

# Rotherham Equitable Access

## Quality Report

Rotherham Community Health Centre  
Greasbrough Road  
Rotherham  
S60 1RY

Tel: **0333 321 0914**

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

Date of inspection visit: 23 March 2017

Date of publication: 30/05/2017

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rotherham Equitable Access Centre on 22 and 23 March 2017. Overall the service is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need.
- 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.
- Following a pilot in collaboration with the local hospital trust and the primary care trust in 2011 a GP from the service was routinely rostered to work within the local emergency department during weekdays, evening and weekends. The emergency department staff would direct patients who could more appropriately be seen by the GP to them.
- With the patient's permission, there was a system in place that enabled staff access to patient records. Record of patients contact with the equitable access centre could be sent to the patient's own GP or other health provider.
- The service managed patients' care and treatment in a timely way.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience. For example, the service provided a deep vein thrombosis (DVT) diagnostic service between 8am to 4pm on weekdays. Staff told us the service was popular with patients as they could be seen straight away, rather than attending the emergency department and if clinically indicated treatment commenced.
- The service had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- A member of reception staff raised concerns with the GPs that a child was a frequent attender. In response, the service had implemented a frequent attender's process for children aged under 12 years old. This meant the service collated information about frequent attenders at both the equitable access centre

and the out-of-hours service and reviewed it to identify any possible safeguarding concerns. The staff brought any concerns to the patient's own GP's attention or to the local safeguarding board.

The area where the provider should make an improvement is:

- Review how the service measures the timings of patient consultations within the rapid assessment model to capture the patient consultation start and end time.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The service is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the Duty of Candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems and processes in place to keep patients safe and safeguarded from abuse.
- 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.
- Risks to patients were assessed and well managed.

### Are services effective?

The service is rated as good for providing effective services.

Good



- The service monitored the performance standards to ensure patient needs were met in a timely way.
- 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.
- Clinicians provided urgent care to walk-in patients based on current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The service is rated as good for providing caring services.

Good



# Summary of findings

- Feedback from the large majority of 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.
- 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.
- Patients were kept informed with regard to their care and treatment throughout their visit to the service.

## Are services responsive to people's needs?

The service is rated as good for providing responsive services.

- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. For example, the provider supported other services at times of increased pressure. A GP from the service was routinely rostered to work within the local emergency department during weekdays, evening and weekends. The emergency department staff would direct patients who could more appropriately be seen by the GP to them. GPs told us they enjoyed working from the department and on average saw between 20 to 30 patients per session.
- The service provided a deep vein thrombosis (DVT) diagnostic service between 8am to 4pm on weekdays. Patients with a suspected DVT could be promptly referred by a GP, paramedic, via the NHS 111 service or other health professional to be treated..
- The service had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Good



## Are services well-led?

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

Good



# Summary of findings

- 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.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## What people who use the service say

We looked at various sources of feedback received from patients about the walk-in-centre service. Patient feedback was obtained by the provider on an ongoing basis and included in their contract monitoring reports. Data from the provider showed based on a sample of:

- Out of 407 patients surveyed, between 1 December 2016 to 31 December 2016, 95.1%, stated they would recommend the service to friends and family and 1% would stated they would not recommend.
- Out of 440 patients surveyed, between 1 January 2017 to 31 January 2017, 98.2% stated they would recommend the service to friends and family and 1.4% stated they would not recommend.

- Out of 418 patients surveyed, between 1 February 2017 to 28 February 2017, 99.3% stated they would recommend the service to friends and family and 0.2% stated they would not recommend.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received.

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

# Rotherham Equitable Access

## 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 other CQC inspectors and a nurse specialist adviser.

## Background to Rotherham Equitable Access

Rotherham Equitable Access Centre is located at Rotherham Community Health Centre, Greasbrough Road, Rotherham S60 1RY and provides a nurse led walk-in service for 257,000 patients living in the Rotherham area. The service is provided by Care UK Clinical Services Limited.

The walk-in-centre is contracted by the local clinical commissioning group (CCG) to offer treatment, information and advice for a range of minor illnesses and injuries. Most patients walk in to access the service. Patients may be seen by an advanced nurse practitioner, paramedic, nurse or a GP depending on their needs.

The service employs a Medical Director, a General Manager, a Service Manager, a Service Lead, a Lead Nurse, administrative and reception staff, a triage nurse and advanced nurse practitioners. The team are supported by a Regional Clinical Director. Managerial and administrative staff worked across this service and the out-of-hours service which was co-located in the same building. The service employed sessional GPs and temporary emergency care practitioners, advanced nurse practitioners and nurses directly and occasionally through an agency.

The walk in service is open seven days a week (including bank holidays) from 8am to 9pm. The average number of patients seen a week is 889.

The service also provides a GP and receptionist who are based at the local accident and emergency department to see those patients with less urgent symptoms. In addition, the centre provided the deep vein thrombosis assessment service for patients between the hours of 8am to 4pm.

## 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 registered 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 service and asked other organisations to share what they knew. We carried out an announced visit on 23 March 2017. During our visit we:

- Spoke with a range of staff general manager, local medical director, service manager, service delivery manager, lead nurse, GP, advanced nurse practitioner, triage practitioner, receptionists and spoke with patients who used the service.
- Observed how patients were provided with care and talked with carers and/or family members



# Detailed findings

- Inspected the walk-in-centre premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- 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, for example any reference to the National Quality Requirements data, 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 team leader of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to all staff and embedded in policy and processes. Temporary staff were kept up to date through email briefings and also team leaders briefed staff at the beginning of each shift of any recent updates and staff would view the lessons learned file.

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, the process to dispose of clinical waste was reviewed following an incident. The findings from the investigation and updated procedure were shared with staff in the service meetings. A copy of the incident investigation was also kept in the lessons learned file for those staff to review who could not attend the meetings.

### Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services 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. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and advanced nurse practitioners were trained to child safeguarding level three. The service had implemented a frequent attender's process for children age 0 to 12 years. Information about frequent attenders was collated and reviewed to identify any possible safeguarding concerns. The staff brought any concerns to the patients own GP, other healthcare professionals and referral to the multi-agency hub.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection prevention and control lead. 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.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance. For example, annual servicing of blood pressure machines, including calibration where relevant.
- We reviewed six 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, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to check whether agency and temporary staff met requirements such as having current professional indemnity, registration with the appropriate professional body, DBS checks and were on

# Are services safe?

the GP Performers' list. (The Performers' list provides a degree of reassurance that GPs are suitably qualified, have up to date training and have passed other relevant checks such as with the Disclosure and Barring Service).

## Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in accordance with best practice guidelines for safe prescribing. We noted the medicine fridge had only an integral thermometer that was calibrated annually. Staff told us they had previously used a data logger to record the fridge temperature more accurately but it was currently broken and a new one would be ordered. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGD'S) were used by nurses and paramedics to supply or administer medicines without a prescriptions. PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance. The service did not stock controlled drugs.
- Processes were in place for checking medicines and medical gas cylinders were stored appropriately.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. Clinical equipment that required calibration was calibrated according to the manufacturer's guidance. 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 and legionella. (Legionella is a term for a 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 inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.

## 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 effective system to alert staff to any emergency which we saw in operation on the day of our inspection.
- All staff received annual basic life support training, including use of an automated external defibrillator. Temporary and sessional staff were required to provide updates of training undertaken in other roles and offered the training if it was due.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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 service 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.
- The health care assistant who undertook baseline observations when patients arrived at the service had information relating to normal values and vital signs, which enabled them to easily escalate concerns to clinicians.

Walk-in patient's would present at the reception desk and reception staff would ask them to complete a registration form. In addition they would be asked to complete a patient questionnaire to determine the reason for their visit and a consent form. Staff would take patient's to a private area to ring an interpreter if one was required. If the patient ticked any of the urgent conditions on the questionnaire they would be promptly assessed further by a an emergency care practitioners or nurse. Routine conditions were triaged within 10 minutes of arriving at the centre.

Patients were triaged using a decision support system within the clinical record system. The patient would then either be seen straight away, within an hour, within two hours or within four hours by the most appropriate clinician dependent on their symptoms. For example, a healthcare assistant, nurse emergency care practitioner, advanced nurse practitioner or a GP. All patients were also given an NHS Rotherham choose well wheel. Patients could spin the wheel and then look in the opposite window to find how to access the care they needed.

The service manager explained the rapid assessment and treatment model, although worked in practice, did not produce the accurate statistics to measure service performance. This was because cases were triaged and passed to the GP or advanced nurse practitioner within the required time frames but the cases remained open on the

triage pending list further patient interactions. For example, if an advance nurse practitioner reviewed a patient who was then seen by the GP the system did not record the time one consultation stopped and another started.

### Management, monitoring and improving outcomes for people

Providers are required to report monthly to the clinical commissioning group on their performance against standards which includes audits, whether face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality.

We reviewed the data between June 2016 to February 2017 and found the following:

- Time from urgent triage to treatment cases within 10 minutes averaged at 79.3% with the lowest achievement of 61.1% in June 2016 to 100% in August and October 2016. The services expected target is 95%, however the service figures were not accurately measured due to handover between staff not being recorded.
- Time from urgent triage to treatment and discharge within 60 minutes averaged at 95.3% with lowest achieved in July 2016 at 91.9% to 100% for June, August, October, November and December 2016. The CCG expected figure was 95%.
- Less Urgent cases treated and discharged within 240 minutes averaged at 99.9%. The CCG expected figure was 95%.

There was evidence of quality improvement including clinical and documentation audits to make sure clinicians followed NICE guidelines, such as medication, the treatment of terminal care patients, dealing with high temperatures in the under-fives, and the prescribing of antibiotics for infections. In addition, call handling and documentation audits. The lead nurse reviewed 1% of each member of staffs clinical documentation quarterly. This included permanent, temporary and agency staff. The review checked the assessment process and if the clinician had taken the appropriate action and documented it appropriately. We saw audits undertaken November 2016 and February 2017 met 98% and 95% compliance. Any learning identified was recorded as an action and fed back to staff from the team leader at the beginning of their next shift.

# Are services effective?

## (for example, treatment is effective)

There had been several clinical audits completed in the last two years. The medical director used information about patients' outcomes to ensure quality and make improvements. For example, we saw an audit of antimicrobial prescribing had been undertaken to ensure prescribers had followed NICE guidelines when prescribing antibiotics. An audit of 87 patients with various infections, such as respiratory skin (cellulitis) and urinary tract infections (cystitis) was completed. Results of the audit showed that overall although there were some instances where prescribing was inappropriate most of the antimicrobial prescribing within the service was appropriate and followed regional antimicrobial prescribing guidelines and best practice. Recommendations were made to prescribers, for example, that a wheeze and transmitted sounds do not require antibiotics.

### Effective staffing

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

- The service employed a medical director, a general manager, a service manager, a service lead, a lead nurse, team leaders, administrative and reception staff, a triage nurse and advanced nurse practitioners. Managerial and administrative staff worked across this service and the out-of-hours service which was co-located in the same building. The service employed sessional GPs and temporary emergency care practitioners, advanced nurse practitioners and nurses directly with them and occasionally through an agency.
- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, Advanced Nurse Practitioners (ANP) who undertook this role were signed off as competent and had received appropriate training in clinical assessment. New health care assistants were also required to undertake the new care certificate introduced nationally

to equip them with the skills and knowledge for their role. There was evidence that healthcare assistants had undertaken specific training for each aspect of their role and had been assessed as competent.

- 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, and clinical supervision. 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. Temporary and sessional staff were required to provide updates of training undertaken in other roles and offered the training with the provider if it was due. Records of training undertaken by agency staff were also kept.
- Staff involved in handling medicines received training appropriate to their role.

### 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 the intranet system.

- This included access to required 'special notes'/summary care record which detailed information provided by the person's GP. This helped the walk-in-centre staff in understanding a person's need.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The provider worked collaboratively with the NHS 111 providers in their area.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred on. If patients needed specialist care, the walk-in-centre service, could refer to specialties within the hospital. Staff also described a positive relationship with the mental health team if they needed support during the out-of-hours period.

# Are services effective?

(for example, treatment is effective)

The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent walk-in-centre notes to the registered GP services electronically by 8am the next morning.

## 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 clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the provider's own survey carried out between June 2016 and February 2017 of 3,544 patients showed on

average 95% were satisfied with their experience of the walk-in centre. The lowest score was in November 2016 with an average of 90.1% and the highest in January 2017 with an average of 98.2%.

### 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 services own survey demonstrated patient satisfaction with the clinical experience averaged at 95% since June 2016.

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

- Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Facilities for were available for people with hearing impairments and some staff accessed the British Sign Language alphabet to communicate with patients.



# 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 its commissioners to secure improvements to services where these were identified.

- There were accessible facilities, a hearing loop and interpretation services available.
- Following a pilot in collaboration with the local hospital trust and the primary care trust in 2011 a GP from the service was routinely rostered to work within the local emergency department during weekdays, evening and weekends. The emergency department staff would direct patients who could more appropriately be seen by the GP to them. Due to the different record keeping systems used in the hospital and by the walk-in-centre it was difficult to record the number of patients seen by the GP in the emergency department. This was because some consultations were documented in the hospital record and some in the patients GP record. GPs told us they enjoyed working from the department and on average saw between 20 to 30 patients per session.
- The service provided a deep vein thrombosis (DVT) diagnostic service between 8am to 4pm on weekdays. Patients could be referred by a GP, paramedic, via the NHS 111 service or other health professional. Diagnostic scans and blood tests would be performed and if a blood clot was present they could be started on medication. From September 2016 to February 2017 140 patients were referred to the service of which one patient was diagnosed as having a DVT. Staff told us the service was popular with patients as they could be seen straight away, parking and transport links to the centre were good and if clinically indicated they started treatment.

### Access to the service

The service was open everyday between 8am to 9pm. Patients accessed the service by walking in.

Feedback received from patients from the CQC comment cards and from the performance monitoring indicated that in most cases patients were seen in a timely way.

Patients we spoke with during the inspection told us they had been informed of the maximum wait time but never waited that long and some chose to travel from other areas as they knew they would be seen quickly.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaints system

We looked at six complaints received in the last 12 months and found 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 of care. For example, a staff member reviewed their communication style with a patient following feedback. As part of their development plan we saw actions identified to prevent the same situation happening again. Temporary staff were kept up to date through email briefings and also team leaders briefed staff at the beginning of each shift of any recent updates and staff would view the lessons learned file.



# 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

Staff we spoke with had a clear vision to deliver high quality care and promote good outcomes for patients. There was a robust strategy and supporting business plans that reflected the vision and values. The service had a mission statement and staff we spoke with knew and understood the values.

At the time of our inspection the provider had given notice to the CCG to withdraw from providing the service in July 2017. Following consultation with patients a new provider had been appointed and staff were fully aware of the changes and had been involved in the design of the new premises.

### Governance arrangements

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

- The provider had a well established local management team that supported and explored new ways of working.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff.
- The provider had a good understanding of their performance which was discussed at senior management and board level. Performance was shared with staff and the local clinical commissioning group as part of contract monitoring arrangements. the provider did not have to provide the CCG with evidence of all of the quality standards.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the provider of the service and managers demonstrated they had the experience, capacity and capability to run the service and ensure high quality

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

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

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- 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.

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included staff briefings at the beginning of the shift and opportunity to review the lessons learned files.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the providers. Staff had the opportunity to contribute to the development of the service and had the opportunity to contribute to the development of the new premises.

### 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 and complaints received. For example, the monthly patient survey.

The service had gathered feedback from staff through an annual survey called 'over to you' in 2016. The three

# Are services well-led?

Good 

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

highest scoring areas were 'I feel proud of the work I do', 'I know what is expected of me' and 'where we work we go the extra mile to provide quality care to our patients or customers'. The three lowest scoring areas were 'I believe that action will be taken in response to the survey', 'I am satisfied with my level of pay and benefits' and 'I am kept updated about how Care UK is doing and future plans'.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, providing a GP in the accident and emergency department and developing the DVT pathway.