Central London Community Healthcare NHS Trust

RYX

Community urgent care service

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RYXY1	Edgware Community Hospital Walk in Centre	Edgware Community Hospital Walk in Centre	HA8 0AD
RYXZ1	Finchley Memorial Hospital Walk in Centre	Finchley Memorial Hospital Walk in Centre	N12 0JE
RYXX3	Parsons Green Walk in Centre	Parsons Green Walk in Centre	SW6 4UL
RYX02	Soho NHS Walk in Centre	Soho NHS Walk in Centre	W1D 3HZ
RYXX4	St Charles Urgent Care Centre	St Charles Urgent Care Centre	W10 6DZ

This report describes our judgement of the quality of care provided within this core service by Central London Community Healthcare NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Central London Community Healthcare NHS Trust and these are brought together to inform our overall judgement of Central London Community Healthcare NHS Trust

Summary of findings

Ratings

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Good

Central London Community Healthcare (CLCH) NHS Trust provided urgent care services for patients living in, or visiting, the boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea and Westminster. There were, on average, a total of 18,200 attendances each month.

We saw that urgent care services were safe, effective, caring, responsive and well-led. All care provided revolved around patient injuries, illnesses and ailments. Feedback from patients and relatives was very positive and we observed staff to be caring and compassionate in their approach. Environments were clean in all areas with well-maintained equipment and all staff followed infection control principles. Patient records were electronic and were completed regularly and consistently. Medicines management was generally good. National guidelines were followed for common conditions and clinical audits were carried out with good levels of compliance. Staff felt involved, were competent, received training updates and continuous professional development. All staff had received appraisals.

A relatively new management structure including centre managers had begun to enable the sharing of good practice across centres. Reporting and learning from incidents was well managed. There had been no reported serious incidents in the past 12 months. Staff were aware of safeguarding principles and followed procedures and almost all staff had received the full range of mandatory training. Most staff felt supported senior managers and directors and described working as part of happy, cohesive teams and they felt empowered and supported to make good clinical and management decisions.

All urgent care centres across the trust met the 4 hour wait targets although there had been a marked increase in demand through referrals to centres by GPs. Staffing levels were planned and flexed to meet demand for the service around busy periods. X-ray services were available on-site at 3 urgent care centres. There had been considerable staff shortages with a high number of vacancies although recruitment processes were well underway. Medical cover was provided by local GP services. Staff worked in partnership with local services and were able to make direct referrals to both primary and secondary care. Ambulance response times had increased for patient transfers to local Accident and Emergency Departments and the trust were in discussion with the ambulance service.

We spoke to 67 patients and 14 visitors who all told us patients felt safe and cared for during their treatment and staff were respectful of their needs and preferences, sensitive to personal and cultural issues and genuinely cared about patients' wellbeing and to explain the care being offered along with any advice for the future. We observed staff speaking to patients in a sensitive and compassionate manner. Very few formal or verbal complaints were received. Most patient concerns raised were about waiting times. Complaints, when they did occur, and feedback about them were discussed by staff at regular team meetings. Incidents were investigated to identify patterns and trends and lessons were learned in individual centres and across the trust

There were good examples of staff and public engagement and staff told us they regularly spent time with patients to look holistically at their health and give explanations and advice. Staff looked for opportunities to improve the service offered to patients and had made innovative changes to meet need and circumstances in individual centres.

Summary of findings

Background to the service

Central London Community Healthcare (CLCH) NHS Trust provided urgent care services for adults at 4 walk-in centres and one urgent care centre. The urgent care service provided support to patients living in, or visiting, the boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea and Westminster. CLCH also provides urgent care services for babies, toddlers and children at Edgware and Finchley. There were, on average, a total of 18,200 attendances each month at walk in and urgent care centres across the trust.

The service was self-funded from charges made to patients using the service who are visiting the UK from non-EU countries, for example tourists and students not eligible for NHS funded treatment.

Edgware Hospital Walk-in Centre provided nurse-led care 7 days a week from 7am to 10pm. Additional medical cover was provided by GPs from 10am to 10pm on weekdays and 8am to 10 pm at weekends. There was a team of registered nurses and advanced care practitioners available at all times during opening hours. We spoke to 11 patients and 4 staff and we reviewed 3 patient records.

Finchley Memorial Hospital Walk-in Centre provided nurse-led care 7 days a week from 8am to 10pm (last patient booked in at 9pm). There was an on-site x-ray department open Monday to Friday 9am to 5pm (excluding public holidays). Additional medical cover was provided by GPs from 8am to 10pm every day. There was a team of registered nurses and advanced care practitioners available at all times during opening hours. We spoke to 6 patients and 4 staff and we reviewed 2 patient records.

Parsons Green Walk-in Centre provided nurse-led care for adults 7 days a week from 8am to 8pm Monday to Friday and 9am to 5pm at weekends and bank holidays. There was a team of registered nurses and advanced care practitioners available at all times during opening hours. We spoke to 2 staff and 4 patients and we reviewed 1 patient record.

Soho NHS Walk-in Centre provided nurse-led care 7 days a week from 8am to 8pm Monday to Friday and 10am to 8 pm at weekends. There was a team of registered nurses and advanced care practitioners available at all times during opening hours. We spoke to 32 patients and 10 staff, reviewed 23 records and observed triage of 21 patients.

St Charles Urgent Care Centre provided nurse-led care 7 days a week from 8am to 9pm. There was an on-site x-ray department open every day from 8.30am to 7.45pm Monday to Friday and 10.00am to 7.45pm Weekends and Bank Holidays . Additional medical cover was provided by GPs from 8am to 6pm every day. There was a team of registered nurses and advanced care practitioners available at all times during opening hours. We spoke to 14 patients and 4 staff and we reviewed 3 patient records.

Our inspection team

Our inspection team was led by:

Chair: Paula Head, Chief Executive, Sussex Community NHS Trust.

Team Leader: Amanda Stanford, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Specialist Dental Adviser , Community Paediatrician, Palliative Care Consultant, General Practitioner, Community Matron, Intermediate Care Nurse, District Nurses, Health Visitors, Physiotherapists and Experts by Experience (people who had used a service or the carer of someone using a service).

Summary of findings

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

Before visiting, we reviewed a range of information we held about the core service and asked other organisations to share what they knew. We analysed both trust-wide and service specific information provided by the trust and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive and well led. We carried out an announced visit from 7 to 10 April 2015.

What people who use the provider say

Friends and family test cards were available and the most recent ones were displayed showing high percentages of patients that would recommend these services.

Patients told us that the care they received from staff was excellent and that patients felt safe and cared for during their treatment and staff were respectful of their needs and preferences. We observed staff speaking to patients in a sensitive and compassionate manner and patients told us following their treatment that staff had been very understanding of personal problems and situations and they felt that they had been supported and their needs were understood.

Areas for improvement

Action the provider MUST or SHOULD take to improve

The trust should:

- Ensure that the serial numbers of blank prescriptions are recorded in line with current guidance.

Central London Community Healthcare NHS Trust

Community urgent care service

Detailed findings from this inspection

The five questions we ask about core services and what we found

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

Reporting and learning from incidents was well managed and staff received feedback on the outcomes of most incidents and information was shared across locations. There had been no reported serious incidents in the past 12 months. Staff were aware of safeguarding principles and regularly followed referral procedures and almost all staff had received the full range of mandatory training.

Environments were clean in all areas and all staff followed infection control principles. There was sufficient clean and well maintained equipment. Patient records were electronic, completed regularly and consistently, although the system was new and took time to input information as staff were still learning to use it. Medicines management was generally good with an action plan in place for improvements to be made. The process for control and security of prescription pads required better management.

There had been considerable staff shortages for nurses with a high number of vacancies and a large number of incidents reported were in relation to insufficient staffing of centres. Recruitment processes were well underway with new staff appointed but some not yet in post. However, trust management were aware that staff vacancies remained high and further recruitment was planned. Medical cover was provided on weekdays by a local GP consortium. Evening and weekend medical cover was accessed from the local GP out of hours services.

Detailed findings

Safety performance

- There were no serious incidents recorded at any of the urgent care service locations. If a serious untoward incident were to occur there was a robust system in place for staff to meet and investigate the cause within 8 hours of it being reported.
- A total of 83 incidents were reported to the National Reporting and Learning System (NRLS) in the 12 month period from February 2014 to January 2015 and 84% of those were recorded as resulting in no harm to patients.

Good

Are services safe?

The numbers of incidents reported had reduced significantly from a peak in October of 12 incidents to 1 in December 2014. The most common concerns reported had been around lack of suitably trained or skilled staff.

Incident reporting, learning and improvement

- All staff were confident to report incidents using the trust electronic system.
- The system incorporated a Duty of Candour element that prompted staff to offer and open and honest explanation to patients if an incident had affected patient care.
- Staff were aware and able to explain their understanding of the requirements of duty of candour.
- Lessons learned from incidents were reported via staff meetings every 2 months and most staff told us that they received feedback on incidents.
- At Soho NHS walk in centre, the centre closed one evening per month to provide protected time for staff meetings where incidents and lessons learned from them were discussed by the team. This was advertised and patients were directed to the St Charles Urgent Care Centre.

Safeguarding

- Staff were aware of safeguarding arrangements for concerns about adults and children. There were processes in place to escalate issues and every consulting room had a list of safeguarding contacts.
- Staff were particularly vigilant around safeguarding regarding domestic violence.
- All staff had attended Safeguarding Adults level 1 training, Healthcare assistants had completed Safeguarding children level 1 and all nurse practitioners had completed Safeguarding children level 3 training. Staff who were new in post were awaiting dates for Safeguarding Children Level 3 courses.

Edgware Community Hospital Walk-in Centre

- Staff told us they had reported adults at risk, including patients with mental health problems, to the Safeguarding team.

Finchley Memorial Hospital Walk-in Centre

- Staff had attended safeguarding adults and children training, discussed anonymised cases where they had made referrals and showed a clear understanding of the process to follow if they suspected abuse of any kind could be taking place.

Parsons Green Walk-in Centre

- The child protection team was located in the same building as the walk in centre and staff worked together regarding safeguarding children.

Soho NHS Walk-in Centre

- Staff had safeguarding supervision with a named nurse every 3 months to discuss knowledge, understanding and practice around safeguarding adults and children.

St Charles Urgent Care Centre

- The centre had 2 separate safeguarding leads for safeguarding adults and children.
- Supervision was provided by the local authority safeguarding lead every 3 months to provide support and advice to staff.

Medicines

- Medicines were stored securely on all sites we visited and appropriate emergency medicines were available.
- A recent medicines security audit had highlighted areas for improvement and an action plan had been drawn up for each site with a completion date of 31 May 2015. We saw that many of these actions had already been taken and where more long-term solutions were needed, staff had reduced the risks by temporary measures, for example a locked box was used to keep medicines safe during triage in St Charles Walk in Centre until a more secure and permanent storage place could be fitted.
- The urgent care centres kept blank prescriptions securely, however we saw that the serial numbers of these prescriptions were not recorded in line with current guidance.
- Some nurses in the Urgent Care Centres were independent prescribers and some worked with patient group directions (PGDs) to ensure that medicines could be given safely to certain patients attending the centre. We saw that these were authorised and up to date, a copy was available for each nurse. Nurses told us that there had been occasions in the past when some of the

Good

Are services safe?

PGDs had lapsed and they were no longer able to use them. However we saw that the Head of Medicines Management had introduced and maintained a data base to ensure these were reviewed appropriately.

- At Edgware Community Hospital Walk-in Centre, between 15 and 20 Patient Group Directions (PGDs) were used ranging from pain relief and antibiotics to anti-inflammatories. All nurse practitioners had access and the PGDs observed were all within their expiry dates and signed appropriately.
- At Edgware Community Hospital Walk-in Centre, there were 6 nurse prescribers and all had attended refresher courses and competency based assessment updates.

Environment and equipment

- Resuscitation trolleys were well stocked and all equipment was in date. They were checked daily and signatures were recorded on all checklists. Resuscitation drugs were kept in sealed containers, within expiry dates, and staff restocked these appropriately as drugs were used.
- Glucometers, nebulisers and blood monitoring equipment were checked daily by staff, clean, well maintained, calibrated and PAT tested.
- Sharps boxes were secured on walls above ground level and regularly changed. We observed good sharps compliance at all urgent care services.
- Fridge temperatures were within the required range and checks were carried out and recorded daily.
- Storage areas were well organised and sufficiently stocked with stock control processes in place. Environmental audits showed 100% compliance.

Quality of records

- Patient records were input and tracked via an electronic information system.
- Staff informed us that because the electronic system was newly implemented, it took a long time for staff to navigate around the database and enter information. Bank staff had been brought in to support teams in order to reduce waiting times for patients.
- We reviewed a total of 32 electronic records and all were found to be completed correctly with sufficient information recorded and details of assessments and examinations carried out were noted.
- At Edgware Community Hospital Walk-in Centre, a nurse practitioner documentation audit showed high levels of compliance for clinical records.
- At St Charles Urgent Care Centre, the GPs welcomed the introduction of SystmOne since most local practices used it and records could be coordinated.

Cleanliness, infection control and hygiene

- All patient areas were clean, tidy and free from clutter.
- Utility areas were clearly signposted, and there were segregated areas for clean and dirty equipment.
- Protective personal equipment was available to all staff in all areas and was observed in use.
- Hand hygiene audits were between 97 and 100% compliant.
- At Finchley Memorial Hospital Walk-in Centre, an infection control audit carried out in the last 3 months identified that chairs in a waiting area did not comply with standards. They had been quickly replaced with suitable and compliant alternative seating.
- At Finchley Memorial Hospital Walk-in Centre, a deposit was requested when walking aids were given to patients. This covered the cost of cleaning or replacement.
- At St Charles Urgent Care Centre, an infection control link nurse was responsible for infection control audits, environmental cleanliness and equipment checks.

Mandatory training

- Mandatory training compliance ranged from 80 to 100% across the 5 urgent care services. Where staff training intervals had lapsed, managers had prompted staff to make expedient bookings to regain compliance.
- Staff attended mandatory training as part of induction and regular, planned updates which included resuscitation basic or intermediate life support, infection control, information governance, fire safety, equality and diversity, moving and handling, health and safety, conflict resolution and safeguarding adults and children.
- Medical staff attended mandatory training which included child protection, safeguarding adults and children, manual handling, information governance, CPR (cardiopulmonary resuscitation) and anaphylactic shock training.
- The trust's electronic staff record system sent reminders to individuals when training was due and if this became overdue the manager would be notified.

Assessing and responding to patient risk

Good

Are services safe?

- All patients were seen by a nurse practitioner in the triage room and categorised according to medical need and priority. Patients whose needs could not be accommodated by the service were redirected to more appropriate care such as their GP or local hospital accident and emergency department.
- At Finchley Memorial Hospital Walk-in Centre, an average of 2 patients per day were triaged and found to have urgent medical needs. These people were treated appropriately by walk in centre staff until they could be transferred to the local Accident and Emergency department at Barnet Hospital.

Staffing levels and caseload

- Staff vacancies were problematic at all centres and the trust were investigating the possibility of offering an enhanced rate for nurse practitioners through the staff bank. This had not yet been agreed.
- Staffing levels were safe with any shortages covered through bank and agency staff. If, however, staff absences eg sickness caused staffing levels to drop below a safe level then staff told us they would triage patients and direct them to other local services.
- There were escalation processes in place in all urgent care centres for staff to follow if there were staffing problems.
- All agency staff had an induction into the urgent care centres.

Edgware Community Hospital Walk-in Centre

- On every shift there was a minimum of 3 registered nurses. Staffing flexed to a maximum of 6 nurses according to need eg busy times.
- The team treated an average of 130 patients per day
- There had been 4 staff vacancies. However all posts were recruited but new staff were waiting for start dates.
- Bank and agency GPs provided medical cover from 10am to 10pm.

Finchley Memorial Hospital Walk-in Centre

- There was an average total of 10 registered nurses on shift throughout the day. Staffing was planned and flexed to meet demand at busy times.
- One nurse was dual registered for general and paediatric nursing and there were 3 paediatric trained nurses on the team.
- There were 2.8 whole time equivalent GPs who provided 13 hour's cover per day. Of those, 2 GPs were employed directly by the trust and the remainder were locums.
- A healthcare assistant had recently been recruited. Local induction was underway and a competency framework was being devised to train them to relieve nurse practitioners some of the routine tasks such as routine clinical observations, dressings and ordering materials.

Parsons Green Walk-in Centre

- There were at least 3 nurse practitioners on every shift including one nurse prescriber.

Soho NHS Walk-in Centre

- On each shift there was an appropriate skill mix of nurse practitioners and nurse prescribers with 7 staff on weekdays, 5 staff on Saturdays and 4 staff on Sundays.

St Charles Urgent Care Centre

- Medical cover was provided by 2 GPs each day, provided by an out of hours cooperative service. The centre aimed to use regular GPs and were supplied with a rota from the out of hours service.
- There had been a problem with the implementation of because some GPs were not trained to use SystmOne. This was under discussion with senior managers and the out of hours service but there was adequate cover available.
- There was a good skill mix of nurses on each shift with no current staff vacancies.
- A radiologist provided cover for x-ray reporting 2.5 days per week.

Managing anticipated risks

- Escalation policies and procedures were in place for patients whose condition deteriorated. In an emergency situation staff would commence basic life support and call 999 for an emergency ambulance. Staff were trained to use a defibrillator.
- Where children were treated, there were appropriately trained staff on duty and escalation and transfer procedures in place.
- Staff were able to refer patients direct to secondary care thus avoiding the need for patients to go to their GP for a referral.
- Staff told us that they occasionally have to deal with verbally aggressive patients. They have good security support, emergency call buttons, and panic alarms.

Good

Are services safe?

- At Edgware Community Hospital Walk-in Centre, staff described an incident from 2011 when a patient armed with a knife had displayed aggressive behaviour. They had followed the trust's action plan and called the police who arrived on the scene quickly. This incident had been reported but there had not yet been any formal feedback.
- At Edgware Community Hospital Walk-in Centre, staff told us there was an electronic panic alarm on SystmOne but they had not needed to use it as a primary method of support.
- At Parsons Green Walk-in Centre, although the centre could not treat children and this was advertised clearly, parents did bring children for treatment. Staff triaged and ensured children were safe before referring on to the appropriate local services.

Major incident awareness and training

- Major incident plans were in place, staff were aware of what to do and extra equipment was available in case of a major accident or emergency.
- A central resilience team were responsible for coordination of any major incident.
- All urgent care services had business continuity plans in case of loss of services or damage to premises.
- At Finchley Memorial Hospital Walk-in Centre, an incident occurred when the fire alarms were activated by a fault in the system and could not be turned off. Staff followed evacuation procedures for the whole building and on-call managers gave assistance. The alarm company were contacted and the fault was quickly rectified. There had been no recurrences of the fault.

Good

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

The urgent care centres used National Institute of Health and Care Excellence (NICE) and Royal College of Nursing (RCN) best practice guidelines to support the care and treatment provided for patients.

National guidelines were followed for chest pain, treatment of the feverish child and the treatment of shingles. Clinical audits were carried out with good levels of compliance recorded and action plans in pace with follow up audit planned. Staff felt involved and were encouraged to make clinical decisions on patient care. Staff competencies were assessed and recorded by senior staff. They received information about training opportunities and continuous professional development was encouraged and supported and all staff had received appraisals.

Staff worked in partnership with local services including GP's accident and emergency departments and local authorities and were able to make direct referrals to both primary and secondary care.

Ambulance response times had increased when requesting transport for patient transfers to local Accident and Emergency Departments and the trust were in discussion with the ambulance service.

There was sufficient information available to staff via trust management, intranet and other forms of communication. Staff involved patients in their care and obtained verbal consent before carrying out any interventions.

Detailed findings

Evidence based care and treatment

- The centres used National Institute of Health and Care Excellence (NICE) and Royal College of Nursing (RCN) best practice guidelines to support the care and treatment provided for patients.
- Staff followed clinical guidelines and some standardisation between sites had been initiated.
- Care pathways and guidance were made available to staff via the trust intranet.
- NICE guidance for a range of symptoms and conditions was used for reference and adhered to. Examples included, chest pain, treatment of the feverish child, the treatment of shingles.

Pain relief

- PGDs were in place for non-prescribers to administer pain relief .
- We observed analgesics being administered safely, correctly and appropriately to patients, including children.

Patient outcomes

- Clinical audits were carried out on:
  - Radiology: missed fractures. The overall percentage of abnormalities being missed by clinicians in the walk in centres was low at less than 2% of all images taken. This reflected good practice among GPs and nurse practitioners.
  - Clinical management of women with acute cystitis symptoms. Results showed overall good compliance with local guidelines and 3 key recommendations were made for improving practice.
  - Management of upper respiratory tract infections in adults – antibiotic prescribing. Areas of good practice were maintained from previous audit. Actions taken included provision of guidance, targeted meetings and documentation reviews.
  - Chest pain. Results of the audit had been communicated to staff with a summary of relevant NICE guidelines and indications for practice improvements. These had been discussed in team meetings and a follow up audit was planned. Parameters for investigation were agreed, results had been collated and were awaiting analysis.
- At Finchley Memorial Hospital Walk-in Centre, an alcohol CQUIN had been undertaken where alcohol intake was discussed with patients and appropriate advice was offered where necessary.

Good

Are services effective?

- At Parsons Green Walk-in Centre, local audits included leg ulcer dressing requests and chronic health checks where GPs were sending patients for blood pressure checks. These were being carried out to formally record the increase in demand upon the service.
- At St Charles Urgent Care Centre, staff were preparing to start a new audit on Management of upper respiratory tract infections in adults – antibiotic prescribing.

Competent staff

- Staff induction programmes were in place for all new staff and 100% of staff had received appraisals in the last 12 months.
- Staff told us that the Hub; the Learning and Development Department's intranet page was full of information about training opportunities and that continuous professional development was encouraged and supported.
- Locum medical staff received induction and training from the agency.
- GP revalidations and appraisals were all up to date.
- Nurse practitioners treating children had undergone paediatric training through Middlesex University courses: Independent practice in minor injuries and ailments which had paediatric elements. Children's physical assessment modules and an independent prescriber's course.

Edgware Community Hospital Walk-in Centre

- All trained nurses had undergone paediatric assessment training 18 months ago.
- Nursing staff received clinical supervision and were allocated a mentor.
- Nursing staff had recently completed a minor surgical course and had been allocated funding to attend a prescribing course by the trust. Band 6 nurses had completed a minor injury competency pack and had the opportunity to train to practitioner level.

Finchley Memorial Hospital Walk-in Centre

- Local records showed that 80% of staff had completed mandatory training. However, the data was under analysis and individuals were contacted to check its validity. Where staff were required to attend updates the bookings were made through the Learning and Development department.
- Nursing staff had booked to attend nurse prescriber training and an advanced suturing course in June 2015.
- Staff told us that they felt there were sufficient opportunities to access additional training and development.

Soho NHS Walk-in Centre

- All staff had completed Intermediate Life Support training.

St Charles Urgent Care Centre

- Staff undertook IR(Me)R (radiation safety) training every 3 years, and Red Dot competency training to check x-ray interpretation.

Multi-disciplinary working and coordinated care pathways

- Medical staff could access fast track x-ray reports or request Radiologist interpretation from Barnet Hospital via PACS (picture archiving and communication system).

Parsons Green Walk-in Centre

- Staff worked in partnership with sexual health professionals, the family planning team, GPs, local schools, the early pregnancy unit and the child protection team on a regular basis.
- An emergency podiatrist provided 3 sessions per week.
- The burns unit at Chelsea and Westminster Hospital referred patients directly.
- Staff had worked closely with Public Health England when a patient had travelled from an African country with suspected measles. The team had contacted Public Health England to report the suspected contractible disease.

Finchley Memorial Hospital Walk-in Centre

- Walk-in centre staff made direct referrals to the fracture clinic and orthopaedics at Barnet General Hospital which reserved 2 or 3 appointments open every day for urgent care service patients.
- Staff made direct referrals to all specialities, therapists and local GPs.
- Staff from the centre had been invited to attend the local GP and primary care forum.
- Meetings with London Ambulance Service took place on a regular basis.

Referral, transfer, discharge and transition

- Discharge summaries were automatically sent to patients' GPs electronically via SystmOne.

Good

Are services effective?

- At Edgware Community Hospital Walk-in Centre, we observed the assessment of a patient with back pain. An appointment was made for them by the team to see their GP in 2½ hours' time and they were advised to return home to rest in the meantime.
- At Finchley Memorial Hospital Walk-in Centre, there was an on-site pharmacist and triage staff would advise patients with minor ailments to visit the pharmacist. Their place could be reserved in the queue in case they needed to return.
- Staff had been encouraged to record and report continuing problems with ambulance response times when requesting transport for patient transfers to local Accident and Emergency Departments. The trust was involved in meetings with commissioners and London Ambulance Service to discuss their concerns.

Access to information

- Staff told us that the Trust posted regular information on the intranet including policies and procedures which were updated regularly and these were a better resource than paper copies.
- All reception areas and consulting rooms had noticeboards or leaflet with relevant information on services provided, local contacts and information services.
- Staff frequently used websites as a tool for patients to access information on their symptoms and treatment.
- At Finchley Memorial Hospital Walk-in Centre, staff guidance folders were kept in all treatment rooms. These had been collated by the manager and contained printed information on local contacts for safeguarding and child protection, useful telephone numbers and other local services.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff described engaging with individuals and to gain their consent before carrying out care and discussing mental capacity with patients or their family members if appropriate.
- We observed the triage and treatment of 23 patients and verbal consent was requested before carrying out any interventions.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

We spoke to 67 patients and 14 visitors who all told us that the care they received from staff was excellent and that patients felt safe and cared for during their treatment and staff were respectful of their needs and preferences. Some reception areas did not allow for privacy but all centres had a private room or area where confidential information could be discussed.

An interpreter service was available and guidance on how to access support was displayed in all consulting rooms. Staff took time to understand patients' needs and personal requirements and to explain the care being offered along with any advice for the future.

We observed staff speaking to patients in a sensitive and compassionate manner and patients told us following their treatment that staff had been very understanding of personal problems and situations and they felt that they had been supported and their needs were understood.

Detailed findings

Compassionate care

- We observed patients being treated in a kind and caring manner by staff in all centres we visited.
- Several patients had returned to the centre after having received good care in the past. There were several complimentary comments about the service and staff.
- Patient satisfaction surveys were carried out at all urgent care centres. These showed high levels of satisfaction with the services.

Understanding and involvement of patients and those close to them

- We observed staff treating elderly patients, and in particular a patient with dementia, with care and kindness and the staff informed the GP of their visit and level of deterioration since the previous visit.
- Patients told us that staff took time to give explanations to patients on their care.

Emotional support

- Patients told us following their treatment that staff had been very understanding of personal problems and situations and they felt that they had been supported and their needs were understood.
- Reception staff made arrangements for patients to be seen quickly or to sit in a private or quiet area when noise and the busy environment caused distress.
- We observed a member of staff sitting to talk to a patient to reduce anxiety while they were waiting for their consultation.

Good

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

All urgent care centres across the trust met the 4 hour wait targets and staffing levels were planned and flexed to meet demand for the service around busy periods. Non clinical staff were able to identify unwell patients to be triaged urgently. The centres displayed opening times and whether they treated children but would not turn away children without triage and referral to another service. X-ray services were available on-site at 3 units and staff had access to urgent reporting support when required.

Patients told us that staff were sensitive to personal and cultural issues and genuinely cared about patients' wellbeing. Staff reported receiving very few formal or verbal complaints. Most patient concerns raised were about waiting times. Senior staff told us that this was mainly due to patients being unable to make GP appointments and referrals from the 111 service and the ambulance service. The team were stretched but the trust was reviewing staffing and service demand. One patient pointed out that they had waited an hour at the centre compared to an estimated 10-day wait to see their GP. Complaints leaflets and information were available at reception desks.

Complaints, when they did occur, and feedback about them were discussed by staff at regular team meetings.

Detailed findings

Planning and delivering services which meet people's needs

- Patients told us that they appreciated the short waiting times in comparison to local accident and emergency departments.
- Attendances consisted of about one third injuries and two thirds illnesses and ailments.

Edgware Community Hospital Walk-in Centre

- The reception staff were able to identify unwell patients to be triaged urgently.
- Children under the age of 1 year were triaged but not treated at the centre. However, there was 1 paediatric trained nurse on the team and other staff had attended children's care courses. Staff told us they hoped to offer the urgent care service to children in the future.

Finchley Memorial Hospital Walk-in Centre

- The number of patient attendances had increased from 50,000 by an additional 7% in the last 12 months. Senior staff told us that this was mainly due to patients being unable to make GP appointments. The team were stretched but the trust was reviewing staffing and service demand.
- The centre treated adults and children.
- Patient management by reception staff and the triage nurse ensured that urgent cases were given appropriate prioritisation.
- The reception desk allowed no privacy for patient conversations but staff told us that they could provide a private area for a confidential discussion when necessary.
- Patients told us that the reception area was confusing because it hosted 4 different services.

Parsons Green Walk-in Centre

- The reception desk had an area with a low counter where patients could access for a more private conversation.

Equality and diversity

- Access to language services was easily available to staff. Interpreters could be requested and many patients used Language Line or internet translator sites via a mobile phone.
- Guidance on how to access support to interpreting services was displayed in all consulting rooms.
- Information about services offered by the urgent care centres was available in 6 different languages and in large print.

Meeting the needs of people in vulnerable circumstances

- Babies under 12 months old and pregnant women were triaged by nurse practitioners but treated by GPs within the centres or referred locally.

Good

Are services responsive to people's needs?

- Local GPs no longer treated patients with chronic wound problems so the urgent care centres had seen a marked increase in dressing requests. They also dressed postoperative wounds and removed sutures.
- There were arrangements in place to access support for people living with dementia and learning disabilities.
- At Finchley Memorial Hospital, staff and patients told us there were insufficient disabled parking bays but we saw two areas for disabled parking, one of which was not well used. Signage to the second area was not apparent.

Access to the right care at the right time

- All services across the trust met the 4 hour wait targets.
- Several patients attended the walk-in centres/urgent care centre because they were unable to see their GP.

Edgware Community Hospital

- The walk in centre had access to an on-site x-ray department that belonged to another trust but facilities were made available to patients. It was open 7 days a week from 9am to 8.30pm.

Finchley Memorial Hospital Walk-in Centre

- There was an on-site x-ray department open Monday to Friday 9am to 5pm (excluding public holidays). And urgent reports could be requested if necessary. Additional x-ray services were provided at Edgware Community Hospital up to 8.30pm.

St Charles Urgent Care Centre

There was an on-site x-ray department open 8.30am to 7.45pm Monday to Friday and 10.00am to 7.45pm Weekends and Bank Holidays.And urgent reports could be requested if necessary.

Learning from complaints and concerns

- Staff reported receiving very few formal or verbal complaints.
- Most patient concerns raised were about waiting times. Complaints leaflets and information were available at reception desks.
- Complaints, when they did occur, and feedback about them were discussed by staff at regular team meetings.
- At Finchley Memorial Hospital Walk-in Centre, staff told us that the trust had a good PALS (patient advice and liaison) service. However, all patient concerns raised in the department were dealt with on the spot when a member of staff would explain the rationale behind a decision or offer an apology.

Good

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

Staff told us that there were plans for a new structure in the leadership of walk-in centres. They felt there was good management at present but some uncertainty about the future and they felt swamped by demand. At some centres there had already been a positive change introduced with good leadership, robust processes and a positive, supportive attitude and culture. The Trust hoped in future to commence treatment of children at both Parsons Green Walk-in Centre and Soho Walk-in Centre and nurse practitioners and prescribers were undertaking paediatric training in order to facilitate this.

Incidents were investigated to identify patterns and trends and root cause analysis was led by the Associate Director for Quality. Feedback was cascaded back to teams to ensure lessons were learned in individual centres and across the trust and centre managers were able to identify risks to be included on the risk register. Most staff felt supported by senior managers and directors and described working as part of happy, cohesive teams and they felt empowered and supported to make good clinical and management decisions. Managers organised regular staff meetings for staff to raise concerns, discuss patient complaints, incidents, current goals and opportunities. Information about complaints and compliments was displayed in public areas.

There were good examples of staff and public engagement and staff told us they regularly spent time with patients to look holistically at their health and give explanations and advice. Staff looked for opportunities to improve the service offered to patients and had made innovative changes to meet need and circumstances in individual centres.

Detailed findings

Service vision and strategy

- Staff were aware of the vision of the trust and the mission and goals were displayed on computer screensavers.
- Staff told us that there were plans for a new structure in the leadership of walk-in centres. They felt there was good management at present but some uncertainty about the future.
- Staff hoped in future to commence treatment of children at both Parsons Green Walk-in Centre and Soho Walk-in Centre and nurse practitioners and prescribers were undertaking paediatric training in order to facilitate this.

Governance, risk management and quality measurement

- Incidents were investigated to identify patterns and trends.
- Root cause analysis was led by the Associate Director of Quality and feedback was cascaded back to teams to ensure lessons were learned in individual centres and across the trust.
- The walk-in centre/urgent care centre service maintained a risk register. Centre managers were able to identify risks to be included on the risk register eg ambulance times for patients needing to be transferred to Accident and Emergency departments, staffing concerns and increased demand on the service. We saw that these items were included on the trust risk register and were under review by the Patient Safety Team .

Leadership of this service

- There were several new managers at senior level who had been recently appointed and local leadership was effective and well-coordinated.
- Most staff felt supported by senior managers and directors but many felt swamped by demand.
- Some staff told us that the executive team did not visit the centres, especially in the more remote services. Others reported having met several members of the team recently.
- Staff described the walk-in centres and urgent care centre as good places to work with good support and leadership.

Good

Are services well-led?

- At Parsons Green Walk-in Centre, staff told us that a new manager from Soho Walk-in Centre had taken over management of this centre. They had been clear on goals and expectations for the team and were very supportive.

Culture within this service

- Many staff had been in post for 10 years or longer and most described working as part of happy, cohesive teams who supported each other to get work done. Recent pressures had affected confidence within teams and staff were aware that this was acknowledged by management.
- Staff told us they felt there was an open and honest culture between teams and with patients and the public.
- Staff felt empowered to inform GPs about why they were seeing repeat attenders.

Public engagement

- Information about complaints and compliments was displayed in public areas.
- Friends and family test cards were available and the most recent ones were displayed showing high percentages of patients that would recommend these services.
- At Parsons Green Walk-in Centre, the centre had fostered an excellent relationship with the pub next door who had provided flower boxes on the surrounding walls and encouraged customers to keep glasses away from the centre entrance.
- At Parsons Green Walk-in Centre, the team had placed flags outside to advertise the centre to passers-by and regularly talked to the public about their general health.
- Staff told us they regularly spent time with patients to look holistically at their health and gave explanations for the treatment that was offered.

Staff engagement

- Staff told us they felt empowered and supported to make good clinical and management decisions.
- Managers organised regular staff meetings for staff to raise concerns, discuss patient complaints, incidents, current goals and opportunities.
- Staff told us that appraisals and clinical supervision were often scheduled for weekends when fewer patients were expected and interruptions would be less likely.

Innovation, improvement and sustainability

- At Finchley Memorial Hospital Walk-in Centre, a full time physiotherapist managed a caseload of between 18 and 20 appointments per day for patients with musculoskeletal and soft tissue problems referred from the nursing assessment team. There was no limit to the length of time spent with individual patients. They split their time across 3 weekdays and a weekend shift to accommodate as many patients as possible. Staff felt this added value to the service and that patients were very satisfied.
- At Finchley Memorial Hospital Walk-in Centre, in the previous premises all consulting rooms opened onto the waiting area and staff could see patients easily. The new layout had necessitated a formal triage process. Staff recognised what was not being done before and the benefits of quick assessment and the early recognition of severely sick patients.