to influence the development of their community.