

# Erdington GP Health and Wellbeing WIC

## Quality Report

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

# Summary of findings

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# Summary of findings

## Overall summary

Badger Midlands Medical Limited provides services in a GP-led walk-in centre in Erdington, Birmingham. The service includes an 'out-of-hours' primary medical service, which operates between 6.30pm and 8pm on weekdays and from 8am to 8pm at the weekend and on bank holidays.

During our inspection we spoke with five patients who were using the service, as well as the chair of the patient user group and six clinical and administrative staff. All patients told us that they were happy with the service they received.

There were systems in place to ensure the safety of patients; these included learning from incidents and safeguarding patients that may be at risk of harm. The service was provided in a clean and hygienic environment.

We were concerned that the provider did not have robust arrangements to recruit staff. Recruitment checks were inconsistent and did not provide adequate assurance that patients would be protected from the risks of unsuitable staff.

We found the service was effective in meeting a wide range of needs. There were processes to ensure that those with urgent needs were seen as a priority and staff had access to equipment and guidance to respond.

The service was responsive to the needs of patients. Information collected about the patient through triage arrangements supported clinical decisions.

Patients told us they received a caring service and that they were involved in discussions about their health care. We observed staff treating patients with sensitivity.

The provider actively asked patients for their views and feedback was very positive. Both staff and patients were actively involved and able to share their views in meetings with senior staff. Staff described an open culture in which incidents, comments and complaints were reported, investigated and responded to.

However, staff were not always well supported. Some did not receive induction training before starting to work for the service to ensure they were familiar with the systems and processes in place. Staff were not always given formal opportunities to discuss their performance, personal development needs and any other issues relating to their role.

The practice manager informed us that the registered manager for the service was due to leave the service in April 2014. Both the registered manager and the provider must ensure that they submit relevant forms to CQC in a timely manner, to ensure that the manager who no longer works for the service is removed from registration.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

Overall the service provided was safe but found some areas for improvement.

We found good systems in place for reporting and investigating significant incidents that occurred. These systems ensured that action was taken where needed and staff learned from these events.

Staff were aware of safeguarding policies and procedures and were able to demonstrate appropriate action taken in response to concerns about the safety of patients who used the service.

We found appropriate systems in place to protect patients from the risks associated with medicines and cross infection. Although we also found some areas that could be improved, such as the waiting room seating and the need for more notices about handwashing.

We were concerned that recruitment processes were not robust. Information provided on the day of the inspection did not demonstrate that appropriate recruitment checks had been carried out to protect patients from unsuitable staff.

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### **Are services effective?**

The provider effectively managed demand for the service. Where demand exceeded capacity, procedures were in place to ensure that those with urgent care needs were seen as a priority and those who could not be seen immediately received appropriate support.

Triage processes enabled staff to obtain information from patients to support clinical decision-making. These processes were audited to ensure they enabled clinicians to deliver care effectively.

Feedback from patients about the service was very positive

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### **Are services caring?**

Patients described being treated with respect and dignity and felt involved in decisions about their health care. We observed staff being helpful and sensitive towards patient needs. Patient confidentiality was respected and facilities available to ensure patient privacy were available when needed.

There was limited health information for patients to read or take away from the waiting areas and none of the information displayed was available in language other than English.

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

The service had good arrangements in place to ensure that it could respond to patients with urgent needs with minimal delay. Those in urgent need were prioritised and a triage system enabled information to be collated to support clinical staff to provide care and treatment to patients.

The service actively asked local people for their views through patient groups and surveys. We saw evidence that the provider responded to feedback received from patients.

The service was accessible to patients with mobility difficulties, but there was currently little provision available in the out-of-hours period for patients who did not speak English. The manager advised us that they had recently sourced a translation service that could provide telephone support at short notice.

# Summary of findings

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Staff had access to the appropriate equipment to enable them to do their job. Equipment was available to respond to medical emergencies and this was checked regularly. However, not all staff knew where the emergency equipment was kept and records available on the day of the inspection did not provide adequate assurance that all staff were up to date with their basic life support training.

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## **Are services well-led?**

Staff who worked within the service described a supportive and open work environment and patients gave positive reviews of the service.

There were arrangements to learn from incidents and complaints, and these were shared with staff. Although the service carried out audits, it was not evident that the findings from them were always acted on.

Staff did not consistently receive supervision opportunities to discuss their individual performance and issues relating to their role. Training opportunities for personal development were limited and records did not always provide a complete account of the training that staff had received.

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# Summary of findings

## What people who use the out-of-hours service say

We spoke to five patients who had used the out-of-hours service during our inspection and the chair of the patient user group. We also received six comment cards from patients who used the service. All comments received were positive. Patients told us that they were satisfied with the service they had received.

Feedback received from patients during our inspections supported the positive comments from patients that had been recorded on the NHS choices website and also from the provider's own patient survey.

## Areas for improvement

### Action the out-of-hours service **MUST** take to improve

- Implement robust processes to ensure that appropriate recruitment checks are undertaken before new staff start work at the service. These should include appropriate criminal records checks to safeguard patients from un-vetted and unsuitable staff.
- Carry out and record routine checks of staff registration with professional bodies (where relevant) to ensure that staff employed continue to be registered and have the right to practise in their professional capacity.
- Introduce formal systems for supervision and appraisal to ensure all staff have regular opportunities to discuss their performance, role and training needs.

- Ensure that all staff receive appropriate induction training to familiarise themselves with the location, policies and processes of the service.
- Maintain robust training records to ensure staff have appropriate training and professional development for their role.

### Action the out-of-hours service **COULD** take to improve

- Improve arrangements to ensure that patients who are unable to speak English can access the service and communicate their needs.
- Audits need to complete full cycle in order to demonstrate improvement or learning.

## Good practice

Our inspection team highlighted the following areas of good practice:

- Reporting and investigation of significant incidents were thorough. These were discussed at various levels in the organisation. Outcomes and action resulting from the investigation of incidents were shared with staff through briefing documents.

- Systems in place for isolating patients with potentially infectious conditions.
- Laminated notices and wipeable notice boards in clinical areas helped support infection control.

# Erdington GP Health and Wellbeing WIC

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP. The team included a variety of specialists, including a GP, a practice nurse and an Expert by Experience (a person who has experience of using this particular type of service, or caring for somebody who has).

### Background to Erdington GP Health and Wellbeing WIC

Badger Midlands Medical Limited provides services in a GP-led walk-in centre based in Erdington, Birmingham. The walk-in centre is open between 8am and 8pm, seven days a week including bank holidays. The service includes the provision of out-of-hours primary medical services between 6.30pm and 8pm on weekdays and 8am to 8pm at the weekend and on bank holidays when it becomes an urgent care centre. Any person entitled to NHS care in the UK can access the service in person.

During the out-of-hours period people may be referred to the service through the NHS 111 telephone service. There were no separate figures for the number of people seen during the out-of-hours period and the walk-in centre as a whole. Weekly figures for January 2014 indicated between 350 and 525 patients were seen at the walk-in centre. The provider does not carry out home visits as part of the out-of-hours service.

### Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

### How we carried out this inspection

To get to the heart of patients' experiences 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 had received from the out-of-hours service and asked other organisations to share what they knew about the service. We carried out an announced visit on 26 February 2014. During our visit we spoke with a range of staff, including the practice manager, two GPs, an advanced nurse practitioner, a healthcare assistant, and a receptionist. We spoke with six patients who used the service. This included the chair of the patient users group. We observed how people were being cared for and reviewed documents relating to the care of patients. We reviewed comment cards that six patients had completed after using the service.

# Are services safe?

## Summary of findings

Overall the service provided was safe but found some areas for improvement.

We found good systems in place for reporting and investigating significant incidents that occurred. These systems ensured that action was taken where needed and staff learned from these events.

Staff were aware of safeguarding policies and procedures and were able to demonstrate appropriate action taken in response to concerns about the safety of patients who used the service.

We found appropriate systems in place to protect patients from the risks associated with medicines and cross infection. Although we also found some areas that could be improved, such as the waiting room seating and the need for more notices about handwashing.

We were concerned that recruitment processes were not robust. Information provided on the day of the inspection did not demonstrate that appropriate recruitment checks had been carried out to protect patients from unsuitable staff.

## Our findings

### People's views

We spoke with five patients who were using the out-of-hours service on the day of our inspection. We also spoke with the chair of the patient user group and read the comment cards that had been completed by patients who had used the service. All the comments we received were positive and did not raise any concerns about patient safety.

### Significant events

The provider had arrangements in place to report significant incidents that occurred at the walk-in centre. We saw that 15 significant events had been recorded in the last year. We looked in detail at the records of one of the reported events, which showed that it had been investigated and any related policies were reviewed. Actions identified to mitigate the risk of reoccurrence were implemented and staff were notified about any changes to working practices through a staff training brief. The staff training brief gave information to staff about what action

they needed to take to keep people safe and why it was important. Significant events were also reported to, and discussed, at board level and shared with the local Clinical Commissioning Group. We spoke with two members of staff who were able to describe significant incidents that had occurred and the action taken as a result. This meant the provider used the learning from incidents to minimise the risks to patient safety.

### Staffing and staff recruitment

We spoke with the practice manager about the recruitment of staff. With the exception of one salaried GP, the majority of GPs were employed on a sessional basis. Occasionally locum GPs were used to help staff the unit.

We looked at the recruitment records for two GPs and a nurse. The records did not clearly show when they had started working for the service. In all three cases the recruitment records were incomplete and varied in terms of checks carried out as to their suitability. We did not see that any of the staff had received a formal interview, although all three had provided details of their skills and experiences in a curriculum vitae (CV). All staff had provided some form of photographic identification, however there was a lack of consistency in terms of identification provided. For two of the staff whose records we looked at we saw only one form of documentary evidence in relation to their identification. Only one member of staff had a reference from a previous employer. The practice manager advised us that some of the sessional GPs worked for the 'sister' company and recruitment records were held with them. Recruitment records did not provide assurance that the provider only recruited suitable staff to work at the service.

We were not satisfied that criminal record checks had been carried out appropriately by the provider to ensure patients were protected from the risk of unsuitable staff. When we looked at the recruitment files of three members of staff we found two had no evidence of a Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) check having been undertaken at recruitment with the service. Another member of staff had a CRB check but this was only a standard certificate and not the enhanced certificate. This certificate also related to a different employer. There were no risk assessments in place in the absence of a current DBS certificate to identify any action needed to protect patients from un-vetted staff. The registered manager

# Are services safe?

advised us that GPs are required to provide evidence of criminal records checks when they apply to join the GP performers list. However, these may not always be up to date at the time the GP joined the service.

Staff had supplied information about their membership with professional bodies. We saw evidence that GPs were registered on the GP performers list and had indemnity. This information provides assurance that the members of staff meet the requirements of their professional bodies and have the right to practise. The practice manager advised us that they had checked the member of staff against the professional registers online, but had not kept any formal records that this had been undertaken.

## Cleanliness and infection control

We looked around the premises and found the clinical areas were kept clean and tidy. The six clinical treatment rooms were in good condition, which enabled them to be cleaned thoroughly. Disposable curtains were used around the couches and these were clearly dated as to when they were last changed. There were appropriate arrangements for the disposal of clinical and non-clinical waste, including any sharp instruments. Posters were laminated and noticeboards were wipeable, which meant that they could be easily cleaned. Staff had access to appropriate cleaning equipment for clearing spills of bodily fluids. The practice manager advised us that they used one clinical room as an isolation room if a patient had a condition that might be infectious. These arrangements helped to support infection control practices at the service.

While none of the patients we spoke with raised any concerns about the cleanliness of the premises, we found some areas for improvement. The seating in the waiting areas appeared stained and we raised this with the infection control lead and practice manager. They assured us that the seating was impermeable and that it had been cleaned. This was confirmed by the chair of the patient users group. We also found that handwashing guidance was not available in all areas; three single use items of equipment had passed their expiry date and cleaning schedules had not been signed or dated to show what had been done.

## Safeguarding patients from harm

Staff at the service demonstrated an understanding of safeguarding patients from abuse and what they should do if they suspected anyone was at risk of harm. We saw that referrals had been made to the relevant local authority who

investigate safeguarding concerns. Where a referral had been made, this was recorded on a patient's notes so that staff were aware. This demonstrated that staff were prepared to report concerns to protect patients from harm.

A member of staff showed us how they used the computer to access the policies and procedures for safeguarding vulnerable adults and children. We also saw that safeguarding information was available to staff and patients in clinical and waiting areas. These included information to support staff in recognising and reporting safeguarding concerns. The provision of this information ensured staff had the information needed to act on concerns if they believe a patient may be at risk of harm.

The practice manager advised us that the medical director was the safeguarding lead for the service and that they were trained to level three (the highest level) for safeguarding children and young people. When we reviewed staff records, we saw that the two GPs were also trained to level three in safeguarding children and young people, and both had also undertaken training in safeguarding vulnerable adults. We also saw that safeguarding was listed as part of the mandatory induction training for new healthcare support workers. This meant there was a clear lead to support staff in protecting patients from harm.

Patients were offered a chaperone service if they wanted one when they underwent an examination. The GP we spoke with confirmed that the healthcare support worker usually acted as a chaperone. One healthcare support worker confirmed that they had received training in chaperoning and demonstrated an understanding of this role. We saw that chaperoning training formed part of the induction programme given to new healthcare support workers. Providing a chaperone helps to provide some protection to patients and clinicians during sensitive examinations.

We saw that there were arrangements in place to evacuate patients if there was a fire. Fire exits were kept clear and fire equipment maintained appropriately. A notice was displayed in the waiting area informing patients when the weekly fire alarm testing took place. This demonstrated that the provider had considered the safety of patients if there was a fire at the premises.

# Are services safe?

## Medicines

The provider held medicines on site for use in an emergency or to administer to patients during a consultation. Emergency medication was checked weekly to ensure that it was in date and safe to use. We checked a sample of medicines held at the premises and found these were in date. However, we did notice that one of the emergency drugs was due to expire before the date recorded on the box it was in, which could result in the drug not being replaced when needed.

There was a medicines fridge for storing medicines and vaccinations that need to be stored at low temperatures. We saw that the temperature was checked daily to ensure that the medicines were stored in line with manufacturers instructions and were safe to use.

## Equipment

Consultation rooms were shared between different staff who worked shifts at the walk-in centre. The practice manager told us that the consulting rooms were ready equipped to enable clinical staff to do their job and respond to patient needs. We saw that the equipment looked in good condition and saw evidence that it was serviced and had been checked for electrical safety. This meant staff had suitable equipment needed to assess and respond to the needs of patients.

There were arrangements in place to deal with foreseeable emergencies. Emergency equipment included oxygen, a defibrillator and medications for use in an emergency. Records showed that the emergency equipment and medication was regularly checked to ensure it was present and in date. All the emergency equipment and medication that we looked at was in date. This meant that the equipment and medications needed in an emergency should be effective and safe to use.

Emergency equipment was stored in an area that was secure but accessible to staff if needed. With the exception of the GP, staff told us they knew where to find the medical equipment. The practice manager advised us that there was no induction training provided for GPs who worked at the service. Not knowing where equipment is stored could lead to delays in responding to medical emergencies.

Basic life support was part of the mandatory training that all staff were required to undertake. From records available on the day of our inspection, we were unable to verify that all staff were up to date with this training. The practice manager advised us that training had been provided in the previous month but only one GP had attended. We were not assured that all staff were up to date with training needed to respond to medical emergencies.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

The provider effectively managed demand for the service. Where demand exceeded capacity, procedures were in place to ensure that those with urgent care needs were seen as a priority and that those who could not be seen immediately received appropriate support.

Triage processes enabled staff to obtain information from patients to support clinical decision-making. These processes were audited to ensure they enabled clinicians to deliver care effectively.

Feedback from patients about the service was very positive.

## Our findings

### Outcomes for patients

We spoke with five patients using the out-of-hours service and the chair of the patient users group. All the patients told us that they were satisfied with the service they had received. We received comments such as: "The staff were attentive and were thorough with me when seen" and "It was really good, fast and efficient service with brilliant feedback and advice from both nurse and doctor."

There were 39 comments from patients posted on the NHS choices website about the walk-in centre as a whole and the majority of these were very positive.

We spoke with the practice manager about how staff received updates relating to best practice or safety alerts. The practice manager advised us that these were shared with staff through the IT system and were discussed at the multi-disciplinary team meetings attended by staff representatives. This meant there were systems in place for clinical staff to receive information needed to deliver good clinical care.

### Access to the out-of-hours service

During the out-of-hours period or at busy times, the provider operated an urgent care system. This enabled the service to prioritise those in greatest need against clear criteria. Patients with non-urgent needs were told how to access other services or advised to come back later. This enabled the service to effectively manage patient demand.

Patients presenting at the out-of-hours service who were deemed urgent were triaged by the healthcare support worker who undertook observations such as blood pressure, temperature and urine testing. This meant that when the doctor or nurse saw the patient, they had information about them to help manage their health needs effectively.

### Staffing

Staffing usually consisted of one GP, an advanced nurse practitioner and a receptionist, although this varied depending on the known demands for the service. The clinical staff were supported by healthcare support workers. Staff told us they were satisfied with the staffing levels, and protocols were in place to manage high demand by implementing the urgent care service and triage system. Patients' expectations were managed during periods of high demand for the service and they were told how to access other services if necessary. These arrangements helped the service to effectively prioritise and meet urgent need for the service within the confines of the contract.

The practice manager advised us that they shared information about staffing levels with the clinical commissioning group who contracted with them. They also collected information about when they had been unable to meet non-urgent demand for the service. This provided useful information for service commissioners in terms of future planning.

### Information sharing

Details of patients who had made previous visits to the walk-in centre were held on their patient record. Staff advised us that they didn't usually receive any information from other providers about the patients who might use this service. Because of this limited information, the service required patients to complete a registration form to provide information about why they were visiting the service and any allergies they had. Where needed, additional information was collected through the triage assessments. This meant clinicians providing the care would have access to some relevant information about a patient and could take this into account when providing care or treatment.

Information about patients who used the out-of-hours service was shared with their usual GP. This was an automated process. We were advised that the information was transferred by 8am the day after the patient had been seen. Staff told us that they were not aware of any

# Are services effective?

(for example, treatment is effective)

difficulties when transferring this information. These arrangements meant the patient's usual GP was aware of any treatment given at the first opportunity and would help support the good continuation of care.

## **Review of care**

We saw that records of work carried out by the healthcare support workers were audited monthly. These looked at the observations they carried out during triage to support clinicians in their care and treatment of patients. Feedback

was given to the staff involved and anonymised benchmarking reports of performance were used to help support improvement. These audits helped to ensure consistency in practice and identify any training needs.

Issues relating to patient care and the service were also discussed at the multi-disciplinary team meetings. This enabled staff to identify and address any issues that might impact on the service patients received.

# Are services caring?

## Summary of findings

Patients we spoke with described being treated with respect and dignity and felt involved in decisions about their health care. We observed staff being helpful and sensitive towards patients' needs. Patients' confidentiality was respected and facilities to ensure privacy were available when needed.

There was limited health information for patients to read or take away from the waiting areas and none of the information displayed was available in a language other than English.

## Our findings

### Patient views

We spoke with five patients who were using the out-of-hours service on the day of our visit and the chair of the patient users group. We also looked at the feedback from patients about the service from our comment cards. Comments were positive and demonstrated a caring service. They included "I was in a lot of pain but was soon put at ease by staff on reception and then the GP and nurse were very helpful and gave good advice on what was wrong with me" and "Generally very good staff, especially receptionist." Another patient described the service as "Friendly and welcoming."

### Involving patients / consent

The patients we spoke with confirmed that they had been involved in decisions about their care and treatment. They told us that they were satisfied that information was given to them in a way they could understand. This demonstrated that staff were aware and supported patients to make informed choices about their care and treatment.

### Patient information

The waiting room had some patient information displayed, such as information about safeguarding people from abuse and use of antibiotics. We did not see any health

information leaflets for patients to take away and health messages that were displayed on a screen in the day were turned off during the out-of-hours period. None of the health or other information available to patients was in languages other than English. Health information helps to support patients to understand and cooperate with their treatment.

### Respect and dignity

Patients described being treated with respect and dignity when using the service. Two patients commented on the helpfulness of the receptionist on duty. We observed positive interactions between staff and patients. We saw the receptionist lower their voice when talking to patients and consultations took place in private. The receptionist was polite and helpful and was supportive when non-urgent patients were turned away. We observed a GP consultation. The GP was confident and gentle in their approach when dealing with the child and they provided explanations to the family. We observed another child (who was not a patient) bump their head and the nurse immediately attended to their injury with an ice pack. This demonstrated that the provider was committed to providing a caring service.

Feedback from patients in the patient survey and the NHS Choice website was mostly positive about the staff. Where staff attitude had been raised as an issue, we saw that action had been taken. The staff who we spoke with confirmed that any concerns about them were discussed directly with them.

A dignity and respect policy was in place, which set out the responsibilities of staff in promoting dignity and respect within the service. From our observations and comments from patients, we could confirm this was being followed in practice. This meant staff had access to guidance and acted in ways to ensure patients were treated with respect when attending the service.

Within the waiting area there was a private room where nursing mothers could breast feed, offering them some privacy. However, we did notice that there was no chair in the room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The service had good arrangements in place to ensure that it could respond to patients with urgent needs with minimal delay. Those in urgent need were prioritised and a triage system enabled information to be collated to support clinical staff to provide care and treatment to patients.

The service actively asked local people for their views through patient groups and surveys. We saw evidence that the provider responded to feedback received from patients.

The service was accessible to patients with mobility difficulties, but there was currently little provision available in the out-of-hours period for patients who did not speak English. The manager advised us that they had recently sourced a translation service that could provide telephone support at short notice.

Staff had access to the appropriate equipment to enable them to do their job. Equipment was available to respond to medical emergencies and this was checked regularly. However, not all staff knew where the emergency equipment was kept and records available on the day of the inspection did not provide adequate assurance that all staff were up to date with their basic life support training.

## Our findings

### Patient feedback

The provider was proactive in working with patients and gaining their views. The service had a patient user group and we met with the chair of this group. They told us that the group had started 18 months ago when the service had been under threat. Patient user group meetings were held quarterly, usually after contract meetings with the local clinical commissioning group so that performance information could be shared. The patient user group chair advised us that they were able to raise issues and ask questions at these meetings and that the provider did listen and take action where they could. We saw from the minutes of patient user group meetings that these were

attended by the practice manager and medical director, who were in a position to influence change. This demonstrated that the service was receptive to the views of local people about the service.

Patient surveys were carried out on an ongoing basis and the results were shared with relevant groups and staff. The PUG chair told us that they had been involved in designing the patient survey. Information received from the surveys was analysed monthly and provided feedback on individual performance of the different staff groups, as well as the overall service experience. Results from the patient surveys were discussed with the patient user group, internal multi-disciplinary team and reported to the local clinical commissioning group. These arrangements ensured that feedback provided by patients was discussed at relevant forums and with staff to help to improve services.

The practice manager also responded to comments about the service that patients raised through the NHS choices website. Where appropriate, the practice manager invited patients to discuss their concerns with them so that they could investigate and act on the issues raised. The practice manager advised us that as yet, nobody had responded to their request. However, this demonstrated a commitment to understanding the service from the patient perspective and using this information to improve the service.

Patients were made aware of the complaints process in the patient information leaflet. There were three complaints about the service during 2013. We looked at one of the complaints in detail and saw that it had been responded to appropriately and relevant staff were involved in the management of the complaint. Staff confirmed that they were notified if a complaint had been made about them. This demonstrated that the provider took time to investigate and respond to complaints raised about the service.

### Access to services

Patients could access the walk-in centre easily, including those with mobility difficulties. The premises were on a busy high street, which made it easy to find. The service was located on the first floor of a building with lift access. The practice manager advised us that the premises had been purpose built and we saw that there were wide doorways and that the consulting rooms and waiting area provided adequate space for patients with walking aids, wheelchairs and children's pushchairs. The reception desk

# Are services responsive to people's needs?

## (for example, to feedback?)

was at a low level allowing patients who used wheelchairs to speak more easily to the receptionists. There were toilet facilities for disabled patients. Although the service did not have a designated car park there were private car parking facilities directly behind the premises. Patients who gave us feedback didn't raise access to the service as an issue. This meant patients with mobility difficulties were able to access the service to get the support they required.

We saw that there was limited access to interpreter or translation services for patients who needed it. Translation services used by the walk-in centre closed at 5pm and alternative services required 24 hours notice. We asked staff how they managed patients when there was language barrier. One member of staff told us that they did not have any difficulties and that they managed with relatives. Another member of staff had a different experience and explained that they had lots of patients whose first language was not English and that they would mime and sign to be understood. They went on to tell us about a situation where the doctor couldn't examine a baby because the mother didn't speak English and they did not know what was wrong. They had to call the husband in from work. We spoke with the practice manager about this. They were aware of the difficulties and advised us that they had just signed up to an interpreter service that would provide translation over the telephone at short notice.

### **Responding to need**

Patients accessed the out-of-hours service in person. Some patients were also referred to the service through the NHS 111 telephone service where they received telephone triage by another out-of-hours provider. Staff explained that during the out-of-hours period the service became an urgent care centre, which enabled them to prioritise patients in greatest need. There was clear guidance as to

what symptoms were considered as urgent and children were always seen as urgent. Staff told us that if there was any doubt as to whether the patient was in urgent need they were also triaged. These arrangements helped to ensure that when there was a high demand for the service, people were seen when they needed to be.

The layout of the premises enabled the receptionist to see all the patients in the waiting area. This meant that if a patient's condition deteriorated they would be identified quickly. The receptionist advised us that they had previous clinical experience as a healthcare worker, which helped them in their role. All staff carried an alarm so that they could summon assistance if there were concerns about a patient.

### **Medicines**

Some medicines were available on site to administer to patients immediately. The GP advised us that the healthcare support worker was able to administer basic medication during triage. This helped to ease a patient's symptoms while they waited to be seen by the GP or advanced nurse practitioner.

Patients were able to obtain prescribed medication easily. The practice manager advised us that the opening times of a nearby pharmacy reflected that of the service. During bank holidays, they would obtain a list of open pharmacies so that they could inform patients. This meant patients were able to obtain the medication they needed promptly.

### **Referrals**

The practice manager explained how patient referrals were processed for other healthcare services. There was a single access point for referrals to hospital and these were made by the receptionist. This meant clinical staff were given support to ensure that referrals were made without delay.

# Are services well-led?

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

## Summary of findings

Staff who worked within the service described a supportive and open work environment and patients gave positive reviews of the service.

There were arrangements in place to learn from incidents and complaints, and these were shared with staff. Although the service carried out audits, it was not evident that the findings from them were always acted on.

Staff did not consistently receive supervision opportunities to discuss their individual performance and issues relating to their role. Training opportunities for personal development were limited and records did not always provide a complete account of the training that staff had received.

## Our findings

### Leadership and culture

The walk-in centre as a whole received positive feedback from patients on the NHS Choices website. Patients rated the service four and a half out of five stars. Comments received from patients during our inspection supported this. One patient told us, "Overall the service is really good." Another patient told us, "Generally happy and pleased the service is available." The chair of the patient user group also commented, "It is an absolutely fantastically well received service. If you speak to anyone in the local area everyone would agree. The overall reaction is phenomenally positive." We also saw that feedback collected from patient surveys was positive. Results for October to December 2013 showed 94% of patients rated the service as 'good' or 'excellent'.

Both clinical and administrative staff described the culture within the service as being open and supportive. Multi-disciplinary team meetings were held every two months and were attended by representatives from each staff group. This included doctors, nurses, healthcare support workers and reception staff. We saw from the minutes of meetings that each member of staff was given an opportunity to raise any issues relating to the service and that these were discussed and where relevant acted on. These meetings helped to ensure staff were supported and helped the smooth running of the service.

### Management of staff

Some staff groups received an induction programme to familiarise themselves with the service, however this did not include GPs. The practice manager advised us that many of the GPs also worked for a 'sister' company and were familiar with the service provided. Locum doctors who may not be familiar with the policies, procedures and systems received a locum pack containing information they might need during a shift, such as the IT system support and triage process. These were usually issued before the locum started a shift and were available in the consulting rooms for reference. The absence of an induction programme for GPs new to the service could result in treatment delays.

Staff had access to a range of policies and procedures, which were kept up to date. We looked at several policies covering a range of issues such as medicines management, infection control and safeguarding children and vulnerable adults. The policies and procedures were available to staff online. This meant staff had access to current guidance to support them in their work.

Not all staff received supervision. The healthcare support worker told us that they received an annual appraisal and informal supervision from the advanced nurse practitioner (ANP). However both the GP and ANP we spoke with said that they had not received any formal supervisions through the provider or were aware of any monitoring of their performance by the provider. The practice manager advised us that the medical director carried out clinical supervision of the salaried GP. This meant that staff did not have routine formal opportunities to discuss their performance and identify any training needs.

We discussed training opportunities with staff and the responses varied. The healthcare support worker told us about their induction training and said they received internal training from the ANP in areas such as infection control. The GP and ANP advised us that there was little training provided through the service and any learning they received occurred outside the organisation. We noticed that the ANP was the designated infection control lead for the service and that learning relating to this role had been self driven. Training records did not clearly show what training staff had received and whether this was up to date. This meant staff may not have the necessary training to support them in their work.

# Are services well-led?

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

## **Learning from complaints and incidents**

There were arrangements in place for staff to discuss and learn from complaints and significant events that had occurred at the service. Complaints and significant events were discussed at all levels of the organisation. Staff told us that incidents and complaints were discussed with them individually as part of the investigation. They were also discussed with staff through the multi-disciplinary team meetings and at board level. The practice manager said they met with the medical director to discuss any incidents but that these discussions were not formally documented.

Arrangements in place for managing complaints and incidents ensured that staff at all levels of the organisation were aware of them and of any action taken to minimise recurrence and improve the service.

## **Audits**

We saw that there had been some audits of clinical practice during the last year. These included the quality of observations carried out by healthcare support workers in preparation for patients to see the GP or nurse. Audit results were colour-coded so that individuals could see how their performance compared with others without being identified.

However, it was not clear what action had been taken as a result of the audits. For example, actions still appeared outstanding from the infection control audit carried out in April 2013. The audit report mentioned that a hand hygiene audit was to take place in July 2013 but there was no evidence that this had occurred. This did not provide assurance that audits were always acted on.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Family planning Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely	Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, requirements relating to workers.  Recruitment processes did not provide adequate safeguards to protect patients from being cared for or supported by unsuitable staff. The provider did not undertake adequate checks to ensure DBS certificates were up to date or undertake risk assessments in the short term in the absence of an up to date DBS check.  Regulation 21. (a)(i) (b)

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Family planning Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely	Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, supporting workers.  Staff did not always receive appropriate training, professional development, supervision and appraisal in relation to their role and responsibilities.  Regulation 23. (a) (b)