Birmingham NHS Walk-in centre

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.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Birmingham NHS Walk-in Centre on 14 March 2017. Overall the service is rated as requires improvement.

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

- There were systems in place for recording, reporting and learning from significant events. Although, opportunities to learn from incidents were not always maximised.
- Risks to patients were assessed and generally well managed with the exception of infection control.
- Patients' care needs were assessed and delivered in a timely way according to need and in line with current evidence based guidance.
- There was some evidence of quality improvement activity but this was limited.
- Staff received training to provide them with the skills, knowledge and experience appropriate to their roles.
- There was a system in place that enabled staff access to patient summary care records, and staff provided other services, for example the local GP, with information following contact with patients as was appropriate.
- The service managed patients' care and treatment in a timely way.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Information from complaints was used to support improvements in the quality of care.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital attendance where appropriate and improved the patient experience.
- The service was accessible to patients and well equipped to treat patients and meet their needs.
- There was a clear leadership structure but staff felt a little isolated from the wider organisation. The service proactively sought feedback from staff and patients, which it acted on.

Summary of findings

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

The areas where the provider must make improvement are:

- Ensure effective systems for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.
- Ensure effective systems are in place for supporting quality improvement such as clinical audit.

The areas where the provider should make improvement are:

- Encourage greater reporting of incidents in order to promote wider opportunities for learning.
- Embed systems put in place for managing prescription stationery and for regular checking of all emergency equipment.
- Consider recording verbal complaints and utilising these to support learning and improvement.
- Consider how working arrangements between the walk-in centre and wider provider organisation could be improved.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The service is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, opportunities for learning from incidents were limited.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Risks to patients were assessed and generally well managed.
- There were systems and processes in place to keep patients safeguarded from abuse, to support safe prescribing and safe recruitment of staff .
- We found weaknesses in the systems for monitoring infection control.

Are services effective?

Requires improvement

The service is rated as requires improvement for providing effective services.

- The practice produced quarterly performance reports for the CCG, this showed the service performed well in ensuring patient needs were met in a timely way.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Consultations undertaken by the Advanced Nurse Practitioners (including locum staff) were monitored.
- There was little evidence of quality improvement activity such as clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance.

Are services caring?

Good

The service is rated as good for providing caring services.

- Feedback from patients through our comment cards and collected by the provider was very positive.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The service is rated as good for providing responsive services.

- Staff engaged with its commissioners to meet the needs of its local population and secure improvements to services where these were identified. Regular contract meetings were held with the commissioning CCG.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need. Reported waiting times over the last year were low.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and through the CCG. Although verbal complaints were not usually formally reported.

Are services well-led?

Good

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

- The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure in place, the provider organisation had recently changed and was providing support to the walk-in centre but some staff said they felt isolated from the wider provider organisation.
- The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the service and good quality care.
- Risks in most areas were well managed. There was some evidence of improvement activity but this was limited in areas such as clinical audit.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The service had systems in place for notifiable safety incidents.
- The service proactively sought feedback patients and this had been positive. Staff feedback had been obtained at an organisational level, which the provider was in the process of assessing and working on.

Summary of findings

What people who use the service say

We looked at various sources of feedback received from patients about the out-of hours service. Patient feedback was obtained by the provider on an ongoing basis and included in their contract monitoring reports. Data from the provider for the period of April to December 2016 based on 559 responses showed:

- 99.8% overall patient satisfaction rating of ok, good or excellent (for all questions).
- 96% of patients said the time taken to see a nurse was good or excellent.
- 98% of patients said the way they were treated by reception staff was good or excellent.
- 98% of patients said the nurse was good or excellent at listening to what they had to say.
- 98% of patients said the nurse was good or excellent at explained their problems or treatment.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care and treatment received. Patients were very complimentary of the service and staff, they told us that they felt listened to and were treated with dignity and respect. Patients described both clinical and non-clinical staff as caring, helpful and friendly. Twelve patients also commented on the efficiency of the service and told us that they didn't have to wait long to be seen.

Birmingham NHS Walk-in centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor and a second CQC inspector.

Background to Birmingham NHS Walk-in centre

Birmingham NHS Walk-in Centre is run by The Practice Group under the provider name Chilvers and Mc Crae. The service is nurse led and provides treatment of minor illnesses and injuries. The service was originally commissioned in 2008. Current commissioning arrangements are held with Birmingham Cross City CCG.

The service is located within a busy city centre on the lower ground floor of Boots The Chemist Ltd. There is lift access to this floor. The premises are owned by Boots The Chemist Ltd and let to NHS properties for the provision of the walk in centre. There is no specific parking for the Walk-in Centre however, there is a public car park located close by and the service is accessible by public transport. Disabled parking spaces are available on the high street.

Patients do not need to be registered or need to make an appointment to use the service. The service is open 8am to 7pm Monday to Friday, Saturday 9am to 6pm and Sunday 11pm to 4pm. The walk-in centre closes to the public an hour in advance of those times to allow patients that are waiting to be seen before the store closes. Opening times are restricted to those of the store opening times and is open on bank holidays with the exception of Christmas day and Easter Sunday.

Approximately 3200 patients per month are seen at the walk-in centre. The majority of patients seen are of working age who live, study and/or work in the city centre.

The service is registered with CQC as Chilvers & McCrea Limited which sits within The Practice Group. The service is led by the clinical lead nurse and an operations manager (the operations manager also manages a local GP practice within The Practice Group). Practice staff include eight nurse practitioners who undertake regular shifts, two health care assistants and a team of four administrative/ reception staff. There is a regional management team consisting of clinical and non-clinical members who support the service.

Clinical staffing typically consisted of three nurse practitioners and a health care assistant per day.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 14 March 2017.

During our visit we:

- Spoke with the service manager, two advanced nurse practitioners (including the clinical nurse lead), a health care assistant, two reception staff, as well as clinical and non-clinical members of the regional management team.
- Reviewed an anonymised sample of treatment records of patients seen.
- Inspected the premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- We reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us on the running of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

Please note that when referring to information throughout this report, for example any reference to the National Quality Requirements data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There were systems in place for reporting and recording significant events.

- Staff we spoke with were aware of the systems for reporting incidents and significant events. Incidents were risk assessed and escalated through the corporate clinical governance structures where they were investigated with support from local management.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There were five reported incidents in the last 12 months. We saw evidence that these had been investigated and acted on in a timely manner, Any learning from incidents was shared with staff at the monthly staff meeting and with the CCG as part of the contract monitoring arrangements.
- However, we found there was a low reporting of incidents in order to share and support learning. Those seen mostly related to issues with other providers or agression towards staff. For example, there was no incident reporting relating to positive, safeguarding and complex cases. Two out of the five incidents related to other providers and two related to patient behaviour.

There were systems in place to ensure information about safety alerts including those from the Medicines and Healthcare Products Regulatory Agency (MHRA) were shared with staff. The latest alerts were circulated to staff by the operations manager by email and discussed at staff meetings. Any action taken was recorded in the meeting minutes as well as electronically. We saw a couple of examples where searches and checks had been made to see if items identified in the safety alerts were stocked by the service.

Overview of safety systems and processes

The provider had systems, processes and services in place to keep patients safe and safeguarded from abuse, however, we identified one area for improvement, infection prevention and control:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff from their computers. A reference folder was available in each clinical room which contained local referral processes and contact details for the relevant agencies involved in investigating safeguarding concerns. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff were trained to child safeguarding level 3. Staff were able to tell us about concerns raised and escalated appropriately where they had been concerned about a patient's welfare.
- Notices were displayed in the clinical rooms which advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be visibly clean and tidy, although in need of refurbishment in places. Cleaning schedules were in place for the cleaning of the premises and equipment. A communication book enabled staff to leave messages with cleaning staff. Clinical staff were responsible for cleaning their own equipment and there were wipes available for this. Staff had access to appropriate hand washing facilities and personal protective equipment. There was an isolation room if needed. Infection control policies were in place and we found sterile equipment was stored in an orderly way. Staff undertook infection control training as part of their mandatory training and we saw evidence of this. An infection control audit and dress code audit had recently been carried out. Findings from the dress code audit had been discussed with individual staff. The infection control audit did not identify any issues. However, not all questions had been completed and the audit had not identified issues we found during the inspection such as areas around the sinks in which dirt and damp could be trapped and cracked flooring. During the inspection we noticed one of the couches was ripped. Following the inspection, the provider had

sought replacement for the couch and sent details of issues relating to the premises which had been forwarded to the owners of the premises but this had yet to be acted on.

- We reviewed the personnel files for five members of clinical and non-clinical staff (including locum staff) and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The nursing staff were independent prescribers who attended regular meetings with the CCG prescribing support to help keep up to date and ensure prescribing was following local formulary. We saw examples of five recent consultations and saw evidence of appropriate prescribing. Individual prescribing was audited on a quarterly basis by the clinical lead.
- The service held medicines which they gave as a one off during a consultation and for use in an emergency. We saw that medicines were held securely and in an organised way. There were systems in place for checking and maintaining stock. Medicines seen were in date. There was a medicine fridge which was monitored but this did not contain any medicines. No controlled drugs were stocked on the premises.
- Prescription stationery was securely stored and there were some systems in place to monitor their use. We saw that prescriptions were signed in and out by the clinicians at the start and end of each shift. However, the provider did not have systems to record and identify the total stock held. Immediately following the inspection the provider put in place systems to manage this.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. A health and safety poster was displayed which identified the local health and safety representative.
- The premises were owned by an external company and managed by NHS Properties on behalf of the walk-in centre. We saw that there was an up to date fire risk assessment in place. The fire evacuation procedure was displayed and fire equipment was regularly serviced. Alarms were checked on a weekly basis and a fire drill had been carried out within the last six months. There were named fire marshals for the walk-in centre. Training records seen showed that staff received fire safety training.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had been carried out within the last 12 months.
- There were a variety of other risk assessment in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure enough staff were on duty. Shifts were usually filled by regular staff but agency staff were used if the provider was unable to fill the shifts. Over the last 12 months agency use for clinical staff varied between one and two whole time equivalents per month. Clinical staff told us that there had been a lot of sickness recently which had caused some pressure on regular staff. However, despite this, data showed patients were being seen in a timely manner.

Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency. On line alert system for emergencies

Requires improvement

Are services safe?

- Staff received annual basic life support training.
- The service had a defibrillator available (with adult and children's' pads) and oxygen with adult and children's' masks on the premises. There were records available to show that these were checked to ensure they remained in working order and fit for use when needed. Records showed the oxygen was checked daily but the checks on the defibrillator were not consistent. Following the inspection the provider sent records of daily checks carried out since the inspection.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely. The provider carried out monthly checks to ensure that the medicines remained in date.
- The waiting areas were not directly visible by the reception staff. There were cameras in the waiting areas however, the picture on the screen was not sufficiently clear to enable reception staff to see if someone was deteriorating. We were told that clinical staff regularly came into the waiting area to call patients and would be able to see if any patients were deteriorating, reported waiting times also showed that most patients were seen in under 30 minutes.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and services. A copy was kept off site. The provider also had an emergency bag with useful items in the event of an emergency such as torch, mobile phone and contact lists.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best service guidelines.

- The service had systems in place to keep clinical staff up to date. NICE guidance was displayed in staff areas and in a hard file that were accessible to all staff.
- Each clinical room contained resuscitation council guidance and information on normal values and vital signs for staff reference.
- Clinical staff had up to date copies of the British National Formulary and local antibiotic prescribing guidance. Information was also available to share with patients about the appropriate use of antibiotics in treating infections.

Management, monitoring and improving outcomes for people

The provider produced quarterly contract monitoring reports for the CCG. These reports covered information relating to activity, staffing, incidents and complaints. Between April 2016 and December 2016 (quarters one to three) results showed:

- The average number of attendances for each quarter ranged from 9463 to 9832.
- The average length of consultation for each quarter ranged from 10 to 12 minutes.
- The average waiting time to be seen for each quarter ranged between 4 and 9 minutes.
- The percentage of patients seen within 30 minutes of arrival for each quarter ranged from 96% to 98%.
- The number of emergency referrals to A&E for each quarter ranged from 135 to 163 (1.4% to 1.7% of attendances).

The Clinical lead nurse undertook quarterly audits of patient consultations with the nursing staff. The nursing staff received individual feedback on their performance to support learning and improvement.

There was little evidence of any other quality improvement activity such as clinical audit. Staff told us that they followed up A&E referrals to ensure they were appropriate and that they had carried out prescribing audits but we saw no formal evidence or analysis of these.

Effective staffing

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

- Staff told us that there was a stable workforce and that clinical staff who worked at the walk-in centre had been there for at least five years.
- The provider had an induction programme for newly appointed staff. Staff underwent a three month probationary period and were required to meet set competencies. The Operations manager told us that locum staff did not see patients on their first two shifts and that a locum pack was available to support them in their work. The clinical lead would also support any new staff.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. From the five staff training files we reviewed we saw that staff had received appropriate training for their roles and responsibilities.
- The provider had identified it's mandatory training for staff which included areas such as safeguarding, fire safety awareness, basic life support and information governance. There were systems in place for monitoring staff compliance with this training. Staff we spoke with told us they received protected learning time to complete training.
- Staff received annual appraisals in which they could discuss their development needs. Staff were positive about the training they received and felt the service was receptive to staff training needs.
- A programme of clinical education sessions were available for nurses to update their skills, these were run by the regional medical lead on a monthly basis. The content of the programme was set by the nursing staff themselves and past sessions had covered topics such as skin conditions, headaches and migraine and suicidal risk and depression. The presentations were displayed in the staff room for reference.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The nurse practitioners we spoke with told us that they held informal discussions to discuss complex cases as needed. There was also a regional medical and nurse lead staff could contact if needed with any queries.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was gained from patients at each consultation. Patients were requested to complete a registration form on arrival which identified the reason for the visit. Clinical staff told us that the patient record system they used reminded them to collect relevant patient information including past medical history and allergy information. Some but not all clinical staff had smart cards which enabled them to access patient summary care records where available. Summary care records are a system for sharing important information about a patient between healthcare professionals such as details about medicines you are taking. However, not all clinical staff had access to this because they did not have a smart card to do so. Clinical staff told us that they would sometimes contact the patient's GP if they needed any additional information.Details of consultations were forwarded to the patient's GP usually within 24 hours to support the continuity of care. If a patient was not registered with the GP the patient was provided with a paper copy of the consultation. There were processes in place to follow up any information that failed to transfer to the patient's usual GP.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and when providing care and treatment for children and young people.
  Clinical staff received training in the Mental Capacity Act and guidance was displayed in the clinical rooms.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A notice was also available in reception advising patients to let reception staff know if they wished to speak in private.
- Staff were mindful of maintaining patient confidentiality and advised us of measures they took to ensure patient information remained secure.
- During the inspection we observed reception staff sensitively supporting a patient to complete their registration forms.
- Staff received customer services training.

All of the 38 completed patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they were very happy with the service and the care and treatment they received. They described both clinical and non-clinical staff as helpful, caring and said they were treated with dignity and respect.

The provider carried out an in-house patient satisfaction survey on an ongoing basis. Between April and December 2016 the provider received 559 responses. Results showed:

- 96% of patients said the time taken to see a nurse was good or excellent.
- 98% of patients said the way they were treated by reception staff was good or excellent.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was very positive. Patients said they felt listened to and involved in their care and treatment. Patients said that the nursing staff took the time to listen to their problems, give information and advice as well as providing reassurance where needed. Some patients received written information to help understand their care and treatment for example, for ear syringing and treating infections.

The provider was very clear that the service was nurse-led and notices were displayed near the reception area explaining this.

Results from the provider's own survey of 559 patients carried out between April and December 2016 showed:

- 98% of patients said the nurse was good or excellent at listening to what they had to say.
- 98% of patients said the nurse was good or excellent at explained their problems or treatment.

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

- Staff had access to translation services for patients who did not have English as a first language. We saw notices in the reception areas informing patients in several different languages that this service was available.
- There was a hearing loop available for patients with a hearing impairment.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. Regular contract performance meetings were held with the commissioning CCG.

- The walk-in centre aimed to help reduce the burden on local accident and emergency (A&E) departments. Staff told us that any patients that were referred to the local A&E department from the walk-in centre (approximately 1.6% of patients) were followed up to ensure the referral was appropriate. There was no formal records kept of patients followed up but staff told us that they thought all had been appropriate.
- The provider worked collaboratively with the NHS 111 providers in their area and received referrals from them. Local paramedics would also sometimes use the walk-in facility to triage and monitor patients when attending emergencies in the city centre.
- There were accessible facilities for those with mobility difficulties. The walk-in centre was based on the lower floor of a city centre store. There was lift access to this floor. There were good transport links into the city centre and a public car park nearby.
- There were no toilet and baby changing facilities for patients within the walk-in centre but we were advised that these were available within the store itself.
- All staff had access to a reference file which contained information to support and signpost patients to a range of services including directions to those services. For example, staff told us they often saw patients with no fixed abode and were able to signpost them to local services where they could get additional support.
- Patients who were not registered with a GP practice were given written information to help them find a GP they could register with.
- A hearing loop and translation services were available if needed.
- Those with urgent care needs were seen as a priority. There was a list of symptoms at reception which asked patients to let the reception staff know immediately if they were experiencing any of these. These patients were triaged immediately by the health care assistant and passed to the ANP as priority. If the reception staff were concerned about a patient or a child under five was attending they would also be given priority.

Access to the service

The walk-in centre opening times were restricted to those of the opening times of the store it was located in. This was 8am to 7pm Monday to Friday, Saturday 9am to 6pm and Sunday 11pm to 4pm. Closing times were announced an hour in advance of those times to allow patients that were waiting to be seen before the store closed. The walk-in centre was also open most bank holidays with the exception of Christmas day and Easter Sunday.

Patients did not need to be registered or need an appointment to use the walk-in centre. Patients were seen in order of attendance unless identified and needing to be seen as a priority based on set criteria.

Staff advised us that while the service was open they did not turn patients away but would advise patients at times of high demand that there may be a long wait so that they had the choice whether to wait.

Feedback received from patients from the CQC comment cards indicated that patients were seen in a timely way. Of the 38 completed comment cards received 12 patients specifically commented on the short waiting times and efficiency of the service.

Reported waiting times were generally low. Between April and December 2016 the provider reported that the percentage of patients seen within 30 minutes of arrival ranged from 96% to 98%.

Listening and learning from concerns and complaints

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

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

rooms as part of the staff reference pack for patients to take away. The complaints leaflet contained details about expected timescales, where to get support in making a complaint and what to do if they are unhappy with the response received by the service.

Records showed two formal complaints were received in the last year. Verbal complaints were dealt with at the time and not formally recorded. We saw evidence that complaints were thoroughly investigated, appropriate action taken with the patient receiving an open and timely response. Complaints were shared with staff and the local CCG as part of contract monitoring.

Are services well-led?

Good

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

Our findings

Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for patients.

- The walk-in centre was part of a wider provider organisation and the local leadership team was supported by a regional management team.
- The provider had clearly defined vision and values which were fed into the staff appraisal process. Staff were aware and understood the values of the organisation.
- The service had a mission statement which was displayed in the reception area.
- During the presentation senior staff spoke about some of the challenges faced by the service including recruitment of nursing staff with appropriate skills.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Policies and procedures were implemented and were available to all staff from their computers.
- The provider had a good understanding of their performance. Performance was shared with staff and the local clinical commissioning group as part of quarterly contract monitoring arrangements.
- The practice achieved 99.8% overall patient satisfaction rating of ok, good or excellent.
- There were systems in place for monitoring the quality of consultations of nursing staff. However, there was little evidence of quality improvement activity such as clinical audit.
- Risks were generally well managed. There were systems for identifying, recording and managing risks, issues and implementing mitigating actions although weaknesses were identified in those relating to infection control.

Leadership and culture

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

The local leadership team was supported by the regional management team. However, some clinical staff told us that they felt isolated from the rest of the provider organisation.

The current provider organisation (The Practice Group which now incorporated Chilvers & McCrea Limited) and regional leadership team was relatively new to the walk-in centre. Regional managers explained that they had tried to be sensitive and not to interfere to much in the running of the well-established walk-in centre.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The service had systems in place to ensure that when things went wrong with care and treatment affected people received an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.

There was a clear leadership structure in place.

- There were arrangements in place to ensure staff were kept informed and up-to-date. This included formal monthly staff meetings with set agenda and informal weekly meetings.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident and supported in doing so.
- There was an on call medical and nurse lead available within the regional team for staff to contact if they needed any support or advice.
- There was an experienced administrative team in place who provided support to clinical staff in areas such as recording incidents.
- Staff said they felt the local team worked well together and that they were supportive of each other.

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

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

Are services well-led?

Good

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

- The service had gathered feedback from patients through ongoing surveys and complaints received. There was also a feedback form for patients to comment on the service they received. Feedback received was very positive.
- The wider provider organisation had undertook annual staff surveys, the latest was in November 2016 and an action plan was in place to address some of the issues staff had raised. Staff we spoke with told us they felt involved in how the service was run and had made suggestions and changes to the way they worked to improve their own efficiency.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not operate effective systems for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. Infection prevention and control audits were ineffective in identifying risks. During the inspection we identified several areas of concern relating to lack of sealing around the sink areas, cracked flooring and a torn couch.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have effective systems for assessing, monitoring and improving the quality and safety of the services. The provider was not proactive in undertaking improvement activity such as clinical audit.